

THE GOOD LIVING MAGAZINE from MONMOUTH MEDICAL CENTER

MONMOUTH

health & life

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THE HEART OF MONMOUTH

33 who make life better



Health Link

- Can breakthrough surgery revive a paralyzed arm?
- Keep kids fit! One program's success

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Welcome LETTER

Innovation and inspiration

In recent years, Monmouth Medical Center's Department of Surgery has been taking the national spotlight for its surgical innovation.

Recently, the hospital garnered national media attention for a breakthrough reconstructive surgery as Monmouth Medical Center performed a groundbreaking nerve transplant on a stroke survivor, implanting a sural nerve to restore function in the patient's arm. We are the only hospital in the region to perform this surgery—restoring function to patients who have lost the ability to move their limbs due to accidents or other trauma.

In this issue of *Monmouth Health & Life*, you'll read about the six-hour procedure performed by Andrew Elkwood, M.D., chief of the Division of Plastic Surgery, along with a team of surgeons including Michael Rose, M.D., and Matthew Kaufman, M.D. (See "Surgical Breakthrough" on page 32.) The surgery received television coverage on *Good Morning America*, as well as segments on CBS news and WCBS Newsradio 880.

At Monmouth Medical Center, we are dedicated to providing an integrative plan of care for stroke patients. As a part of this commitment, we established a center of excellence dedicated to delivering the highest-quality emergency and continued care to our patients. This has earned us The Joint Commission's Certificate of Distinction as well as certification by the New Jersey Department of Health and Senior Services as a primary stroke center.

Achieving these certifications in treating the nation's third leading cause of death and the leading cause of serious long-term disability recognizes our exceptional efforts to foster better outcomes for stroke patients.



Sincerely,

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

Surgical breakthrough

A DOCTOR EXPLAINS HOW A PIONEERING NERVE OPERATION MAY HELP A STROKE SURVIVOR



Monmouth Medical Center surgeon Andrew Elkwood, M.D., (back to camera) and his team perform a nerve transplant procedure.

Last December, Andrew Elkwood, M.D., chairman of the Division of Plastic Surgery at Monmouth Medical Center, led a team that removed a nerve from the leg of patient Vinnie Filippini, 44, and implanted it across his chest to connect the fully functional side of his brain with his stroke-paralyzed right arm. It was a novel

approach to treatment for a stroke survivor.

Dr. Elkwood has been featured on network TV news for nerve transplant operations that have brought back to life limbs paralyzed in accidents. But as this magazine went to press, it wasn't yet clear if this breakthrough operation would succeed in restoring Filippini's arm. Dr. Elkwood explained the complex procedure to *Monmouth Health & Life*:

MH&L: When and how will you know if you've been successful?

Dr. Elkwood: It will take six months to a year from the procedure. We're looking for motion in Mr. Filippini's right arm. We know the nerve is starting to grow, but whether it grows as far as we want it to, we'll have to see.

MH&L: Is this nerve being placed where a nerve doesn't usually go?

Dr. E: Correct. We've previously done nerve transplants to reactivate limbs that had been paralyzed in accidents. This time, because the stroke left Mr. Filippini's whole right side not working, we did the

same thing in a much more aggressive way, connecting the implanted nerve to several sites.

MH&L: We think of a nerve as part of the body's communication system. How can such a thing be transplanted from one body part to another—or from one person to another?

Dr. E: It's as if you have no electricity coming into



Being a medical pioneer is fine, but what Vinnie Filippini is really looking forward to is getting back the use of his right arm. With him are wife Kathy and daughters Jamie and Kara.

your house, so you take an extension cord and plug it into the neighbor's house. In this instance, the neighbor's house is the other side of Mr. Filippini. It's a Rube Goldberg rerouting of the wiring in the body.

MH&L: What did the procedure do to Mr. Filippini's leg?

Dr. E: We removed the sural nerve, whose only function is to register feeling on the ankle's exterior. A little numbness in the ankle is a small price to pay to regain function in an arm.

MH&L: So an ankle nerve knows how to tell an arm what to do?

Dr. E: The nerve is just a wire. The wire that rings your doorbell could probably launch a nuclear missile. It's what's hooked up on either side that makes the difference.

MH&L: Why did this breakthrough occur at Monmouth Medical Center rather than a larger facility in a big city?

Dr. E: I came from New York University Medical Center, one of the world's epicenters for reconstructive surgery, but I chose to live in the suburbs. Today, with mass media and the Internet, you no longer need to be in one of the 10 top centers. I hear from patients all over the world who've seen me on CNN. And Monmouth gives my team—and it's a team effort—very fertile ground to do this kind of work.

MH&L: What will it be like when Mr. Filippini's arm begins to move?

Dr. E: It could be gradual. He could start out with a twitch, which may become two twitches, which may become one intentional twitch. We'll see.

MH&L: It'll be a dramatic moment, I guess.

Dr. E: From your lips to God's ears! ■

Waiting for an arm's comeback

Today Bergenfield resident Vinnie Filippini, 44, can't use his right arm, but that may soon change. Thanks to a groundbreaking nerve transplant operation at Monmouth Medical Center last December, his arm has a good chance of returning to limited function as a "helper" limb that can hold things. But it will take time to see if the operation has succeeded. For now, Filippini is waiting.

He was an underground line technician for the utility Public Service Electric and Gas, whom his wife, Kathy, describes as "a vibrant, healthy man, very involved with his work." But he hasn't been on the job since March 2005, when he suffered a stroke caused by a blood clot that formed during surgery to remove a benign tumor at a Manhattan hospital.

"He has weakness on his whole right side," notes Kathy. She says her husband has recovered some function by working hard at speech therapy and physical therapy. But after two years, these methods have pretty much reached their limit.

"This is our hope," she says of the Monmouth surgical procedure. "It's our chance."

The couple learned that an operation might be possible when a friend called them after seeing a TV news report on another dramatic, limb-restoring operation by Dr. Elkwood, that one involving a limb paralyzed in an accident. When the surgeon mentioned that the procedure might help stroke survivors as well, the friend thought of the Filippinis.

"We went right to his website, and when my husband saw it he said, 'I want to give him a try,'" recalls Kathy.

While they're waiting, the Filippinis are living as normally as they can—with a big assist from their three children, ages 26, 24 and 21. "You find strengths you didn't know you had," says Kathy.

"I just feel thankful for Dr. Elkwood, no matter how it turns out," she adds. "He put his heart and soul into this."

To find out more about nerve transplant surgery at Monmouth Medical Center, please call 1-888-724-7123.

Helping children get fit

AN INNOVATIVE PROGRAM FIGHTS OBESITY IN THE YOUNG



Kids from the Center for the Treatment of Insulin Disorders take a break from their workout to flex muscles with personal trainer Janna Montague, lower left.

Janna Montague, a personal trainer at Gold's Gym in Long Branch, created a game called Get Rich. "I spread Monopoly cash all over the floor, and kids scramble to collect it," says Montague. "The trick is that they have to pick up one note at a time and run it to home base before they can dash back for more."

While fun—who wouldn't dart around to win a contest of riches?—this activity also has the serious purpose of helping children lose weight. According to the Centers for Disease Control and Prevention, childhood obesity has increased dramatically in the U.S. in recent years, posing increased risks of heart disease, Type 2 diabetes, asthma, sleep apnea and psychological issues due to social discrimination. And exercise is only part of the solution.

"To deal with the epidemic of obesity, you also need to look at diet," says Malcolm Schwartz, D.O., chief of pediatric endocrinology and diabetes at The Children's Hospital at Monmouth Medical Center.

That's why he offers an integrated approach. In 2004 Dr. Schwartz joined with Montague, local nutritionist Luanne Petri and others to establish Monmouth's Center for the Treatment of Insulin Disorders, a multidisciplinary program to prevent and treat childhood obesity.

Despite the name, insulin disorders aren't always the issue—though kids who are already diabetic or insulin-resistant receive appropriate medication. For many overweight kids, there's still time to head off those conditions with a new lifestyle.



Tips for parents of overweight kids

When a child is referred to the center by a concerned pediatrician, Dr. Schwartz does a comprehensive medical evaluation and creates a treatment plan. Plans are individualized, but frequently contain two components: consultations with Petri and workout sessions at Gold's Gym with Montague. Family-centered counseling is often recommended too, because many overweight kids are subjected to peer ridicule that causes low self-esteem. This multidisciplinary method has proved popular—the center treats about 1,000 youngsters each year.

With Petri, kids learn the basics of proper nutrition. She creates low-calorie, low-carbohydrate, high-protein meal plans for every child, and encourages them to make healthy snack choices, like picking carrot sticks over French fries. Petri also offers healthy alternatives within ethnic cuisines.

“The immediate goal is to get their weight down,” says Dr. Schwartz, “but we also want to establish healthy eating patterns for life.”

Montague likewise stresses the importance of lifelong physical activity. She holds a 60-minute high-intensity aerobics class for 20 to 25 kids at Gold's Gym every Monday, Wednesday and Friday. “I encourage the kids to stay active daily,” she reports. “I provide exercise routines they can do at home on days we don't meet—jumping jacks, squats, push-ups—and remind them that fitness is forever.”

Children usually come to the center between ages 8 and 16, weighing from 150 to 275 pounds. “At first, many of them can't run a single lap around the gym,” says Montague. “My job is to get them to burn calories and build endurance through the cardio conditioning and strength-training program, while also helping them realize that working out is fun.”

One way she does this is by offering rewards. For example, the kids recently had to perform a routine that started with 100 squats, followed by a half-mile run, two minutes of jumping jacks and a series of crunches, lunges and push-ups. The first child to execute all consecutive steps won two movie tickets.

“It took several months of training before they were all able to do it,” says Montague, “and then I gave the entire class a prize: We played soccer on the beach for an hour. They thought that was a blast, but

Malcolm Schwartz, D.O., chief of pediatric endocrinology and diabetes at The Children's Hospital at Monmouth Medical, offers this advice:

- Encourage healthy eating habits by avoiding fast food and filling the fridge with vegetables, fruits, whole-grain breads, lean meats, poultry and low-fat dairy products.
- Serve reasonably sized portions.
- Limit consumption of foods high in sugar, saturated fat and carbohydrates.
- Take a brisk family walk after dinner, buy your kids a soccer ball or jump rope, sign them up for swimming or dancing lessons or initiate a game of tag.
- Restrict the sedentary time your child spends with the TV, computer or video-gaming system to 2 hours per day.

of course I had them sweating harder than ever because running on the sand is very challenging.”

As 2008 began, Montague also gave each child a journal, telling him or her to write down three goals: one that would be accomplished in a year, one that could be done in a month and one that could be achieved by the end of the week. “They picked their own objectives—some were as simple as completing five push-ups. Yet all of them felt empowered after achieving their first end-of-week aim.”

Because the Center for the Treatment of Insulin Disorders is supported by a grant from the Rudin Family Foundation, participants pay no fees.

“Our job is to make these kids healthy on the inside,” says Montague. “After that, the exterior aesthetics are an added bonus!” ■



Wake-up call for troubled sleepers

TREATMENT FOR SLEEP APNEA MAY HELP YOUR BLOOD PRESSURE TOO

Do you snore loudly? If so, you may have obstructive sleep apnea, a condition marked by brief pauses in breathing throughout the night due to blocked airflow. Doctors have suspected for some time that untreated sleep apnea can raise one's risk of heart disease. But in recent years they've learned more about its link to cardiovascular disease: hypertension, or high blood pressure.

"Normally, a person's blood pressure is lower during sleep," says Robert Kosinski, M.D., director of the Sleep Disorders Center at Monmouth Medical Center. "But because sleep apnea sufferers have disrupted sleep and are deprived of oxygen, their blood pressure can actually shoot up during the night."

An estimated 12 million Americans have sleep apnea, but only about 10 percent seek medical treatment. Most of the others don't even know they have the condition. But sleep apnea can be treated, and doing so could mean you'll live longer.

Sleep apnea and hypertension tend to favor

the same demographic—overweight males over 40—although women, young adults and children can experience them too. Additional risk factors for sleep apnea include a thick neck with a circumference of 17 inches or greater and nasal or airways obstruction, such as a deviated septum or enlarged tonsils.

While blood pressure can be checked at your doctor's office, a diagnosis of sleep apnea usually requires a noninvasive overnight sleep study called a polysomnogram, which can be performed at the Sleep Disorders Center. During the study, monitors are placed on your body to record brain waves, muscle activity, respiration and heart rhythms while you sleep to give doctors "an idea of whether you have apnea and how severe it is so we can recommend appropriate treatment," says Dr. Kosinski.

Many patients who are diagnosed with sleep apnea are treated with continuous positive airway pressure (CPAP) masks to wear while they sleep. These masks, typically worn over the nose, supply constant air pressure to keep airways open.

Surgery to open the blocked airway is also an option for some sleep apnea sufferers. Surgery is most effective and usually recommended for patients whose sleep apnea is caused by a structural problem, such as large adenoids, large tonsils or a deviated septum, Dr. Kosinski says.

If you have high blood pressure, the doctor adds, that's a reason to get checked for symptoms of sleep apnea. And if you've been diagnosed with apnea, consult your doctor to see if you need medication to stabilize your blood pressure. You'll sleep better knowing you've acted to protect yourself against these oft-linked cardiovascular dangers. ■

Ask your doctor about a sleep study if you ...

- snore loudly.
- are told you seem to choke or gasp for breath during sleep.
- feel drowsy or fatigued during the day or have difficulty concentrating.
- have problems falling asleep or staying asleep.
- have a known family history of sleep apnea.
- are obese.
- have hypertension.

To learn more about evaluation and treatment available at the Sleep Disorders Center at Monmouth Medical Center, please call 732-923-7660.

A great place to give birth

WHEN IT'S TIME TO CHOOSE A HOSPITAL, THE NUMBERS ARE REVEALING

You know Mom generally knows best. Can more than 4,000 moms be wrong?

The number of women giving birth at Monmouth Medical Center's Eisenberg Family Center has gone up by 1,000 in the past five years, and last year it passed the 4,000 mark for the first time, making the facility one of New Jersey's four busiest birth places.

"One reason why is that we have one of the best-trained nursing and physician staffs in the area," says Robert A. Graebe, M.D., chairman of obstetrics and gynecology.

To maintain superior standards of excellence and safety, staff members periodically run through drills dealing with mock emergencies such as postpartum hemorrhaging and infant or mother respiratory difficulty. They also stay fresh by training with Noelle, a \$20,000 life-size pregnant mannequin.

"Noelle can simulate various obstetrical crises," says Dr. Graebe, "allowing us to plan for real-life contingencies, accelerate response times and ensure good patient outcomes."

Last year the state's average rate of birth by cesarean section was 37 percent, while Monmouth's was only 27 percent. Monmouth also had a lower-than-average rate of adverse pregnancy outcomes.

"When you have highly trained doctors in the hospital supervising conditions and providing reassurance, you get a great number of normal, healthy vaginal deliveries," explains Dr. Graebe. "We use an approach we hope will become the industry standard: integrated obstetrical teams, consisting of nurses, residents, physicians and at least one anesthesiologist, that don't just react to problems but work together to prevent them." Certified nurse-midwives also perform some low-risk deliveries for patients who request midwifery services.

Moms also flock to Monmouth Medical



Staffers help welcome Stacy Van Pelt of Colts Neck, born December 28, 2007. Her birth was Monmouth Medical Center's 4,000th delivery of the year, the first time the hospital has reached that milestone.

Amenities for growing families

Features offered at the Eisenberg Family Center at Monmouth Medical Center include:

- 9 antepartum rooms for predelivery management of women with medical complications.
- 12 labor and delivery rooms.
- a postpartum floor that can accommodate 38 patients in private or semiprivate suites.
- spacious suites with sleeper chairs for Dad, TVs with VCRs, private showers and some ocean views.
- a postpartum pantry with a refrigerator, a microwave oven and free snacks (including kosher meals).

Center because of the neonatal intensive care unit (NICU), where babies who are born prematurely or have other complications are given round-the-clock treatment. Established more than 35 years ago, it was the first Level III NICU in New Jersey (Level III means it provides a full range of specialized care and can handle the most extreme cases). It consistently ranks in the top 20 percent in quality of care when compared with the almost 400 NICUs in the state. ■

To relieve your aching back

WHEN SURGERY IS NEEDED,
TWO SPECIALTIES CAN HELP

If you see your primary care doctor for back pain, he or she will probably take an X-ray and perhaps an MRI (magnetic resonance imaging) study and refer you to a specialist—either an orthopedic surgeon or a neurosurgeon.

“The spine is part of the skeleton and also part of the nervous system,” says Jonathan Lustgarten, M.D., a neurosurgeon at Monmouth Medical Center. “So there’s a lot of overlap.”

Both kinds of surgeons help most patients find relief with conservative treatments. (See sidebar at right.) Only a few need operations. When surgery is required, it’s often one of four procedures:

- **MICRODISCECTOMY, OR DISC REMOVAL:**

“This is usually for a patient with an isolated herniated disc, minimal arthritis and more leg pain than back pain,” explains Cary Glastein, M.D., a Monmouth orthopedic surgeon who specializes in the spine. “It’s a same-day procedure, done through a small incision in the midline of the lower back.”

- **LAMINECTOMY:** This is the removal of the lamina, the part of the vertebra covering the spinal cord. It’s often done when a disc is herniated and arthritis is present. It usually requires a hospital stay.

- **ANTERIOR CERVICAL DISCECTOMY:** In this operation, sometimes done on a same-day basis, the surgeon enters the neck from the front, replaces a disc and usually inserts a prosthetic device to stabilize the patient. “It sounds scary, but it’s actually a simple, elegant procedure,” says Dr. Glastein.

- **SPINAL FUSION:** This operation is done when spinal instability has been caused by a stress fracture within a vertebra (spondylosis) or a vertebra that slips forward onto another (spondylolisthesis). Bone grafts are implanted, and screws and a rod or plate are used to stabilize the spine. Patients need a three- or four-day hospital stay and sometimes a couple of days in a rehabilitation unit afterwards. ■



Back pain: nonsurgical remedies

- **REST.** This avoids further strain, but after a day or two, bed rest can start to make the problem worse.
- **HEAT.** Applying a heating pad or hot-water bottle or taking a hot bath can sometimes help.
- **NSAID MEDICINES.** Available both over the counter and by prescription, nonsteroidal anti-inflammatory drugs (including naproxen, ibuprofen and aspirin) often work well to relieve discomfort. Check with your doctor, though, if you’ve had stomach ulcers.
- **EXERCISE AND PHYSICAL THERAPY.** Strengthening back muscles can help distribute weight more effectively so that there’s less pressure on the spine.
- **NARCOTIC PAIN MEDICATIONS.** Prescription drugs such as Vicodin (hydrocodone and acetaminophen), Oxycontin (oxycodone) and Percocet (oxycodone and acetaminophen) pose a danger of addiction—use them for only as long as your doctor suggests.
- **MUSCLE RELAXERS.** These include Soma (carisoprodol), Flexeril (cyclobenzaprine) or Valium (diazepam). Follow directions carefully, because they can be dangerous when combined with certain other drugs.
- **EPIDURAL STEROID INJECTIONS.** These are introduced via a needle that nowadays is often guided by X-ray fluoroscopy.

At Monmouth Medical Center, spine operations are performed by orthopedic surgeons Jason Cohen, M.D.; Haralambos Demetriades, M.D.; Gordon Donald, M.D.; Cary Glastein, M.D.; Hoan Nguyen, M.D.; and Steve Paragioudakis, and neurosurgeons David Estin, M.D.; Jonathan Lustgarten, M.D.; and Ty Olson, M.D.



The da Vinci robot isn't an independent performer, but a tool that extends the surgeon's reach, reducing postoperative pain and the risk of infection.

Robotics improves surgery for women

FOR MANY PATIENTS, THIS NEW TECHNOLOGY CAN MEAN FASTER RECOVERY

More than 500 years ago, Italian artist and inventor Leonardo da Vinci drew the first sketches of a robot. Now he's given his name to the da Vinci robotic system, an advanced technology that was approved by the Food and Drug Administration for gynecologic surgery in 2005.

"When you say 'robot,' patients often mistakenly envision a *Terminator*-type machine doing the surgery on its own, but that's not what happens," says Thomas Hackett, D.O., section chief of gynecologic oncology at Monmouth Medical Center.

Instead, the da Vinci system is a tool that enables surgeons to perform even the most complex and delicate procedures with greater precision and in a minimally invasive way. The technology lends itself especially well to intricate gynecological operations such as hysterectomies (removal of the uterus), removal of fibroids or ovarian masses, correction of vaginal prolapse (in which the vagina falls out of its normal position) and treatment of endometrial or prostate cancers.

The system comprises two parts: a robotic cart with four mechanical arms (one holds a 3-D camera, three manipulate surgical tools) that sits beside the anesthetized patient, and a console, located 8 to 10 feet away, at which the surgeon sits.

At the console, the doctor views a 3-D image of the operative field. This live picture is captured

by the camera inserted in the patient via one of several 2-centimeter incisions. (With traditional open surgery only one vertical incision is made, and it can be as large as 12 to 18 centimeters, which takes much longer to heal.) "The surgeon then maneuvers the ergonomically advanced joystick controls on the console, and the system seamlessly translates these gestures into the real-time movements of instruments inside the patient," explains Dr. Hackett.

"The instruments themselves are much more sophisticated than those used in traditional open surgeries," adds Sandra Greco, M.D., Monmouth's section chief of female pelvic medicine and pelvic reconstructive surgery. She's been performing robotic vaginal prolapse repairs for the past year, and explains that the robotic system can bend, twist and dexterously curve around corners in a way that is impossible in standard surgery.

"Patients benefit from robotic gynecologic surgery in a number of ways," says Dr. Greco. "But, at least for now, this is just one option, and most still undergo conventional procedures."

Currently there are more than 300 da Vinci robotic systems in use worldwide, though Monmouth Medical Center is the only hospital in the county to have one. "Patients are requesting these surgeries more and more," says Dr. Hackett. ■



Pictured left to right: Tejas Shinde, M.D.; Leizle Talangbayan, M.D.; Salman Rashid, M.D.; Yasmeen Shariff, M.D.; Richard Ruchman, M.D.; and Stanley Lu, M.D. At right is Peter Park, M.D.

Using images to save lives

THESE SKILLED RADIOLOGISTS EMPLOY THE LATEST TECHNOLOGY TO PINPOINT DISORDERS

From cancerous tumors to blood clots that trigger stroke, body imaging technologies make it possible to detect many sources of life-threatening illness. But it takes skilled physicians to interpret them. Fortunately, Monmouth Medical Center's Department of Radiology boasts both state-of-the-art imaging technology and a top-notch team of radiologists.

"Each doctor brings unique strengths to the group," says department chairman Richard Ruchman, M.D. He specializes in abdominal radiology, and he and colleague Salman Rashid, M.D., have also done fellowships in nuclear medicine. Stanley Lu, M.D., who completed a neuroradiology fellowship, excels at detecting abnormalities in the brain. Leizle Talangbayan, M.D., fellowship-trained in body imaging, reads computed tomography (CT) scans and plain films of the chest. And having read more than 700 breast MRIs (magnetic resonance images), Yasmeen Shariff, M.D., is one of the country's most experienced breast imaging specialists.

The group's diverse expertise is complemented by state-of-the-art equipment. Fellowship-trained in MRI scanning, Tejas Shinde, M.D., uses Monmouth's MRI system, which takes images of the body without radiation, to identify such disorders as stroke and bone and joint trauma. And the multislice CT system produces a 3-D cross-section view of the body in very thin slices in 20 seconds, providing doctors with multiple perspectives.

Radiological procedures can be used to treat as well as to diagnose. For example, interventional radiologist Peter Park, M.D., excels at uterine fibroid embolization, which shrinks fibroid tumors by blocking their blood supply.

The group welcomes two new physicians—and former Monmouth Medical Center residents—this summer: David McDonald, M.D., a pediatric radiologist, and Ernest Wiggins, M.D., an interventional radiologist with a specialty in cancer. ■

Meet Monmouth's radiologists

- **TEJAS SHINDE, M.D.**
M.D.: New York University School of Medicine, New York, 1999
- **LEIZLE TALANGBAYAN, M.D.**
M.D.: Drexel University College of Medicine, Philadelphia, 2000
- **SALMAN RASHID, M.D.**
M.D.: Dow Medical College, Karachi, Pakistan, 1995
- **YASMEEN SHARIFF, M.D.**
M.D.: Temple University School of Medicine, Philadelphia, 1993
- **RICHARD RUCHMAN, M.D.**
M.D.: University of Michigan School of Medicine, Ann Arbor, Mich., 1980
- **STANLEY LU, M.D.**
M.D.: New York University School of Medicine, New York, 1999
- **PETER PARK, M.D.**
M.D.: State University of New York Health Sciences Center, Brooklyn, 1994

Unlikely partners

HOW A HOSPITAL HELPED THE KID AT THE GAS STATION MAKE GOOD—AND VICE VERSA



In the early 1950s, a 19-year-old Long Branch resident named John Brockriede borrowed \$550 and three cases of motor oil and opened a gas station on the corner of Morris Avenue and 3rd Avenue, not far from a small hospital, Monmouth Community.

“I leased it from the Esso Corporation and called it Johnny’s Esso,” recalls Brockriede, now 73. “There was no inside bay, but there was an outside lift where I could grease cars in nice weather.”

Brockriede had no reason to expect affluence—his dad was a lumberyard worker. But today he’s the head of a 30-year-old company called Monmouth Enterprises that is involved in banking, commercial

and residential real estate, car dealerships and restaurants. And a key factor in his success, he says, was the friendships he formed with people from that hospital, which became Monmouth Medical Center.

“The doctors and administrators would leave their cars to have things done, and I’d drive them to work. I’d even pick up their kids at school.” While pumping their gas, Brockriede pumped them for business advice. “I’d ask about things like how to arrange financing. They opened a lot of doors for me.”

Another door opened when Brockriede’s Esso supervisor told him there was a young lady he had to meet. Her name was Linda, and she worked for her father, an auto parts distributor. “She drove in one day in a blue convertible with five tires in the back seat,” Brockriede recalls. “Six months later we were married, and we’ve been together for 45 years.”

Brockriede and his wife, a registered nurse, have long been devoted to the community. He served for 18 years on the town’s Planning Board and Zoning Board of Adjustment, and in that role had to weigh in on the hospital’s requests for variances to expand. Indeed, while Brockriede’s businesses have grown, so has the hospital, becoming a renowned teaching facility with 60 medical subspecialties. He has been generous to the medical center over the years, and he gladly agreed in 2001 when he was asked to join its Board of Trustees.

Today this entrepreneur and sometime golfer enjoys spending time with his wife, three grown children and nine grandchildren, but has no thought of retiring from his business—or from the hospital’s board, its Strategic Planning Committee or its Community Action Committee. And since his grandson John III was diagnosed with juvenile diabetes several years ago, he’s had a special goal of expanding diabetes treatment at Monmouth.

“Over the years I’ve watched the medical center grow from a little community hospital,” says Brockriede. “It’s a pleasure to help the folks there, because when I was young, they helped me.” ■

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** April 13, May 18, June 22, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).
- **Two-Day Preparation for Childbirth** (two-session program) May 3 and 10, June 7 and 14, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).
- **Preparation for Childbirth** (five-session program) April 15, 22, 29, May 6 and 13, June 3, 10, 17, 24 and July 1, 7:30–9:30 p.m. \$125/couple.
- **Two-Day Marvelous Multiples** June 1 and 8, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes continental breakfast).
- **Eisenberg Family Center Tours** April 13, 27, 1:30 p.m. Free. (No children under 14 years old.)
- **Baby Fair** June 12, 7–9 p.m., Free. For parents-to-be and those considering a family, featuring the Eisenberg Family Center tours, refreshments, free gifts. To register call 1-888-SBHS-123. (No children under 14 years old.)
- **Make Room for Baby** April 19, May 17, June 21, 10–11 a.m. For siblings ages 3 to 5. \$40/family.
- **Becoming a Big Brother/Big Sister** May 24, 10–11:30 a.m. For siblings age 6 and older. \$40/family.
- **Childbirth Update/VBAC** May 14, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.
- **Baby Care Basics** (two-session program) April 19 and 26, noon–2 p.m., May 8 and 15, 7:30–9:30 p.m. \$80/couple.
- **Breastfeeding Today** June 5, 7–9:30 p.m. \$50/couple.
- **Cesarean Birth Education** April 16, June 18, 7:30–9:30 p.m. \$40/couple.
- **Grandparents Program** May 12, 7–9 p.m. \$30/person, \$40/couple.
- **Parenting Young Children Through S.T.E.P.** (five-session program) May 14, 21, 28, June 4 and 11, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.
- **Adoptive Parenting** Private, two-session programs scheduled to accommodate your needs. \$150/couple.
- **Gestational Diabetes Education Program** One-session class for women who develop gestational diabetes during pregnancy. Call the Center for Diabetes Education at 732-923-7550 for appointments.

JUST FOR KIDS

- **Safe Sitter** May 10, June 21, 9 a.m.–4 p.m. A one-session program for 11- to 13-year-olds on responsible, creative babysitting. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

GENERAL HEALTH

- **Creating a Journal to Love and Enjoy: The Friend at the End of the Pen** April 10, 7:30–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. \$20/person.
- **"To Your Health" Showcase** April 11, 11 a.m.–1 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.
- **Blood Pressure Screening** April 11, 11 a.m.–1 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.
- **Stress-Free Workshop "Balancing Stress With Relaxation Techniques"** May 13, 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. \$10/session.
- **Balancing Stress with Relaxation Techniques** May 15, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. \$20/person.
- **Diabetes Self-Management Series** Four-session education program focusing on diet, nutrition and glucose monitoring. For dates and times, call the Center for Diabetes Education at 732-923-5025. Fee required.

SENIOR HEALTH

- **Adult Attention Deficit Disorder (ADD)** April 16, 1–3 p.m. Presented by Robert W. LoPresti, psychology. SCAN.*
- **Stroke: When Every Minute Counts** May 7, 1–3 p.m. Presented by Florence Armour, stroke program coordinator, Monmouth Medical Center. SCAN.*
- **Older Americans Expo** May 14, 11 a.m.–3 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.
- **Skin Cancer Prevention and Early Detection** May 21, 1–3 p.m. SCAN.*
- **Preventing Osteoporosis** May 28, 1–3 p.m. Presented by Mutahir Abidi, M.D., medical director, Center for Arthritis and Rheumatologic Disorders at Monmouth Medical Center. SCAN.*
- **Humor and Healing** June 4, 1–3 p.m. SCAN.*
- **Health and Wellness Day for Seniors** June 6, 8:30 a.m.–2:15 p.m., Marlboro Township Recreation Senior Program, 1996 Recreation Way. Call 732-617-0100.

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