

MONMOUTH MEDICAL CENTER SURGICAL EXPERTISE LEADS TO EXCEPTIONAL OUTCOMES

# ADVANCES IN SURGERY

## ROBOTICS

*quicker recovery,  
less pain*

## PAIN RELIEF

*for mastectomy  
patients*

## POLYPS

*no more!*

## BARIATRICS

*brings end to  
life-long struggle*

**'SUPERHERO' DOC  
REMOVES RARE TUMOR**

**A SURGICAL CURE  
FOR GERD?**



# welcome

“Our highly skilled experienced team of robotic surgeons utilizes groundbreaking robotic technologies to perform innovative procedures and many of the region’s pioneering robotic **firsts.**”



Dear Neighbors:

**OVER THE PAST FEW DECADES**, there have been incredible advances in the field of surgery, and many of these accomplishments have been achieved in teaching environments such as Monmouth Medical Center—one of New Jersey’s largest community teaching hospitals. Advances occur in teaching hospitals because its surgeons, as teachers, are constantly challenged to stay current in their field. Monmouth always has been able to attract the top surgeons who want to work in an academic environment, and with this commitment to academic medical excellence, we have

pioneered major changes in surgical practice in New Jersey.

Monmouth Medical Center is the region’s leader in surgical services, earning a statewide reputation for excellence in the field. Throughout its history, the hospital’s highly skilled team of surgeons has quickly adopted the latest surgical innovations—and this pioneering spirit has set the stage for bringing the most-advanced minimally invasive procedures to the region.

In fact, Monmouth Medical Center was the first in the region to offer patients the minimally invasive option of robotic surgery and is the only hospital in the region to employ two da Vinci surgical robots and the latest technology for minimally invasive complex procedures in adult and pediatric urology, gynecology and general surgery. Our highly skilled experienced team of robotic surgeons utilizes groundbreaking robotic technologies to perform innovative procedures and many of the region’s pioneering robotic “firsts.”

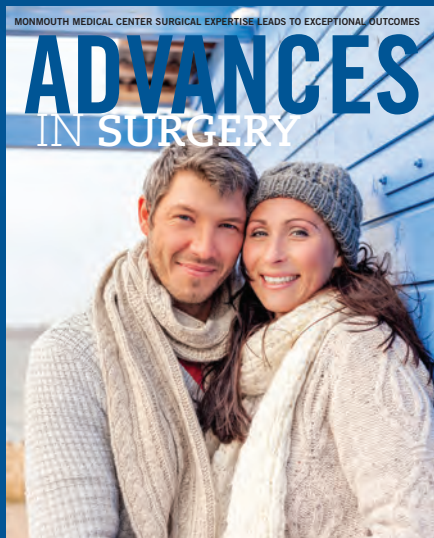
Accuracy is critical to outstanding outcomes in both partial knee and total hip procedures, and Monmouth Medical Center also has invested in MAKOpasty robotic technology to allow our joint specialists to personalize procedures to achieve optimal results with an advanced level of accuracy. As the leader in surgical services, Monmouth Medical Center is the only hospital in the region to offer MAKOpasty partial knee and total hip replacement.

Additionally, the Center for Minimally Invasive Esophageal and Gastric Surgery at Monmouth Medical Center combines the expertise of gastrointestinal and cardiothoracic surgeons and gastroenterologists to offer a highly skilled, multidisciplinary approach to the diagnosis, management and treatment of a host of digestive diseases and conditions. The center has introduced to central New Jersey the most advanced, state-of-the-art laparoscopic surgical and endoscopic procedures to treat a host of esophageal and gastric conditions. Through the Center, these minimally invasive approaches are accomplishing traditional surgical goals while delivering less pain, faster recovery and lower wound complication rates.

In the pages that follow, you can read first-person accounts from our surgical patients who share their stories about how our centers of surgical excellence have transformed their lives. As President and CEO of Monmouth Medical Center, and a former surgeon who trained at Monmouth, it is enormously gratifying to see the tremendous impact we are having in our community.

Sincerely,

Frank J. Vozos, M.D., FACS  
President and Chief Executive Officer



■ ■ **Monmouth Medical Center**  
■ ■ **Barnabas Health**

# advances IN SURGERY

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« Ron Miller meets with Monmouth Medical Center surgeon **Stephen Chagares, M.D.**, following his robotic-assisted laparoscopic hernia repair.

## Region's first robotic hernia repair brings quicker recovery—less pain

**RON MILLER**, 54, has had his share of medical surprises. In 2010, for instance, his appendix burst while he was vacationing in Mexico, leading to emergency surgery at a local clinic.

Back home in Marlboro, he was found to have multiple hernias—including one related to his appendectomy performed in Mexico. But he got one nice surprise: Ron was able to have minimally invasive, robotic hernia repair right here at Monmouth Medical Center—without needing to go to New York City.

Ron's medical odyssey began shortly after that fateful family holiday. Once home, his appendectomy wound became infected, and he went into septic shock — a potentially fatal condition caused by a body-wide infection.

He turned to board-certified Monmouth Medical Center surgeon Stephen Chagares, M.D., who drained the infection with a Wound Vac. The wound took weeks to heal, and then a hernia developed at the site—a common

occurrence after a serious wound infection. Fast forward to 2014. Ron made an appointment with Dr. Chagares for a reevaluation of his hernia, and a consultation for gallbladder disease. A CT scan revealed that Ron actually had three hernias: one at the site of the appendectomy, one where he'd had his prostate removed, and one by his belly button—known as an umbilical hernia.

Ron was thrilled to learn that Dr. Chagares offered state-of-the-art robotic hernia repair, right in his community. After careful analysis, Dr. Chagares mapped

out a two-stage plan to treat the three hernias and remove Ron's gallbladder.

During the surgery, Dr. Chagares used the umbilical hernia as an access point to insert instruments, remove the gallbladder, and then fix the hernia “on the way out.” While performing surgery, Dr. Chagares analyzed the other two hernias related to the previous prostate

removal and appendectomy, so he could plan the next operation. For stage two, Dr. Chagares performed a robotic assisted laparoscopic hernia repair of the hernia at the prior appendectomy site—a first for the region.

“Because of Ron's prior infection, it was difficult to evaluate [the hernia]—even with the CT scan,” says Dr. Chagares.

“The robotic-assisted surgery allows for a more precise, less invasive approach, enabling me to suture the inside of the abdominal muscle back together. A laparoscopic approach would have required anchoring sutures through the muscle wall and the addition of anchoring tacks,” according to Dr. Chagares who notes that patient benefits of robotic surgery include less pain and quicker recovery.

Ron's robotic procedure went extremely well and he went home the same day as the procedure and just 10 days later was back to work selling cars at the Cadillac dealership in North Brunswick. Once healed, he had minimal scarring.

“People need to know that they can get advanced robotic surgery at Monmouth Medical Center—there's no need to travel to New York City.”

“Dr. Chagares is an incredible surgeon with a great bedside manner,” says Ron. “I have a lot of confidence in him, and only wish Dr. Chagares could have performed my previous emergency appendectomy robotically. People need to know that they can get advanced robotic surgery at Monmouth Medical Center—there's no need to travel to New York City.”



# Single-site robotic hysterectomy provides virtually scarless surgical option



**GYNECOLOGICAL** and menstrual problems for most women are a private and personal issue, with many not realizing they are experiencing anything abnormal.

Such was the case for Stacy Chapman. Since age 13—when she first began menstruating—the now 35-year-old had been experiencing what she would later learn were abnormally heavy periods.

“It was horrible,” says Stacy. “In high school, it was embarrassing and it just continued to get worse. I’d have my period for 10 days and there were often days in the middle of each cycle when I didn’t feel comfortable leaving the house. I’m now anemic as a result.”

A working single mother of a son, Stacy admits she hadn’t been the best at keeping up with her own doctor appointments. It wasn’t until Stacy got married, gained a stepson and moved from northern New Jersey to Belmar and began seeing Philip G. Passes, D.O., an obstetrician/gynecologist with Southern Monmouth Ob/Gyn in Wall, that she realized something was wrong.

“When I started seeing Dr. Passes, I had gotten married and hoped to have

▲ **Robert Graebe, M.D.**, chairman and program director of Obstetrics and Gynecology at Monmouth Medical Center and a pioneer in gynecologic robotic surgery.

another baby,” says Stacy. “I told him about the bleeding and he told me, ‘You can’t keep going through this—the older you get, the worse it is going to get.’ The plan was for me to get pregnant and hope the pregnancy would rectify the issue.”

One normal pregnancy and a healthy baby boy later, Stacy’s heavy periods returned. The hormonal changes during her pregnancy and after childbirth didn’t impact her menstrual cycle as she had hoped, and so she returned to Dr. Passes to explore her options.

During the next few years, she tried five different types of birth control and an IUD, all with the goal of shortening the length of menstruation or reducing the bleeding she was experiencing. When none of those tactics improved her condition, Dr. Passes and Stacy began discussing an ablation, a procedure that destroys the uterine lining as a means to treat dysfunctional or abnormal uterine bleeding. But because Stacy was so far from menopausal age, Dr. Passes was

concerned the lining would build back up, and so he recommended Stacy consult with Robert A. Graebe, M.D., chairman and program director of Obstetrics and Gynecology at Monmouth Medical Center.

“Dr. Graebe was incredible. He believed a robotic hysterectomy would be a better option for me based upon my age—as long as I was done having kids—and echoed Dr. Passes’ concern about an ablation not being a final solution for me,” says Stacy. “He sat with me for two hours to discuss every last detail. We decided to go ahead with scheduling the hysterectomy.”

Luckily for Stacy, Dr. Graebe had just completed training on the da Vinci® single-site platform and was able to perform the entire surgery through a single incision in her belly button—making Stacy the first patient to undergo a single-site robotic hysterectomy in the region. “Stacy was a good candidate for this type of procedure because of her young age and the specific problem she was experiencing was really confined to the uterus,” Dr. Graebe says.

The single site da Vinci platform for hysterectomy is a virtually “scarless” operation with minimal blood loss. The technology results in reduced risk of complications, shorter hospital stays and faster recovery time for patients. “The surgery went very well—I knew I’d be in some pain when I woke up but it was much less than I expected,” she says. “The nurse warned me about possible bruising at the incision site but that never even happened. The incision scar is so little, it’s like the surgery never happened.” As a busy mom with three boys on a number of hockey teams, Stacy says it was key for her to be able to get back on her feet quickly. In less than two weeks, she was back to her normal activities and excited about her new quality of life.

To learn more about The **INSTITUTE FOR ROBOTIC SURGERY** at Monmouth Medical Center, call 888-724-7123. <<



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

## Fighting advanced cancer with cutting-edge robotic surgery

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

A fighter at heart, he entered into remission in 2004. Even though Dave was feeling completely healthy and asymptomatic, he recently followed his family physician's advice to get routine annual blood work done. Blood test results indicated that Dave was very anemic and "doctor's orders," he made an appointment for a colonoscopy—his first since 2001. Dave received the first piece of tough news when results revealed a mass on the cecum portion of his colon—the beginning of the large intestine. Then, following a PET scan, more bad news: several tumors were diffused throughout his liver and a biopsy of the 3cm mass in his colon tested positive for colon

adenocarcinoma—the most common type of gastrointestinal cancer and the second leading cause of death due to cancer.

His diagnosis: stage 4 colorectal cancer that metastasized to the liver. His prognosis with minimal treatment was three to six months and 20 months with aggressive treatment—neither of which was good enough for Dave. "The liver diagnosis rattled my cage,"

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

says Dave. "I knew colon cancer was treatable, but liver cancer is usually a death sentence; most people don't survive."

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

During one visit at a well-known treatment facility, Dave was taken aback when the prominent surgeon told him that surgery "wasn't in the cards for him" since he was stage 4. The surgeon's advice was to treat Dave's colon cancer with chemotherapy and not bother with surgery. This doctor, along with another doctor Dave interviewed at a different hospital, gave Dave no hope. Fortunately, Dave had a completely different experience when he interviewed Michael Arvanitis, M.D., FACS, the section chief of Colon and Rectal Surgery at Monmouth Medical Center.

"Dr. Arvanitis was thorough and patient and gave my wife Carol and me as much time as we needed to ask questions. He made me feel 100 percent that he was there for me."

Dr. Arvanitis—assisted by his partner Roy M. Dressner, D.O., a board-certified colorectal surgeon—performed a minimally invasive colon resection utilizing the robotic da Vinci EndoWrist stapler to remove the mass from Dave's colon. This technology enables the surgeon autonomy and

fully wristed articulation to access critical anatomy, while incorporating SmartClamp feedback to ensure appropriate tissue closure. The surgery required only six tiny incisions in Dave's abdomen as opposed to a large incision with traditional open surgery.

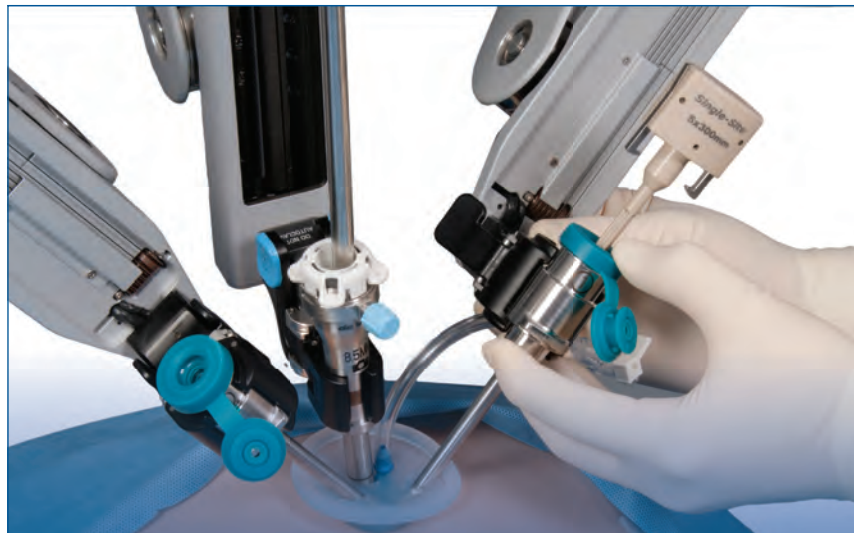
In typical "Dave" style, he was walking just six hours after surgery. He was discharged three days following surgery, whereas traditional surgery would have required a six-day stay, months of recuperation and more potential for complications.

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

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

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

Dave continues to follow-up with Dr. Arvanitis and is currently undergoing multiple agent chemotherapy treatment. "I've healed incredibly well without any complications and I feel fantastic also," says Dave, who credits his faith in God, physicians, medical treatment, along with a holistic approach, to where he is today.



## Leading the way in minimally invasive colon surgery

**OVER THE PAST SEVERAL DECADES**, advances in the field of surgery have been driven by the introduction of minimally invasive techniques to the operating room. At Monmouth Medical Center, this trend of performing surgery through small incisions is clearly illustrated in a history that is rich in minimally invasive milestones.

Since introducing laparoscopic colectomies (a surgical procedure to remove all or part of the colon) in 2001, for example, Monmouth's colorectal surgeons alone have performed hundreds of colon operations, making Monmouth one of the leading facilities in the Northeast to offer this sophisticated procedure. The Center for Minimally Invasive Surgery at Monmouth is a leader in laparoscopic colectomies, and was the first in the state invited to broadcast live, or real time, laparoscopic colon surgery to a meeting of the American College of Surgeons in 2005. And now Monmouth's colorectal surgeons are the first in the region to expand the minimally invasive approach to colectomies to include robotic surgery. (See related story at left.)

Colon surgery traditionally has been performed through an eight- to 12-inch incision, allowing surgeons to work inside the opening to remove a portion of the diseased bowel and reconnect the two remaining sections. With minimally invasive surgery, a large "open" incision no longer is needed. Instead, surgeons operate through several small incisions—each about one-quarter-inch long—through which they insert the special instruments to perform the same procedure.

For the patient, these minimally invasive techniques result in less pain and scarring, a shorter hospital stay and quicker recovery. Within several weeks, they usually can return to normal activities, including work.

To learn more about The **COMPREHENSIVE DIGESTIVE CENTER** at Monmouth Medical Center, call 888-724-7123. <<





« Lisa Medvitz, third from left, gathers with **Martin P. Michalewski, M.D., F.A.C.O.G.**, Director of Minimally Invasive Urogynecology and Gynecologic Surgery at Monmouth Medical Center, and his staff, from left, Mary Fredo, Allison Fisher, Tammy Flavin and Connie Davis.

## Pioneering urogynecologist improves quality of life for Toms River woman—twice

**WHEN LISA MEDVITZ** began experiencing pain in her lower abdomen, she did what many people do—she tried to ignore it and hoped it would go away.

As the pain started becoming more severe and lasting for days at a time, the Toms River resident picked up the phone and called the office of her urogynecologist, Martin P. Michalewski, M.D., F.A.C.O.G. Lisa originally saw Dr. Michalewski, who is board certified in obstetrics/gynecology and urogynecologist, in 2011. Prior to that she had been experiencing pelvic problems when running or standing for a long period of time but was too uncomfortable to say anything to her gynecologist or family physician.

“I was talking to a friend and she shared that she had been dealing with the same symptoms that I had been experiencing for nearly a year,” says Lisa. “She told me she saw Dr. Michalewski to have a sling put in and it was fixed. The next day, I called and scheduled an appointment with him to have my

problem corrected.” Lisa was so pleased with the results from her 2011 surgery that when she experienced some new abdominal pain, Dr. Michalewski was the first physician she sought out. Following an ultrasound and biopsy, Lisa learned the cause of her pain: fibroid tumors, noncancerous benign growths made up of muscle cells that develop in the wall of the uterus. Fibroids can grow as a single tumor or a system of tumors and they can range in size from the size of a pea to a grapefruit or even a basketball. In Lisa’s case, some of her fibroids were the size of golf balls.

Just as the size of fibroids may vary, the symptoms women experience may vary as well. Some women, like Lisa, experience severe pain with fibroids, while many do not have any pain. After considering her options, Lisa chose to wait and observe how they progressed. However, six months later, she was back in Dr. Michalewski’s office. Her pain had gotten worse. Another ultrasound revealed that the fibroids were growing.

Dr. Michalewski recommended a single-incision laparoscopic supracervical hysterectomy (SILS LSH), during which he would remove Lisa’s uterus and fibroids but leave her ovaries and cervix in place to maintain normal hormone and sexual function.

“With the SILS procedure, one incision is made in the belly button—about the width of two fingers or one inch—rather than making three or four separate incisions, each one-quarter inch in size, required for traditional surgery,” explains Dr. Michalewski. “Since there are fewer incisions, there is significantly less pain as there is less tissue trauma, less bleeding, and less risk of infection or injury from multiple port insertions. Patients experience faster recovery and a superior cosmetic result.”

A pioneer, proctor and teacher in this innovative surgical technique, Dr. Michalewski began performing SILS when it was first FDA approved in April 2009. He was one of the first physicians in the nation to utilize the technology and has since successfully treated hundreds of women.

“Dr. Michalewski recommended this route and I was on board with it, especially since it wouldn’t leave any scarring,” says Lisa. “I had a C-section and my appendix removed—I didn’t want any more scars. This would only leave three or four little stitches in my belly button and virtually no more scars.” As expected, Lisa’s surgery went smoothly and she was out of the hospital that very day. Her pain was so mild that she only needed to take a painkiller for four nights to help with discomfort.

“I had surgery on Wednesday and by Friday I was up and walking around and shopping at the outlets in Tinton Falls,” says Lisa, who feels great and is back to all of her normal activities.



# 40 years of urinary incontinence fixed by skill of surgeon



↗ Eatontown resident Maryilyn Halvorsen

**DOCTORS HAD MADE IT** clear to Marilyn Halvorsen: When it came to correcting her chronic incontinence, the Eatontown woman was out of luck. But that changed when she saw urogynecologist Martin P. Michalewski, M.D., F.A.C.O.G.

Dr. Michalewski has extensive experience in robotic and minimally invasive laparoscopic surgery and has helped pioneer a number of urogynecological laparoscopic procedures.

For Marilyn, the incontinence problem started years ago, after having two children. She began leaking small amounts of urine when she walked quickly, sat up in bed, or stood up from sitting. Diagnosed with a cystocele—when the bladder drops from its normal position and presses against the outer wall of the vagina—she had corrective surgery in her early 30s. That worked for a while, but eventually her incontinence returned—and

Marilyn was told about 10 years ago that she couldn't have another cystocele repair. What's more, the problem continued to worsen.

"I went through three big Poise pads every day," recalls the busy working woman, now 73. "I went to the bathroom 12 times a day." Marilyn, an executive assistant at a hotel, developed painful urinary tract infections, including one that persisted for more than a year and required many courses of antibiotics, and also suffered with skin irritation—like a baby's diaper rash—and frequent anxiety. "It was very nerve-wracking. It would limit me," says the youthful grandmother, who always had to be near a bathroom.

In early 2014, after her sister in California and a neighbor had successful surgery for urinary incontinence, she decided to look

into surgery again, and was referred to Dr. Michalewski. To treat Marilyn, Dr. Michalewski performed a short, 20-minute outpatient surgery during which Marilyn's bladder was put back into place and the pelvic floor—the muscles, ligaments, connective tissues and nerves that support the bladder, uterus, vagina and rectum and help these pelvic organs function—were tightened.

"Despite her history and previous surgery, Marilyn was never not a candidate for another surgery," says Dr. Michalewski, one of 700 U.S. physicians to hold board certification in female pelvic medicine and reconstructive surgery. "Due to her age, medical history, prior pelvic repairs and scar tissue, she would be considered a more complicated case, which may make some surgeons uneasy with implantable materials, but after testing and careful evaluation, her expected outcome looked good. More importantly, she would no longer need to depend on Depends."

Within a few hours following the procedure, Marilyn was home. A few days later, she was back on her feet.

"It was wonderful," says Marilyn. "I couldn't be happier!" No longer incontinent, Marilyn no longer worries about leakage. Within a few weeks of surgery, she went to a concert on the beach with her husband—an activity she would have previously avoided. She can now attend her grandkids' sporting events at fields without restrooms.

The surgery itself went smoothly, Marilyn says. Immediately afterward, "I felt very comfortable. I never had to take any pain medication," she says. Just a few hours after the procedure, she was back home. "I cannot say enough about the office," she adds. "The entire staff was just wonderful."

As for Dr. Michalewski, Marilyn made sure to shake his hand and thank him at her follow-up appointment six weeks after surgery. "He asked me is your life fully back," recalls the grateful patient. "I said, 'Yes!'"

To learn more about The **CENTER FOR MINIMALLY INVASIVE SURGERY** at Monmouth Medical Center, call 888-724-7123. <<

# Stairs no longer an obstacle for busy grandmother of four

*Whiting Resident Pain Free Following Minimally Invasive Double-Knee Replacement*



Stairs are no longer an obstacle for Whiting resident Grace Horanek.

**GRACE HORANECK** began having knee pain about five years ago. Over time, the pain became so intense that the 68-year-old Whiting resident planned activities based upon whether she would encounter stairs.

"The thought of going up or down stairs was impossible. The pain even kept me from visiting my grandchildren because they all live in homes with steps," says Grace, a retired office manager. "I was getting very limited in what I could do and where I could go."

Diagnosed with patellofemoral arthritis—arthritis of the knee cap—in her left and right knees, Grace received injections of steroids to help with the pain. However, the relief was minimal and temporary. Eventually, Grace made an appointment to see to Mark W. Gesell,

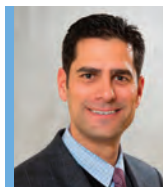
M.D., an orthopaedic surgeon and joint replacement specialist with Monmouth Medical Center. Dr. Gesell explained the pain in Grace's knees was due to the joints essentially being bone-on-bone.

"Grace had worn out all the cartilage under her kneecaps, but had minimal arthritis elsewhere within her knee joints," explains Dr. Gesell. "She had terrible pain getting up from a chair and was unable to get up and down stairs, but she had very little pain walking around. She was an ideal candidate for a partial knee replacement."

With input from Dr. Gesell, Grace decided it was time for surgery. Concerned about the pain of surgery, Grace requested Dr. Gesell perform the surgery to resurface the diseased and damaged portion of both her knees at the same time.

"I thought, if knee surgery is as bad as everyone says, I'm not coming back a second time," says Grace.

Rather than utilizing traditional or even more recent arthroscopic approaches to perform Grace's partial knee replacements, Dr. Gesell used a cutting-edge robotic system to perform a minimally invasive MAKOplasty partial knee resurfacing on each of Grace's knees. A surgeon-controlled robotic arm system that allows accurate alignment and placement of implants, MAKOplasty



**Mark W. Gesell, M.D.**  
Orthopaedic Surgeon  
Joint Replacement  
Specialist at Monmouth  
Medical Center.

assists surgeons in preplanning and treating each patient uniquely and with consistently reproducible procedures. Ideal for adults like Grace who are living with early to mid-stage osteoarthritis that has not yet progressed to all three compartments of the knee, partial knee resurfacing allows surgeons to precisely resurface only the arthritic portion of the knee while preserving healthy tissue and bone. Patients benefit in a more rapid recovery and shorter hospital stay than traditional total knee replacement surgery.

Following her surgery, Grace spent three days in the hospital before spending a few additional nights in a rehabilitation center.

"From the time the nurses came to get me out of bed after surgery until I went to rehab, I was waiting for this horrible, excruciating pain," recalls Grace. "I was home one full week later and the pain never arrived."

"Grace had both knees done and has had a very quick, painless recovery. Within a month of surgery she was functioning better than she had in years," says Dr. Gesell. "Using the robotic assisted MAKOplasty allowed us to optimize the positioning of her knee implants, minimize her incision, minimize the surgical time and maximize her outcome."

Grace was back to driving less than a month after surgery and hasn't slowed down since.

"I don't have to think twice about going anywhere. I don't even need to take stairs into consideration anymore," says Grace, who has a daughter, two sons and two stepdaughters. She and her husband Joe are now enjoying spending more time visiting with their four grandchildren.

"Needless to say they are all a delight and I am so happy that I am now able to spend more time with them," she says, noting that all of her grandchildren's homes have stairs. "Since my surgery, I am able to climb the stairs with much more ease. Before the surgery, I just couldn't go to visit them."



# Arthritic patient finds relief with breakthrough **robotic-assisted knee surgery**

**JOSEPH BRITTON'S KNEE PAIN** started slowly with some aching here and there. The 62-year-old Neptune resident did what most people would do—he chalked it up to the typical aches and pains associated with aging.

It wasn't until he was mowing his lawn and experienced sudden pain in his right knee that he realized he was dealing with something more.

"Something wasn't right," he says. "I was just hobbling around."

“During the surgery, Dr. Chalnack used the robotic arm to remove the diseased portion of the knee, sparing healthy bone and surrounding tissue for a more natural feeling.”

By the time Joseph made an appointment with orthopaedic and joint replacement surgeon David Chalnack, M.D., medical director of the Joint Replacement Program at Monmouth Medical Center, to get to the root of his knee pain, he was taking multiple doses of over-the-counter pain relief medications each day.

Dr. Chalnack determined Joseph's

pain was caused by osteoarthritis, a chronic condition in which the cartilage in the joint breaks down and causes stiffness, pain and loss of joint movement. Dr. Chalnack also noticed Joseph had damage to his meniscus, the cartilage that acts as a shock absorber in the knee.

Luckily for Joseph, Dr. Chalnack was preparing to introduce robotic-assisted partial knee resurfacing procedures to Monmouth Medical Center, the only hospital in central and southern New Jersey to offer this breakthrough technology. Joseph was a perfect candidate for the cutting-edge surgery.

"Joseph was not a candidate for arthroscopy as he had severe arthritis as well as a meniscal tear in the medial aspect of his knee.

During the surgery, the medial meniscus is removed and more importantly, MAKOplasty partial knee resurfacing is performed providing relief from the pain Joseph was feeling as a result of his arthritis," says Dr. Chalnack.

The minimally invasive MAKOplasty partial knee resurfacing system allowed Dr. Chalnack to precisely resurface only the arthritic portion of Joseph's knee while preserving healthy tissue and bone. Patients benefit in a more rapid recovery and shorter hospital stay than traditional total knee replacement



Neptune resident Joseph Britton.

surgery and are left with a more natural feeling knee.

In preparation for Joseph's surgery, Dr. Chalnack created pre-surgical plans based on CT scans of his knee. During the surgery, Dr. Chalnack used the robotic arm to remove the diseased portion of the knee, sparing healthy bone and surrounding tissue for a more natural feeling. Implants were then secured to allow the knee to move smoothly again. Following the surgery, Joseph spent just two days in the hospital and was back on his feet without the extra support of a cane or walker within three weeks. Following two and a half months of rehabilitation and physical therapy, Joseph feels great.

"I'm very happy with the outcome. Dr. Chalnack was phenomenal and I would recommend him to anybody," he says. "I think the biggest thing is going through with the exercises and therapy—it's the fastest way to get movement back!"



**David Chalnack, M.D.**  
Medical Director of  
the Joint Replacement  
Program at Monmouth  
Medical Center

To learn more about **MAKOPLASTY** at Monmouth Medical Center, call 732-923-7666. <<

# MAKOplasty hip replacement gives Long Branch resident a new lease on life

**RONALD BROWN** of Long Branch had been dealing with his nagging hip pain for more than two years. When it first started, over-the-counter pain medications provided some relief, but as the years went on, his pain got worse and Ronald resorted to using a cane to help him walk.

“I kept hoping the pain would go away but it just kept getting worse. I knew I had to see a doctor about this,” says Ronald.

It was then the 65-year-old made an appointment with orthopaedic surgeon Arthur K. Mark, M.D., who explained to Ronald that he had arthritis in his hip, and his right leg was shorter than the other, exacerbating the problem.

“In addition to suffering from osteoarthritis of the hip, Ronald also had a pretty significant ‘deformity’ in that one leg was significantly shorter than the other, which impacted his hip,” says Dr. Mark. “While any patient with osteoarthritis in the hip would be a good candidate for MAKOplasty, it really helps patients with these types



**Arthur K. Mark, M.D.**  
Monmouth Medical  
Center Joint  
Replacement Specialist



« Long Branch resident Ronald Brown

surgical plan for Ronald which would assist Dr. Mark in placing the implants in the desired location with more accuracy and enhance stability and mobility. Dr. Mark was also able to utilize the breakthrough technology to calculate exactly where to place the socket and determine precisely how much length to add to Ronald’s femur, or thigh bone.

As a result of the exactness and preciseness of the MAKOplasty Total Hip Arthroplasty, Ronald would experience a faster recovery time and be able to get back to a normal lifestyle, without the use of a cane. Following the surgery, Ronald spent three days in the hospital and two weeks in a rehabilitation facility

where he had daily physical therapy. Once he was home, a physical therapist came to Ronald’s home to continue the exercises required to help Ronald get back on his feet. Just two and half months post-surgery, Ronald returned to Monmouth Medical Center—not for complications related to his surgery or a doctor’s appointment but to his job in the dietary department of the hospital. Throughout the recovery, Ronald experienced minimal pain.

of deformities, when the anatomy isn’t quite normal to begin with.”  
Dr. Mark recommended Ronald undergo MAKOplasty Total Hip Arthroplasty, a total hip replacement utilizing the cutting-edge RIO Robotic Arm Interactive Orthopedic System. Designed for patients like Ronald who suffer from noninflammatory or inflammatory degenerative joint disease, the innovative RIO System enables surgeons to achieve a new level of precision using the latest techniques in total hip replacement.

“The MAKOplasty is just like a traditional, minimally invasive hip replacement in that the way the surgeon approaches the hip through small incisions is the same,” says Dr. Mark. “However, with MAKOplasty, once the surgeon is in the joint, the computer helps guide the surgeon more accurately.”

Prior to the surgery, Dr. Mark sent Ronald for a CT scan of his hip. The scan was then used to create a unique

“The pain after surgery was nothing like what I was feeling before. I was able to handle it,” he says. A few months later, Ronald says he feels “like a million bucks” and couldn’t be happier with the results of the surgery. “It used to take me almost 30 minutes to get in or out of the car. I could feel the bones rubbing together. Now I just hop in and out of the car,” he says. “I was dealing with the pain for two years and didn’t think the cause was that serious, but it was. Having surgery has made a big difference in my life.”

To learn more about **MAKOPLASTY** at Monmouth Medical Center, call 732-923-7666.



# Innovative surgical approach brings GERD relief for Eatontown resident

Monmouth among a handful of medical centers in the country to offer **advanced treatment option**

**WHEN WALDRON BISHOP**, 68, of Eatontown, began noticing difficulty swallowing, he was concerned.

With allergy season on the horizon, Waldron was under the impression he was dealing with sinus issues. As his difficulty swallowing became more pronounced, Waldron became increasingly miserable and realized trying to swallow pills was becoming most problematic. Waldron sought the opinion of board-certified gastroenterologist Steven Gorcey, M.D., chief of gastrointestinal endoscopy at Monmouth Medical Center, who diagnosed him with gastroesophageal reflux disease (GERD). Occurring when the muscle at the end of the esophagus does not close properly and gastric acid from the stomach leaks back into the esophagus, GERD often causes inflammation of the esophagus.

As part of the diagnosis, Dr. Gorcey performed an endoscopy on Waldron, which showed that he was also suffering from Zenker's diverticulum, a condition in which a pouch forms at the back of the throat at the junction of the pharynx and the esophagus causing extreme difficulty swallowing.

"The pouch was exactly what I was feeling and explained what was going on," says Waldron. "Medication was actually getting stuck in there and I couldn't get it out."



**Steven Gorcey, M.D.**  
Chief of Gastrointestinal  
Endoscopy at Monmouth  
Medical Center

Dr. Gorcey discussed two surgical options with Waldron, the first of which was a more traditional approach requiring the patient to undergo open neck surgery to resect the muscles. The second option, a newer procedure, was a minimally invasive cricopharyngeal myotomy in which the muscle causing the pouch is cut, allowing food to pass through while swallowing.

He agreed to go with the new procedure. "In the past, surgeons had to use a dramatic approach that resulted in a difficult recovery. The endoscopic approach, however, doesn't require the removal of the diverticulum," says Dr. Gorcey. "Instead, we can open it up into the esophagus using an incision called a needle knife through a flexible endoscope. The procedure, called a myotomy, involves cutting through part of the muscles to allow the pocket to drain into the esophagus more freely, so that the food previously getting stuck in the pocket can now fall through the incision."

Following the procedure, Waldron was kept in the hospital for only one night and could eat regular food within just a matter of days. "The procedure itself and the recovery was more than comfortable," says Waldron. "I've definitely had an improvement and have been able to get pills down easier. I was quite miserable with the situation so I'm pleased it keeps getting better."

The state-of-the-art procedure, which takes about 30 minutes and can be performed in the operating room with general anesthesia, is only offered at a handful of medical centers throughout the country. Dr. Gorcey learned the procedure when he



↳ Eatontown resident Waldron Bishop

trained at Hadassah University Medical Center's Institute of Gastroenterology and Liver Diseases under Dr. Harold Jacob—one of the world's leading endoscopic surgeons.

"Our ability to offer this procedure furthers Monmouth Medical Center's position as the premier hospital for noninvasive surgery. When there's a chance we can offer a more minimally invasive option, we do," says Dr. Gorcey, adding that Monmouth Medical Center boasts the highest surgical success rate in the state. "Most facilities don't offer this kind of collaboration between advanced laparoscopic surgeons and advanced surgical endoscopists. Recently the term C.E.L.S. was coined which stands for Combined Endoscopic Laparoscopic Surgery. We have been doing procedures like this for the past 10 years by thinking out of the box." (See related stories on pages 14-15.)

To learn more about The **COMPREHENSIVE DIGESTIVE CENTER** at Monmouth Medical Center, call 732-923-6070. <<

# Physicians team up on innovative procedure to treat gastric cancer

**MARIA MALDONADO**, 68, of Long Branch, had become familiar with undergoing endoscopies to detect and remove small tumors in her stomach and abdomen.

Under the direction of Steven Gorcey, M.D., a board-certified gastroenterologist and chief of gastrointestinal endoscopy at Monmouth Medical Center, Maria was put under surveillance to monitor her condition. Over the past several years, Dr. Gorcey detected and removed two small tumors endoscopically. When Maria once again began experiencing bloating and abdominal discomfort, she returned to Dr. Gorcey, who performed another endoscopy. This time, he noticed a large tumor in her stomach, and testing confirmed it was gastric cancer that required one of two options: surgical removal called a partial gastrectomy that would require a large abdominal incision and removal of half of Maria's stomach, or endoscopic submucosal dissection (ESD), which both removes the tumor and determines the depth of invasion into the surrounding tissue.

Dr. Gorcey met with Maria and her daughter Iris, also a long-time patient of his, to discuss treatment options. "Dr. Gorcey told us the newer option is being done frequently outside of the U.S., but not too many doctors are

doing it here," says Iris. "He would need a laparoscopic surgical team to monitor the dissection and that if things go according to plan it would save half of her stomach. My mother decided to go with it." In May, Maria underwent the combined endoscopic laparoscopic procedure with Dr. Gorcey and Frank J. Borao, MD, FACS, FASMBS, chief of minimally invasive surgery at Monmouth Medical Center on standby. "ESD has been performed in Japan for a number of years for early gastric cancers, but the procedure hasn't become popular in the U.S. because we don't have as many cases of early gastric cancer," says Dr. Gorcey.

"By moving the entire lesion in one block—including the inner layer and the layer underneath that—the pathologist can see if the cancer has spread while still leaving the stomach intact. If the lesion has extended to the submucosal layer, we must then send the patient to surgery," says Dr. Gorcey,



Long Branch resident Maria Maldonado.

who is one of very few endoscopic surgeons in the U.S. with the training necessary to perform this procedure.

During Maria's procedure, Dr. Borao monitored her to make sure everything was going smoothly. The procedure as a whole is called laparoscopic-assisted ESD. By combining flexible endoscopy with laparoscopic surgery, Drs. Gorcey and Borao can achieve results that neither could on their own.

"The entire surgery was over in about two and a half hours. Luckily, Dr. Borao never needed to do anything more than observe," recalls Iris.

Afterwards, Maria spent a few hours in recovery before undergoing additional monitoring. She was ultimately sent home the next day and, within a week, had recovered completely.



**Steven Gorcey, M.D.**  
Gastroenterologist and  
Chief of Gastrointestinal  
Endoscopy at Monmouth  
Medical Center



**Frank J. Borao,  
MD, FACS, FASMBS**  
Chief of Minimally  
Invasive Surgery,  
Monmouth Medical  
Center

» To learn more about The **COMPREHENSIVE DIGESTIVE CENTER** at Monmouth Medical Center, call 732-923-6070.





<< Louis Jankos and his wife Dianna on their Millstone Township farm.

## Innovative collaborative approach to polyp removal surgery lowers risk for complications

*Monmouth Medical Center first New Jersey hospital to use approach*

**HAVING A COLONOSCOPY** wasn't high on Louis Jankos' list of priorities—at age 56, the Millstone Township resident had never had one. Louis' wife, Dianna, knew he should go, and so she made an appointment for him with Steven A. Gorcey, M.D., Chief of Gastrointestinal Endoscopy at Monmouth Medical Center.

During Louis' first colonoscopy, Dr. Gorcey was able to remove a series of polyps, but one flat polyp located in the upper quadrant in a bend in the intestine couldn't be accessed using a colonoscope.

"Dr. Gorcey said I needed to have it removed in the hospital, and he explained how he'd been performing an innovative procedure with his colleague that could help," says Louis.

Combining two modalities to avoid a major operation, the procedure—an

endoscopic mucosal resection (EMR) under laparoscopic visualization—features a collaborative approach by Dr. Gorcey and board-certified colorectal surgeon Roy M. Dressner, D.O. Monmouth Medical Center is presently the only hospital in New Jersey to perform this combined endoscopic—laparoscopic surgical (CELS) approach.

In the past, polyps like these usually required removal of part of the colon—a more serious operation involving a hospital stay of several days and, often times, a large scar. In Dr. Gorcey's and Dr. Dressner's collaborative approach, Dr. Dressner makes a series of small laparoscopic incisions in

the operating room, while Dr. Gorcey performs a colonoscopy. "By combining the laparoscopic and colonoscopic approaches, I can help reposition the polyp for Dr. Gorcey so that it's more amenable to removal," says Dr. Dressner.

According to Dr. Dressner, removing hard-to-reach polyps with a colonoscope poses a risk of puncturing the colon. By performing the procedure laparoscopically, the polyp can be removed safely with a decreased risk for complications—and, because just three tiny incisions are made, patients can usually go home the same day. In this case, however, because of the high-risk nature of his polyp, Louis stayed at the hospital overnight as a precaution.

"We're trying to change the way benign polyps are managed," says Dr. Gorcey. "By taking this collaborative approach, we're negating the risk of perforation and avoiding unnecessary colon resections. My hope is to see more referrals from gastroenterologists before they send patients in for invasive surgery."

"Everyone at Monmouth Medical Center was so nice, and Dr. Dressner and Dr. Gorcey were awesome doctors," says Louis. "Dr. Gorcey actually had pictures so that he could explain exactly what was going to happen in a way I could easily understand." Louis' pain was minimal, and most of his recovery involved healing of the small incisions. Now, after realizing how lucky he was to have had the polyps removed before they turned into cancer, Louis is an advocate for early screening.



Gastroenterologist **Steven Gorcey, M.D.**, left, and Colorectal Surgeon **Roy Dressner, D.O.**

To learn more about The **COMPREHENSIVE DIGESTIVE CENTER** at Monmouth Medical Center, call 732-923-6070. <<

# Weight-loss surgery helps pet therapy volunteer lose the weight for good

**FOR 63-YEAR-OLD FRED WEST,** a lifetime of struggling to lose weight only to inevitably regain it, resulted in an expansive wardrobe, only outdone by his waistline. The Ocean Township resident and retired high school assistant principal has a background in health and exercise physiology, but having the knowledge did not guarantee successful weight-loss results.

“I remember my mom taking me to Fisch’s department store on the west side of Asbury Park in August of 1960 to get school clothes,” remarks Fred. “When the salesman told Mom that ‘husky’ pants were a new offering, her joy was complete. At about the same time I began to realize that when my Aunt Rose referred to me as ‘butterball’ it was not really the loving compliment I thought it was.” He says that his genetic predisposition to holding onto anything he ate became life altering.

“I belonged to a big Italian family where pasta and pastries were part of the home furnishings. I think I was overweight for my age by my sixth



**Frank J. Borao, MD, FACS, FASMBS**  
Chief of Minimally Invasive Surgery, Monmouth Medical Center



birthday,” says Fred, who tried to stay as active as possible throughout his life, even completing the New York City Marathon in 1978 at 200 pounds. A subsequent knee injury during a 10k run a week later put an end to his long-distance running.

He began to gain four or five pounds a year while embracing the pendulum of losing a few and gaining back several. It reached a point where knee surgery forced him to ride in a golf cart while the rest of his foursome could walk the course. “My weight had become a major threat to the quality of

📍 Ocean resident Fred West and his dog, Quincy—who is a part of Monmouth Medical Center’s Pet Therapy Program.

my life,” he says. “Once you are retired, health issues are a frequent topic of conversation, even while lining-up a putt.”

Although he had heard of weight-loss surgery, it wasn’t until his neighbor underwent a vertical sleeve gastrectomy (VSG) procedure in February 2013 that he began to research the sleeve himself.

“I was way heavier than my



40-something young neighbor, and became very interested in the procedure because he came through it so well. So I entered research mode and read and watched all the videos of the surgery, as well as studying the post-op patient forums online. When I understood that most of your stomach is removed and what's left is a very small sleeve holding no more than 4 oz., I actually said out loud to myself, 'Now that's portion control.'

After learning his neighbor's surgery was performed by Frank J. Borao, MD, FACS, FASMBS, the chief of minimally invasive surgery at Monmouth Medical Center, he made an appointment. Fred was familiar with Monmouth Medical Center, as he volunteers twice a week there visiting patients with his Goldendoodle therapy dog, Quincy.

"I've come to learn how friendly the hospital staff is: reception personnel, security, transportation, cafeteria workers, radiology staff, physicians and particularly the saintly nursing staff. Monmouth exudes a confidence that earns your trust," he says.

"Dr. Borao's enthusiasm, experience and confidence assured me that this was the man and this was the place to have bariatric surgery. He explained everything in detail. His patience is remarkable; I never felt rushed," says Fred, who became even more familiar with the hospital and staff while undergoing a six-month pre-surgical medical screening.

Once his surgery with Dr. Borao was scheduled with 10 weeks to go, Fred started increasing his frequency of exercise. He hoped that if he could improve his overall physical condition, it might result in a quicker recovery. He lost 10 pounds in nine weeks, bringing his pre-surgical weight to 286 pounds. During surgery, Dr. Borao removed more than 80 percent of Fred's stomach in a laparoscopic vertical sleeve gastrectomy procedure. By removing a majority of the stomach—including the part that sends hunger signals to the brain—the

procedure enforces portion control, as the new, smaller stomach limits the amount of food a person can eat.

"After surgery, I had absolutely no pain—I was able to get up and walk around as much as I wanted; recovery was complication—free, quick and smooth," Fred says. Dr. Borao lifted all my restrictions three weeks post-op, allowing me to resume physical activity," says Fred, who, at just two-and-a-half months after surgery, has lost nearly 60 pounds and has significantly lowered his BMI and body

fat percentage.

The procedure has also eliminated Fred's knee and hip pain and greatly enhanced the quality of his life.

"I look forward to exercise now, which makes it more enjoyable and therefore more sustainable," says Fred. "With the sleeve controlling how much you can eat, forever, you have to lose weight. You are consuming less than 1,000 calories daily; it's pure mathematics. It has been a life-altering experience with nothing but great results."

## New Jersey Bariatric & Metabolic Institute at Monmouth Medical Center

**AT MONMOUTH MEDICAL CENTER**, we realize that weight loss is a journey, not a destination. We understand that the struggle with obesity is often complex.

Obesity can be influenced by family history, physiological, environmental, socioeconomic and psychological factors. When other methods have not been successful, surgical treatment may be an option. Effective, successful weight loss requires life-long changes and commitment.

New Jersey Bariatric & Metabolic Institute at Monmouth Medical Center offers a comprehensive medical and surgical approach to weight loss. In addition to our board certified surgeons, our dedicated weight loss team includes, a registered dietitian, clinical psychologist, Advanced Practice Nurse and certified bariatric Program Director dedicated to help you through your journey. We make a long-term commitment to our patients' health by offering a comprehensive treatment plan, beginning with education and lasting through recovery and post-surgical support.

Our surgeons and staff are some of the most experienced in the state, and we have outstanding success rates. Our post-surgical care and support result in an ongoing relationship to promote a long-term successful outcome for each patient. Monmouth Medical Center has been designated a "Bariatric Surgery Center of Excellence" of BSCO. This designation qualifies us a member of the united MBSAQIP (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program) of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery. This accreditation means that the surgeons of the Barnabas Health New Jersey Bariatric & Metabolic Institute (NJ BMI) have proven that our clinical practices, patient outcomes and facilities meet the rigorous standards of these organizations. It means that our doctors and staff will help you to make an informed decision about whether surgery is right for you. And if you choose to undergo bariatric surgery, your surgery, recovery and ongoing weight management will be in accordance with the best practices in the field of today.

To learn more about The **COMPREHENSIVE DIGESTIVE CENTER** at Monmouth Medical Center, call 732-923-6070. <<

# Ocean resident undergoes transformation following weight-loss surgery

**FOR A SELF-PROCLAIMED** emotional eater like Sally Dillon, 52, of Ocean Township, the decision to undergo bariatric surgery for weight loss was an extremely difficult one. At 6-feet tall and with a body mass index of 57—a number putting her in the super morbidly obese category—she knew the process would be a significant lifestyle change, and she wanted to do it the right way.

Initially, Sally began attending new patient weight loss lecture sessions and support group meetings at Monmouth Medical Center to seek guidance. Due to requirements from her insurance company, Sally also began meeting with Samar (Sam) Habiby, MPH, a Registered Dietitian at Monmouth. Through her work with Sam, Sally began losing weight, but after 15 months, she still had a ways to go.

“It was a big decision for me to determine if I wanted to go through the risk of the procedure. I went to a number of the support group meetings at Monmouth Medical Center before and after making my decision,” says Sally. “I liked being around people who were in the same boat and there’s a big mental piece to this surgery and how to deal with a new way of eating. This isn’t anything anyone should take lightly.”

It was then Sally met with surgeon Steven J. Binenbaum, M.D., FACS, to discuss surgical options. “I suffered from hypertension, high cholesterol



🏡 Ocean Township resident Sally Dillon.

and gastroesophageal reflux disease, and I also had a lot of weight to lose. Dr. Binenbaum explained the options and that percentage wise, I’d lose more with the bypass. It was also a better solution for GERD. This was a one-shot deal for me, and I wanted to get it right.”

“Gastric bypass, often called the ‘gold standard’ of bariatric surgery, involves dividing the stomach, resulting in restriction of the amount of food you can eat, and rerouting the digestive system, resulting in malabsorption of certain vitamins, minerals and iron,” says Dr. Binenbaum. “Surgically changing the anatomy is what ultimately creates the weight loss.”

In performing the surgery, Dr. Binenbaum made small incisions in Sally’s abdomen. He then inserted a tiny camera, or laparoscope, and thin surgical instruments through the incisions to perform the surgery—allowing for a faster recovery.

Gastric bypass surgery patients typically lose up to two pounds per week, which can average up to 85

percent of excess weight in over the next 12 to 24 months. Just more than two years post-surgery, Sally did get it right. She successfully lowered her BMI to 24 and now wears a size 4/6, down from a size 34. She continues to attend support group meetings and incorporate exercise into her life on a daily basis, a habit she started while working with Sam before she had surgery.

“I thought it was important to continue meeting with Sam,” says Sally, who still meets with Sam monthly. “It was a huge lifestyle change for me. Having the ability to touch base with someone who cares and understands what you’re going through really helps me. That’s also why I enjoy going to the group meetings—I’ve made so many good friends there. It’s amazing to see people shrink in front of your eyes and blossom.”

Sally’s weight loss and bypass procedure were so successful, she even recently underwent a tummy tuck and body lift to remove excess skin with plastic surgeon Aaron Capuano, M.D. When she expressed to Dr. Capuano she hoped to lose an additional 20 pounds, she was shocked at his response.

“He said to me, ‘you don’t have any fat on your stomach, you are thin’—I was so surprised. I’ve never had anyone, let alone a doctor, say that to me before. If I lose any more weight, it’s just from exercising and eating right, which is something I actually enjoy doing now.”

For Sally, surgery was just a tool and certainly not the easy way out.

“I still had to change the way I was eating, exercising and thinking, but the surgical team was there any time I had issues,” she says. “Through the whole process they were wonderful. They always explained what was going on. Any time I had an issue that was related, they were very concerned and kind.” Sally notes that following her tummy tuck, Dr. Binenbaum stopped by to check in on her. “I didn’t even know he knew I was there. It’s amazing actually. I was just one of so many patients he had, more than two years ago at that, and he continues to keep track,” she says.



**Steven J. Binenbaum, M.D., FACS**  
Minimally Invasive Bariatric Surgeon, Monmouth Medical Center

# Breast cancer survivor raises breast reconstruction awareness

**WHEN KAREN ROGERS** had a breast removed to beat cancer, it saved her life. But when she had the missing breast rebuilt, the Neptune woman felt like she got her life back.

“I feel like a whole person again,” says Rogers, 50, who had breast reconstruction last year at Monmouth Medical Center in Long Branch, where she was treated for her cancer.

On October 23, Rogers and her plastic surgeon, Gregory Greco, D.O., chief of plastic surgery and director of the general surgery clerkship at Monmouth Medical Center, helped educate state legislators and aides about this important issue by participating in a Breast Reconstruction Awareness (BRA) Day event at the State House in Trenton. BRA Day is a collaborative effort between the American Society of Plastic Surgeons, The Plastic Surgery Foundation, and the New Jersey Society of Plastic Surgeons.

Rogers and Dr. Greco joined other patients and leading physicians in speaking with legislators about the importance of breast reconstruction for breast cancer patients. The event is



**Gregory Greco, D.O.**  
Chief of Plastic Surgery,  
Director of the General  
Surgery Clerkship,  
Monmouth Medical  
Center



▲ Breast cancer survivor Karen Rogers and sons Josh and Andrew.

especially timely, as October is Breast Cancer Awareness Month.

Breast reconstruction aims to restore a breast after mastectomy, explains Dr. Greco. Most women who've had a complete or partial mastectomy are candidates for the procedure. However, many don't get the life-changing surgery, largely due to lack of awareness.

“Breast reconstruction is covered by insurance, but a woman needs to talk to her surgeon about it before the mastectomy,” Dr. Greco emphasizes. “Advance planning provides both the best results and the best insurance coverage.”

Breast reconstruction brings both emotional and practical benefits, the doctor notes. It helps women feel better about themselves, and eliminates the need to wear cumbersome prosthetic breasts. “I feel confident—I can put a shirt on and it's not lopsided,” says Rogers, who is single. “If I met someone, I'd feel comfortable.” Since her surgery, Rogers has dedicated herself to helping

others receive these vital procedures. She and her family have raised more than \$9,000 for the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center, where Rogers was treated. The family hosts an annual fund-raising event, and Rogers' three adult sons make and sell assorted bracelets, donating all proceeds to the cause.

“I sincerely appreciate everything Monmouth Medical Center and Dr. Greco did for me, and that's why I like to give back,” says Rogers.

The Jacqueline M. Wilentz Comprehensive Breast Center is a recognized leader in providing the most advanced array of breast health services for women concerned about breast health. The Wilentz Center and its satellite locations across Monmouth and Ocean counties provide convenient mammography screenings with no appointment required.

To learn more about the **JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER**, visit [www.monmouthwilentzbreastcenter.com](http://www.monmouthwilentzbreastcenter.com). <<

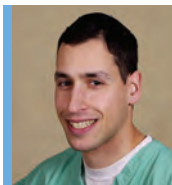


# Pioneering pain management procedure offers mastectomy patients long-lasting relief, fewer side effects

**AN INNOVATIVE** anesthesiology procedure pioneered at Monmouth Medical Center is offering mastectomy patients long-lasting pain relief with fewer postoperative side effects compared with general anesthesia alone when used for breast surgery.

At the Jacqueline M. Wilentz Comprehensive Breast Center, a team of highly qualified physicians treats a large volume of breast cancer patients and stresses attention to detail and consideration of all treatment options. That team includes board-certified anesthesiologist Yitzhak Belsh, M.D., who has developed his own technique for reducing postoperative pain in mastectomy patients. Dr. Belsh trained in the use of ultrasound-guided nerve blocks during his residency in anesthesiology at Maimonides Medical Center in Brooklyn. After reading an article about paravertebral nerve block (PVB), he developed his own technique for performing the block using the long-acting anesthetic Exparel.

“Exparel is a longer-active anesthetic—this is a new method to performing an old block, with a new medication,” he says. “A primary benefit of the block is its potential to offer long-lasting pain relief and fewer postoperative side effects such



**Yitzhak Belsh, M.D.**  
Board-certified  
Anesthesiologist  
Monmouth Medical  
Center

“Our multidisciplinary team works together to ensure the best possible patient outcomes,” says Mark K. Hirko, M.D., FACS, chairman of surgery at Monmouth Medical Center.

as nausea or vomiting compared with general anesthesia alone when used for breast surgery”

Dr. Belsh says that post-surgically, mastectomy patients who received the block did not need any medication, and for these patients to be pain free and to not have to worry about all the negative side effects associated with morphine or other narcotics is great improvement over more traditional pain management techniques. He adds that another benefit of PVB is that he is able to lessen the amount of anesthesia used throughout surgery.

“Our multidisciplinary team works together to ensure the best possible patient outcomes,” says Mark K. Hirko, M.D., FACS, chairman of surgery at Monmouth Medical Center. “We use our individual expertise to work toward a common goal—a successful procedure that will help the patient fully recover and achieve good health.”

At Monmouth Medical Center, women undergoing mastectomy have the option to work with a reconstructive surgeon at the time of their procedure, which provides a jump start to the reconstructive process and overall recovery. Board-certified, fellowship-trained reconstructive surgeon Negin Griffith, M.D., who notes

that she has worked collaboratively with Dr. Belsh, says that for patients, beginning the breast reconstructive process immediately often helps the emotional recovery following mastectomy.

“Expanders used for breast reconstruction following mastectomy put a lot of pressure on the chest—that’s their job. Without PVB, patients undergoing this kind of surgery would usually be on morphine, but we have found that patients who receive the PVB did not need any narcotics whatsoever,” says Dr. Belsh. “While PVB is somewhat difficult compared to traditional nerve blocks, I am a fan of this technique—I’ve been involved in dozens of breast surgery cases using PVB and have consistently improved the technique, and it has proven to be safe and effective.”

Research focused on PVB indicates it may help slow the growth of tumor cells in women undergoing surgery to remove breast cancer. According to the research, a combination of PVB and certain medications may help preserve the patient’s immune defenses, potentially blunting disease progression.

Did You Know?

The Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center was introduced in 1994 to bring together under one roof all preventive, diagnostic, treatment, rehabilitation, psychosocial and educational services for women concerned about their breast health. The center’s goal is to provide patients with clinically excellent and compassionate care in a supportive and comfortable setting.

In addition to its main location on the Monmouth Medical Center campus in Long Branch, the Wilentz Center has satellite facilities in Colts Neck, Howell and Lakewood. For more information or an appointment at any of these locations, call 732.923.7700.

# Gamma Knife provides relief from debilitating essential tremors

**ESSENTIAL TREMORS**, a nervous system disorder that causes rhythmic shaking, while not typically considered dangerous can have a severe impact on an individual's quality of life and daily activities. In John Snyder's case, the trembling in his hands became so disruptive, he was forced to use a stamp with his signature rather than sign his own name.

"The shaking started in the mid-1980s, mostly in my left arm and hand, which caused problems since I'm left-handed," explains the 74-year-old Brick resident. "It got worse over the years but I wound up actually having to learn to eat with my right hand."

Eventually, John sought treatment for his tremors with neurosurgeon Ty J. Olson, M.D., F.A.C.S., medical co-director of The Gamma Knife Center at Monmouth Medical Center. John has been a patient of Dr. Olson's for a few years, having undergone surgery on his spine for stenosis and placement of a shunt for hydrocephalus. As John's symptoms from these other ailments began to abate, his tremor became more pronounced and debilitating. Dr. Olson and the Snyder family had several conversations regarding Gamma Knife Radiosurgery for tremor, the risks and the new clinical trial he and radiation oncologist Sang Sim, M.D., medical co-director of The Gamma Knife Center, were running. Once the trial was opened, Dr. Olson offered to enroll Mr. Snyder.



John expressed interest immediately. He says, "I thought, 'Gee, I'd love that because this is getting a lot worse!' My speech wasn't affected yet but the trembling was very pronounced in both hands and arms." Within a short period of time, John visited Monmouth Medical Center for an appointment with a neurologist at the hospital's Neuroscience Institute, where he also met with Dr. Sim, a nurse practitioner and nurse coordinator. Following a brief interview and battery of tests, Dr. Sim confirmed that John was indeed a good candidate for Gamma Knife treatment—a non-invasive approach to alleviate the symptoms associated with essential tremors.

⚡ **Ty J. Olson, M.D., F.A.C.S.**, medical co-director of The Gamma Knife Center, checks John Snyder's hands for trembling. ⚡ **Sang Sim, M.D.**, medical co-director of The Gamma Knife Center, meets with John and his wife, Gladys Haynes, in Monmouth Medical Center's Neuroscience Institute.

Traditionally, a neurologist would treat a patient with essential tremors with any one of a number of medications. If the patient doesn't find some relief or improvement, the neurologist may move on from medication therapy to more definitive intervention. For John, these medications proved to be ineffective. "The most common surgery for essential tremors is deep brain stimulation, in which a neurosurgeon installs a device in the brain to send electrical impulses to specific parts of the thalamus. Although there are surgical risks associated with this procedure, it can be quite effective," explains Dr. Sim. "A less common approach uses radio-frequency thalamotomy, which targets the thalamus. However, a patient may not be a good candidate if they have other medical complications, if they are on blood thinners or have cardiac complications, as John does. Gamma Knife radiosurgery, however, provides a treatment."

To learn more about The **GAMMA KNIFE CENTER** at Monmouth Medical Center, call 888-724-7123. <<



« Briana Leschen and her husband, Joe, talk with surgeon **David J. Dupree, M.D.**

## Monmouth surgeon removes rare 10-pound abdominal tumor

*Morganville Mom Hails Game Plan of Her Surgical ‘Superhero’*

**BRIANA LESCHEN** recently celebrated her 34th birthday—a milestone she may not have been able to achieve if not for David J. Dupree, M.D., a board-certified general surgeon at Monmouth Medical Center, who removed a complicated, extremely rare 10-pound tumor from Briana’s abdomen.

“After a few months into my new exercise program I noticed that my abdomen was really sore, which I thought was unusual because I’m in good shape. When I felt a lump, I knew it was time to seek medical advice,”

says Briana, a mother of two from Morganville.

After visiting her primary care physician, Briana was referred to Dr. Dupree. “As soon as I met Dr. Dupree, I knew instantly that I would be in good hands.” A CT scan revealed a large mass in Briana’s abdomen. Several tests later, there was still no definitive diagnosis, other than learning that the mass was actually a 10-pound tumor.

“I had no symptoms—no appetite change, no weight change. It was the last thing anyone would ever expect,”

says Briana. “Dr. Dupree said it needed to come out, and he was incredibly compassionate. He made himself available to answer any questions and was extremely patient.”

Dr. Dupree performed Briana’s surgery and found that the abdominal mass was a mesenteric fibromatosis tumor—so rare that only about 900 people are diagnosed with this type of tumor each year. Because the tumor wrapped around Briana’s mesenteric artery and was attached to her abdominal aorta and vena cava, Dr. Dupree obtained assistance from his colleague George Constantinopoulos, M.D., a vascular surgeon, to help cut the tumor off vital blood vessels. The final step was to perform a partial duodenum resection and the tumor was freed.

“Surgery was an overwhelming success. I was in the hospital for 18 days, and Dr. Dupree came in to check on me every single day, whether he was working or not. Everyone at Monmouth—from the nurses to residents to radiologists—was amazing,” says Briana. Dr. Dupree notes that benign tumors can be fatal, depending on their location. “In Briana’s case, if the tumor wasn’t removed, it could have been life threatening.”

After being released from the hospital, Briana had a follow-up appointment with oncologist, Susan Greenberg, M.D. Since benign tumors are associated with other cancers, Briana will continue to be monitored very closely over the next few years, for surveillance of this rare tumor. In the meantime, Briana continues to credit her good health to Dr. Dupree.

“Dr. Dupree is my superhero. He saved the day—identified the problem and had a game plan,” says Briana. “He was a constant presence and made sure I was in a good place emotionally so I could heal and get home to my family.”



# Advanced limb-salvaging surgery saves leg, restores quality of life, of active Hazlet man

## DANNY AND EVELYN SMITH

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

The couple, who met in kindergarten in Ashley, a Pennsylvania town outside Wilkes-Barre, and have four daughters and six grandchildren, recently attended the graduation of their oldest granddaughter from Albright College in Reading, Pa. Thanks to

the Comprehensive Vascular Center at Monmouth Medical Center, Danny, who suffers from advanced circulatory disease, was able to walk on his two legs to the college's football stadium to see his granddaughter get her diploma.

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

"In patients like Danny, blocked blood flow to the legs can cause pain and numbness and can raise the risk of infection in the affected limbs that the



▶ Danny Smith works on a project dismantling a shed at his Hazlet home. ◀ Danny and his wife Evelyn talk with thoracic surgeon, **Anthony J. Squillaro, M.D.**, and vascular surgeon **Mark K. Hirko, M.D., FACS**, chairman of the Department of Surgery at Monmouth Medical Center.

body may have a hard time fighting," he says. "In very serious cases like his, this can lead to leg amputation."

Dr. Hirko, Chairman of Monmouth Medical Center Department of Surgery, offers expertise in the combined use of endovascular and open surgical techniques in treating patients with a host of vascular conditions. He performed three limb-salvaging procedures that included the amputation of the second toe on Danny's left foot. "The pain in my right leg was worse, but Dr. Hirko had to operate on my left leg first because of the infected toe," Danny says.

Together with Dr. Squillaro, he performed bypass surgery on his left leg in September 2013, and then that November, Danny underwent surgery to remove his infected toe. Finally on February 10 of last year, he underwent bypass surgery on his right leg. Following a protracted recovery that included

treatment for a bleeding ulcer and heart attack resulting from all of the stress he had endured, rehab for his legs and advanced wound care, he returned home for good last March. Noting that prior to the surgeries he couldn't walk the short distance from his front door to the curb, he is now tackling such ambitious home projects as the dismantling of the shed in his side yard and climbing onto his roof to cement around the chimney. "He can't remember when he's felt this good," Evelyn says, noting that their busy summer included a two-week car trip to visit their daughter who lives in North Carolina and preparations for an extended camping vacation in their trailer.

Dr. Hirko leads Monmouth Medical Center Comprehensive Vascular Center, which provides a wide range of therapies to treat the vast scope of circulatory conditions. The center's health care professionals, which include vascular surgeons, interventional radiologists, cardiologists, podiatrists and other providers, work collaboratively to determine individualized treatment plans for each patient.

To learn more about The **VASCULAR CENTER** at Monmouth Medical Center, call 732-923-5030. <<



From left, spine surgeons Marc S. Menkowitz, MD, Praveen K. Yalamanchili, MD, Steve J. Paragioudakis, MD, Jason D. Cohen, MD, Chairman of the Department of Orthopaedic Surgery and Medical Co-Director of the Spine Center at Monmouth Medical Center, and Cary D. Glastein, MD

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for orthopaedic spine surgery for a reason:  
**Results.**

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