

In Good Health

A publication of **Community Medical Center**



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Dear Friends,

Community Medical Center is committed to helping the communities we serve live healthier lifestyles. As part of Barnabas Health, we are continually in the community offering free screenings, health fairs and workshops designed to educate you about important issues to help keep you healthy.

To reinforce our commitment to women's health, Community Medical Center – along with Monmouth Medical Center and Monmouth Medical Center, Southern Campus – has joined an exclusive partnership with Spirit of Women™, an elite coalition of American hospitals and health care providers that ascribes to high standards of excellence in women's health, education and community outreach. Through this partnership, we're expanding upon our resources to offer even more health education activities that address specific areas of women's health through all stages of their lives.

In this issue of *In Good Health*, you'll read about how a local foundation, the Jay and Linda Grunin Foundation, made a generous \$3.5 million donation to the Neuroscience Institute at Community Medical Center. It's through amazing community relationships that it is possible for us to expand upon our services and invest in the latest technology to provide advanced care for our patients.

In addition to our patient-centered services, we're proud of our amazing staff who give back in so many ways. You will read about an exceptional member of our team who went on a medical mission in Kenya to help those in dire need.

Our spotlight on surgery includes advice from highly regarded surgeons on surgical options and real-life stories about patients' experiences following brain and knee surgery.

Keeping you healthy is our mission. Wishing you good health!



Barry H. Ostrowsky
President and Chief Executive Officer
Barnabas Health



Stephanie L. Bloom, FACHE
President and Chief Executive Officer
Community Medical Center



Annual May Tea Celebrates Community Medical Center Auxiliary Association's 60th Anniversary

More than 200 guests attended the Community Medical Center (CMC) May Tea to celebrate the work of the hospital's Auxiliary Association, which is celebrating its 60th anniversary this year and has raised more than \$10.3 million since its inception.



The May Tea is a time-honored tradition dating back to the Auxiliary's founding in 1954, when 200 women attended a Tea at the Toms River Town Hall to discuss the need for a hospital in central Ocean County.

Auxiliary members support Community Medical Center's commitment to building lifetime relationships and improving the health of its community by serving as ambassadors to promote community service, education, quality care and wellness.

"Community Medical Center has evolved into a state-of-the-art hospital over the past 60 years. Our dedicated Auxiliaries have contributed to the hospital's ability to bring the residents

of Ocean County the highest quality care and sophisticated medical services. With every new expansion, renovation and addition – many of which are a result of the Auxiliary's fundraising efforts – we are working to keep pace with the growing healthcare needs of the surrounding community," said Stephanie L. Bloom, FACHE, President and Chief Executive Officer, Community Medical Center.

"The Auxiliary has done a wonderful job in helping Community Medical Center in its mission to care for the residents of Ocean County. It's been 60 years since women from the community united to play an instrumental part in getting the hospital built. Since that time, the committed group of volunteer Auxiliary members have continued to painstakingly raise funds any and every way possible – from simple bake sales to larger-scale dinner cruises," said Judy Schmidt, who has served as President of the Auxiliary for 10 years – making her its longest-running president. "Auxiliaries act as the worker bees for fundraising for the hospital and help ensure Community Medical Center continues to meet patients' needs."

For more information on the Community Medical Center Auxiliary Association or if you are interested in becoming a member, please visit cmc-foundation or call **732.557.8131**.

Photo (left to right): Jeremy Grunin, Laura Grunin, Jay Grunin, Linda Grunin, Stephanie Bloom, FACHE, President and Chief Executive Officer, Community Medical Center



Jay and Linda Grunin Foundation Donates \$3.5 Million

The Community Medical Center Foundation has announced a \$3.5 million grant from the Jay and Linda Grunin Foundation and the renaming of the Neuroscience Institute to the “Jay and Linda Grunin Neuroscience Institute.”

A life-changing experience inspired longtime Toms River residents Jay and Linda Grunin to make the generous donation to Community Medical Center’s Neuroscience Institute. Three years ago, Linda suffered a severe head injury after slipping in the bathroom at home in the middle of the night. “We ultimately ended up at a hospital in North Jersey that specialized in the diagnosis and treatment of these types of injuries. While Linda is doing great now, it occurred to us that we needed to have the same level of care and attention available locally,” said Jay Grunin.

“When Community Medical Center approached us with their plans for a Neuroscience Institute to serve the region, it was something that obviously resonated. Linda and I were excited to be able to help bring such a great project to our local hospital,” continued Jay.

The Neuroscience Institute offers an array of high-quality advanced services to prevent, diagnose and treat nervous system disorders of the brain, spinal cord, nerves and muscles.

The Neuroscience Institute complements the hospital’s widely renowned stroke expertise, as well as its longstanding programs and services such as its Video-EEG Unit, dedicated

Neuroscience Inpatient Unit, Center for Sleep Disorders and Neurophysiology Department.

“Jay and Linda Grunin are true philanthropists, and we greatly appreciate their extremely generous gift,” said Stephanie L. Bloom, FACHE, President and Chief Executive Officer, Community Medical Center. “The Grunins’ support makes it possible for us to further advance the Neuroscience Institute and provide critical services to area residents. It gives us great pleasure to rename the Neuroscience Institute in their honor.”

The Grunins have been active in a number of charitable organizations throughout the local community. “We’ve lived in the area for more than 40 years, raised our family here, built our careers here and watched so many do so much for others,” said Jay. “We knew many years ago that we wanted to eventually do our part in a meaningful way. That’s why we formed the Jay and Linda Grunin Foundation.”

The Foundation is dedicated to supporting Ocean and Monmouth County initiatives that include human services, the arts and education. According to Jeremy Grunin, Foundation Executive Director, “Community Medical Center plays such a key role in furthering that mission. Our hope is that by investing our resources into such a great organization, others will be inspired to do the same at whatever level they can.”

For more information on Community Medical Center’s Foundation, please visit cmc-foundation.org.

BAHA IMPLANT OFFERS BETTER HEARING



People with severe unilateral hearing loss, single-side deafness, chronic outer or middle ear infections, congenital abnormalities, otosclerosis, sudden hearing loss or tumors now have a better option to restore their hearing. The bone-anchored hearing aid or “Baha” offers many benefits over traditional devices, including:

Two-sided “stereophonic” hearing, which enables these individuals to hear and localize where sounds are coming from

Greater ability to hear conversation with less distortion and feedback than conventional hearing aids

It’s comfortable and stays in place with no blockage of the ear canal

It can be hidden under the hair behind the ear

“Baha gives people a big advantage they could not obtain with conventional hearing aid technology,” says board-certified otolaryngologist Stephen Kupferberg, MD, of Community Medical Center. “Patients are generally very pleased with the improvement in their hearing ability.”

Unlike traditional hearing aids, Baha conducts sound through the bone to the normal inner ear, rather than via the outer and middle ear.

Baha requires a short, outpatient procedure, where a small implant and abutment are implanted in the skull behind the affected ear(s). In about 6-8 weeks, a Baha sound processor can be connected to the abutment to restore the patient’s hearing.

Prior to Baha, patients had few options to restore stereophonic hearing. Traditional bone-conducting hearing aids provide poor sound quality and can be uncomfortable or cumbersome. The same is true for standard “CROS” (contralateral routing of signal) hearing aids for single-sided deafness.

For a referral to an otolaryngologist on staff at Community Medical Center, call 1.888.724.7123 or visit barnabashealth.org/community.



Stephen Kupferberg, MD
Board Certified in Otolaryngology

Pediatric

ENT TIPS

Pediatric ear, nose and throat issues are some of the most common reasons a child visits a primary care physician. According to Christina Gillespie, MD, a board-certified otolaryngologist, who specializes in pediatric and adult Ear, Nose and Throat (ENT) problems, says that some of the most common pediatric ENT problems include tongue-tie, ear infections and snoring.

“Tongue-tie, or ankyloglossia, occurs when the frenulum (the cord of tissue found under the tongue) is too short,” said Dr. Gillespie. “Sometimes tongue-tie is detected early because infants are having trouble latching-on while breastfeeding. Later on, if not detected or treated, children may experience speech impairment.” Treatment involves a simple procedure that can be performed in a physician’s office.

Dr. Gillespie also sees a high rate of ear infections among pediatric patients. “Typical signs parents can look for include fevers, pulling on their ears or a grumpy temperament. One way parents can avoid exacerbating ear infections is to stop smoking. Any secondhand smoke – even the residue left on your clothes – can contribute to ear infections,” said Dr. Gillespie.

When chronic ear infections occur, the pediatrician should recommend the child sees an ENT specialist to have his or her hearing checked. Persistent fluid – often associated with hearing loss – may require the insertion of ear tubes.



Another common issue Dr. Gillespie points to is snoring. “Parents should monitor their children to see if they snore as it’s not normal for children to snore. If children experience loud, recurrent snoring, it may be a sign they have obstructive sleep apnea – a decrease or cessation of air flow during sleep,” said Dr. Gillespie, saying that treatment (removal of the adenoids and/or tonsils) is 90 percent effective in resolving the issue. Untreated sleep apnea has been linked to several problems in children including hyperactive behavior and poor school performance.



Christina Gillespie, MD
Board Certified in Otolaryngology

CLEAN EARS SAFELY

Ear wax protects our ears from dirt, germs and dryness. Most times, the wax migrates out and falls away. But some people produce excess wax, or accidentally push it deep in the ear. This can block the ear canal and cause hearing loss, pain, ringing sounds, itching, odor or discharge.

Unblocking the ear

A blockage can usually be treated at home.

- 1) Soften the wax by inserting commercial ear drops, glycerin, mineral oil or water. Lie with the blocked ear facing up for 15 – 30 minutes.
- 2) Wash out the wax, using body-temperature water (cooler or warmer water can cause dizziness):
 - Hold your head upright and gently pull the outer ear up, to straighten the ear canal.
 - Using a syringe, direct a small stream of water into the ear.
 - Tip your head to drain the water. Repeat until the ear unblocks.
 - Dry the ear thoroughly. You can insert a few drops of alcohol or use a hair dryer set on low.

Keeping clear

Wash the outer ear with a cloth or tissue wrapped around your finger. Mineral oil can be used to moisturize skin and prevent wax from drying. Never insert a Q-tip or other object into the ear canal. Clean ears gently – and not too often.

When to seek help

See a health professional if:

- You can’t remove a wax plug.
- You have pain, a fever or discharge from the ear.
- Hearing loss continues after a blockage is cleared.

**Never irrigate the ear if the eardrum may have a hole.
Do not use a dental irrigator, such as a Waterpik.**

Fisherman Hooked on Life After Brain Surgery



Joe Bruno's balance issue was getting out of control, but he wouldn't let it stop him.

"I kept tripping and falling," said the 80-year-old Whiting resident. An avid fisherman, Joe had to sit down on the boat to avoid falling. "Everyone told me it's normal to lose your balance as you age, so I just dealt with it."

Joe even purchased balance bracelets to ward off the falls, but his condition worsened. Things got so bad that even getting out of bed was a risk. When Joe fell down a hill and landed flat on his face, he knew something was seriously wrong. Joe made an appointment with Antoine Chaker, MD, a board-certified otolaryngologist (ear/nose/throat specialist) at Community Medical Center, who ordered a brain scan and referred Joe to Richard C. Hartwell, MD, PhD, a board-certified neurosurgeon at Community Medical Center, who ordered a brain MRI.

The scans revealed Joe had a 1 ¾ inch meningioma tumor on the right frontal lobe pressing down on his brain. This type of tumor develops from the meninges, the membrane that surrounds the brain and spinal cord. As this type of tumor is typically slow growing, Dr. Hartwell ordered a scan in three months but advised Joe to contact him if he experienced any other symptoms.

"These tumors are common among older adults and because they grow slowly, surgery is often unnecessary. Instead, we usually monitor the growth of the tumor to assure that it is not growing and there will be no problems," said Dr. Hartwell. "Unfortunately, that wasn't the case with Mr. Bruno."

Joe's condition worsened and he took a couple more falls. After a second MRI revealed increased pressure on the brain, he was scheduled for surgery the following week. But, three days later, as he and his wife of 60 years, Gerry, grabbed a bite to eat at a local restaurant, he had a seizure. Joe was immediately taken to the hospital and admitted overnight. Dr. Hartwell prescribed him with anti-seizure medication and scheduled Joe for brain surgery.

“I was frightened to death and wondered if I would be different after the surgery,” said Joe, “but Dr. Hartwell reassured me that everything would be fine.”

Dr. Hartwell faced three challenges in removing Joe’s tumor: although the tumor was benign, it was located in an area of the brain that controlled Joe’s left leg; the tumor surrounded important structures in the brain, and any injury to those areas could result in stroke or even death; and, because Joe is mostly bald, hiding the incision – an important emotional factor in helping a patient’s recovery – would be difficult.

To meet these challenges, Dr. Hartwell utilized two instruments to help assure the best surgical outcome. The first, intraoperative navigation, acts as a virtual reality program to store brain images, tracking the position of surgery in real-time to reduce the risk of stroke and assure critical areas of the brain aren’t harmed.

The second tool, an ultrasonic aspirator, helps surgeons remove the tumor without disrupting nearby tissue or harming the brain. To help Joe emotionally recover and minimize any constant reminders of surgery, Dr. Hartwell took extra care to close Joe’s incision as nicely as possible.

Just four days following surgery, Joe was discharged. He underwent physical therapy twice a week for four weeks and has since continued with exercises on his own to keep himself strong. Joe has regained all his strength and balance – including getting back to walking three miles a day – and no longer falls or gets dizzy.

Joe credits Dr. Hartwell with giving him a new life. “The last year was horrible as I constantly struggled. I’m a very happy man now with another 50,000 miles to go!” he said.

“Too many people don’t seek treatment because they have the misconception they are too old to undergo surgery. Older adults shouldn’t be frightened of treatment simply because of their age. The treatments we can provide for cognitive, memory, balance and walking disorders can substantially improve quality of life,” said Dr. Hartwell.

Joe echoes that sentiment, saying, “If you have a balance issue, don’t prolong it. Find out what’s wrong with you. It’s not old age!” Because he sought treatment, he’s back to fishing with his friends and is happy to stand – rather than sit – on the boat!



Joe describes the treatment he received at Community Medical Center as “unbelievable.”

For more information on the Jay and Linda Grunin Neuroscience Institute or a referral to a neurosurgeon, call **1.888.724.7123** or visit barnabashealth.org/community.



Richard C. Hartwell, MD, PhD,
Board Certified in Neurosurgery

Lifelong Athlete Gets Back to Action After Major Knee Surgery



A competitive athlete since she was a kid, Gretchen Girgenti could do it all – swimming, soccer, cycling and even competing in triathlons. She powered through sports-related knee injuries throughout the years, until one day, at age 34, the young, fit personal trainer from Toms River could barely walk without her knee giving out.

“I was at the beach with my husband and stepdaughter and my right knee began to bother me. When I stepped off the boardwalk onto the sand, I heard a ‘pop’ and felt it at the same time. I told my husband, ‘my knee just completely blew apart,’” said Gretchen, who knew immediately where to go for treatment – Erik Larsen, DO, a board-certified orthopedic surgeon and Chairman of the Department of Orthopedics at Community Medical Center.

Dr. Larsen, who had previously performed Gretchen’s shoulder surgery to address an unrelated injury caused by swimming and weight training, ordered an MRI to determine the cause of her pain, then an OATS procedure to correct it.

“Gretchen’s years of activity led to a chronic problem and damage to her ACL and, in particular, she experienced persistent instability that couldn’t be regained,” said Dr. Larsen. “Gretchen knocked off a piece of cartilage on the tip of her femur bone. I used bone and cartilage from another part of her knee that doesn’t bear as much weight – a procedure known as osteoarticular autologous transfer system, or OATS – to repair the knee and joints.”

Physical Therapy Program Helps People Get Back on Their Feet

CMC’s Rehabilitation Services Department offers a full gamut of physical therapy services. The staff of highly-skilled, licensed physical therapists – with advanced training in their specialty - provides individualized care and treatment programs for teens to seniors. On any given day, physical therapists work with individuals requiring post-operative care, young athletes and “weekend warriors” suffering from sports-related injuries, and those suffering from orthopedic issues like back, neck and shoulder pain.

Treatment for:

- Back & neck pain
- Dizziness and balance
- Joint replacement
- Motor vehicle accidents
- Sports injuries
- Sprains & strains
- Vestibular rehabilitation
- Work-related injury

While performing the OATS procedure, Dr. Larsen noticed a partial tear in Gretchen's arterial cruciate ligament (ACL), one of four major ligaments that comprise the knee. He recommended physical therapy as the first course of treatment, but when Gretchen continued experiencing pain without making much progress, she went back to Dr. Larsen to discuss the next steps.

"Dr. Larsen gave me options – an ACL brace with continued physical therapy or surgery. He didn't push the surgery, but because I've been an athlete for so long, I wanted the surgery right away so I could get back to my active lifestyle," said Gretchen.

"Often, people who want to maintain a high level of activity require ACL total reconstruction. Although there are more conservative options, surgery made sense so Gretchen could get back to doing the activities she enjoys," said Dr. Larsen, who performed Gretchen's second surgery using a cadaver ACL in January – just three months after her first surgery.

"Dr. Larsen was positive and reassuring. He told me to give it time, but that his goal was to get back to my normal activities," she said.

Following surgery, Gretchen spent several months in physical therapy.

"I'm finally back to running and cycling," she said, adding that she has no plans to slow down her active lifestyle. Gretchen's long-term goal is to be able to participate in the Ironman Triathlon in two years.

"Amazing doesn't even begin to describe Dr. Larsen. His bedside manner sets the bar so high for any physician. He's so kind and compassionate. He makes you feel not like a patient but like his family – he cares that much."

For a referral to an orthopedic surgeon, call **1.888.724.7123** or visit barnabashealth.org/community.



Erik Larsen, DO
Board Certified in Orthopedic Surgery
Chair, Department of Orthopedics

Therapies

The physical therapy team develops individualized programs- including a variety of modalities -based on the individual's injury, occupation or sport.

Manual Therapy – stretching, massage, and hands-on strengthening exercises to reeducate the body into proper movement and mechanics

Joint Mobilization – a treatment technique used to manage musculoskeletal conditions

Cold Laser – a treatment where low level laser is used to relieve inflammation and pain, cold laser treatment can be highly beneficial for patients with arthritis, joint pains, sports injuries, soft tissue injuries, plantar fasciitis, and tendonitis

Cryotherapy (ice packs) – the use of cold in the treatment of acute and sub-acute injury and to decrease discomfort after athletic reconditioning; used for injuries involving inflammation and swelling such as tendonitis

Heat Therapy – used to relieve joint pain and residual swelling associated with injury, reduce muscle spasms and tightness, and help increase flexibility of tight muscles that are a result of skeletal muscle (eg., hamstring, quadriceps) strain

Ultrasound – to generate heat deep in the body, ultrasound therapy can help loosen up tissues in preparation for manual therapy or exercise

Physical Therapy Crucial to Sports Injury Recovery

Physical therapists and physical therapists assistants help individuals not only recover from injuries but work to prevent future injuries. Common injuries include: Achilles tendonitis, ACL tears, golfers elbow, shoulder pain and instability, and shin splints.

"We see a large number of middle and high school athletes with sports-related injuries – typically due to over use. It's too much, too soon, too often," said Ray Howard, PT, DPT, OCS, Regional Director of Rehabilitation Services at Community and Kimball Medical Centers. "With proper therapies and a commitment to adhering to a physical therapy program, we can help these young athletes regain their strength and mobility and get them back to play."

Free Sports Injury Prevention Seminars

As a public service, CMC's Physical Therapists are available to provide sports teams with injury prevention tips, screening for knee injuries, balance screening, and more. For more information or to schedule a free seminar, call 732-557-8046 and select prompt 5.

For information about Community Medical Center's Rehabilitation Services Department, including physical, occupational and speech therapy, call **1-888-724-7123** or visit barnabashealth.org/community.

Surgery : Your Questions Answered

Chances are you or someone you know will be scheduled for surgery at some point during your lifetime. Depending on factors such as your personal health situation and the type of procedure, different surgery options may be available. Here, leading Community Medical Center surgeons representing traditional, laparoscopic and robotic surgery offer answers to some of the most commonly asked questions.



Frank Kelly, MD, FACS
Board Certified in Surgery
Chief, Department of Surgery

Q: What is open surgery?

A: In traditional or open surgery, a surgeon makes an incision in an individual's body to remove or repair an organ.

Q: Why is open surgery the best option for some individuals?

A: For certain types of procedures, open surgery is more effective. Patients who have had prior surgeries in the same area may have a build-up of scar tissue which makes laparoscopic surgery difficult and unsafe. Also, patients who take blood thinners may have an increased risk of bleeding when certain procedures are performed laparoscopic compared to open surgery.

Q: What types of open surgery are most common at Community Medical Center?

A: The three most common major surgery categories are appendectomy, colon resection for diverticulitis, colon resection for cancer, inguinal hernias and ventral hernias. For an **appendectomy**, some surgeons prefer open and some prefer laparoscopic, depending on the pathology. Open surgery is better suited for perforations of the appendix or large abscesses caused by appendiceal perforation. **Colon surgery** – for cancer or diverticulitis – can be done via open or laparoscopic surgery depending on the pathology. The disease process often determines what type of surgery is suited for a particular patient. **Hernias** – The majority of inguinal (in groin) hernia operations are performed by open surgery, requiring a 3.5 – 4 inch incision. Open surgeries for inguinal hernias prove to have excellent results. Ventral hernias can often be done laparoscopic or open, depending again on the pathology.



Eugene Zurkovsky, MD
Board Certified in Surgery
Specializing in minimally invasive and robotic surgery

Q: How do you know if robotic surgery is right for you?

A: Robotic surgery is a viable option for many people but each case is based on the individual and the procedure. Patients who have undergone prior open surgery can still have minimally invasive options.

Q: What are benefits of robotic surgery?

A: Robotic surgery offers patients many benefits, including quicker healing time, less blood loss, less pain, lower risk of infection and shorter hospital stays. Robotic surgery enables surgeons to perform delicate and complex operations through a few tiny incisions with increased vision, precision, dexterity and control. Through robotic surgery, more complex procedures can be done that might be difficult to do through laparoscopic or open surgery.

Q: What's the biggest misconception about robotic surgery?

A: Many people think that robotic surgery is done by a robot. This is not the case as the robot is really just an instrument guided by the surgeon's hands. The surgeon has complete control and is doing the surgery. During the procedure, the surgeon utilizes interactive robotic arms, a high-definition 3D vision system, and proprietary instruments. State-of-the-art robotic technology allows the surgeon's hand movements to be scaled and translated into precise movement of the instruments working inside the patient's body. The robotic arms are wristed, like the human wrist but with an even greater range of motion.

Q: What's the future of robotic surgery?

A: We're going to start seeing more and more robotic surgeries especially through the single site platform. Through single site -surgery – performed completely through the belly button – surgeons have extra maneuverability and can insert instruments through the belly button instead of making large or multiple incisions; eliminating any visible scarring.



Steven Lowry, MD
Board Certified in Surgery
Specializing in laparoscopic
and robotic surgery

Q: What is laparoscopic surgery?

A: Also known as minimally invasive surgery, laparoscopic surgery is a technique that allows surgery to be performed with multiple small incisions in the abdomen – each a few centimeters long - rather than a large traditional incision. The surgeon inserts instruments including a tiny camera to visualize the surgery.

Q: What are the most common laparoscopic procedures at Community Medical Center?

A: Gall bladder surgery and colon resections for cancer or diverticulitis are common. Laparoscopy is also used to diagnose acute and chronic abdominal pain caused by appendicitis, pelvic infections, abdominal bleeding and other conditions.

Q: What are the benefits of laparoscopic surgery?

A: Some people believe it's a better cosmetic result as there are several smaller incisions opposed to one large incision. Recovery time is quicker than open surgery and patients will likely leave the hospital about a day earlier. Another advantage is that the images created by the laparoscope are magnified when they appear on the monitor, giving the surgeon more detail about the tissues than might be available using traditional surgery.

Q: Who is a good candidate for laparoscopic surgery?

A: Laparoscopic surgery is not for everyone. As this type of surgery takes a little longer than open surgery, it can be an issue for older patients with chronic diseases – the less amount of anesthesia, the better. For a healthy, younger patient or older patient who doesn't have any major chronic issues, laparoscopic surgery can certainly be advantageous.

For a referral to a surgeon on staff call **1.888.724.7123**
or visit **barnabashealth.org/community**.

New Treatment for Skin Cancer Debuts at J. Phillip Citta Regional Cancer Center

Skin cancer is the most common of all cancers, afflicting more than 2 million Americans each year, a number that is rising rapidly, according to the Skin Cancer Foundation. It is also the easiest to cure, if diagnosed and treated early. When allowed to progress, however, skin cancer can result in disfigurement and even death.

The J. Phillip Citta Regional Cancer Center is the first in the area to use High Dose Rate (HDR) surface applicator known as the Freiburg Flap, and Valencia and Leipzig applicators to treat non-melanoma skin cancers. The Freiburg Flap is a flexible silicone rubber surface mold consisting of individual pellets connected in a mesh design. Catheters are inserted into the channels, delivering a precise dose of radiation to the affected body part. The Valencia and Leipzig applicators are metal applicators that allow treatment of skin cancers with a radioactive seed.

“Using these HDR surface applicators allows us to provide, highly customized treatments for our patients,” said Dr. Rajesh Iyer, Chair, Department of Radiation Oncology. Patients are benefiting from this new method to deliver radiation therapy for the treatment of skin cancer. “Typically patients will receive fewer treatments with this treatment technique as opposed to treatment on a traditional linear accelerator. Being able to provide patients with a faster treatment cycle allows them to be more comfortable and able to return to their normal activities more quickly,” Dr. Iyer added.

These HDR surface applicators are used for non-melanoma skin cancers including, basal cell carcinoma and squamous cell carcinoma. It is especially useful on cancers where resection may be more difficult, such as the head, face, neck, foot and ankle. A customized mold is made for the patient which allows the radiation oncologist to better adjust the distribution of the radiation dose.



Rajesh Iyer, MD
Board Certified in Radiation Oncology
Chair, Department of Radiation Oncology

For more information about the Freiburg Flap treatment at the J. Phillip Citta Regional Cancer Center at Community Medical Center call **732.557.8148** or visit **barnabashealth.org/community**.



What you need to know: understanding anesthesia options

Little more than a few generations ago, surgery was performed with little or no anesthesia. Today, anesthesia is readily available, safe and enables patients to undergo complex surgeries and procedures without experiencing pain or duress.

“We have a whole array of anesthetic options at our disposal, many of which are predicated on various factors, including the type of surgery, the patient’s age and underlying medical condition,” said Mark Silverstein, MD, Vice Chair, Department of Anesthesia and physician at Community Medical Center.

Anesthesia Options

Three basic types of anesthesia are available: general, regional and local.

General – With general anesthesia, patients are completely asleep during surgery. General anesthesia can be used for most kinds of surgeries. The medicine is delivered through an IV, a face mask, or a breathing tube.

Regional – This form of anesthesia is used for a large area of the body. The body is numbed either through spinal or epidural anesthesia – with or without a narcotic additive for post-operative pain relief. Sometimes, a procedure or surgery may require general anesthesia along with a nerve block to alleviate pain post-operatively. Epidural anesthesia is typically not used for patients on blood thinners after surgery. Regional anesthesia also includes nerve blocks for individual extremities in conjunction with sedation.

Local anesthesia with sedation – Primarily used for minor outpatient procedures, this is used to numb a small area of the body and is typically administered in combination with sedation to calm the patient and reduces stress levels.

Dr. Silverstein notes it’s important to consider a patient’s emotional status and the type of procedure involved when selecting the best anesthesia option. “Sometimes, patients aren’t good candidates ‘emotionally’ for regional anesthesia and may require general anesthesia for relatively minor surgeries and procedures,” he said.

A big misconception is that anesthesia will cause massive headaches or even paralysis. “We’re using much finer needles

today so the incidence of headaches is very small,” said Dr. Silverstein, noting that the risk of nerve damage from spinal anesthesia is very rare. The risk of headache is less than 5% for younger patients and less than 1% for older patients.

“Two things people worry about the most are not waking up or dying from anesthesia, or even being awake during anesthesia. These are very rare complications and usually has more to do with a patient’s underlying medical condition, and not anesthesia per se. Over the last four decades, anesthesiology has become the leader in patient safety instituting such innovations as pulse oximeters, carbon dioxide monitoring and gas monitors.”

Side Effects

“The most common risk is nausea and vomiting and is readily treated with a wide array of medications. If a breathing tube is used, the patient may occasionally have a sore throat,” said Dr. Silverstein. “The benefits of anesthesia far outweigh the risks.”

During a pre-surgery consult, the anesthesiologist will review the patient’s medical records and family history including incidences of nausea and vomiting, motion sickness or vertigo, malignant hyperthermia and allergies and any history of difficult intubation.

“When patients come in for surgery and anesthesia, many are nervous and even scared because of the unknown. By becoming more informed about anesthesia and what to expect, patients can put some of these fears to rest and focus their attention on the recovery process,” said Dr. Silverstein.



Mark Silverstein, MD
Board Certified in Anesthesiology
Vice Chair, Department of Anesthesia

Special Care for Special Hearts

Congenital heart disease is the most common birth defect in the United States. Advances in medical technology and cardiac surgery over the last two decades have given infants born with heart defects more than a fighting chance. In fact, it is estimated that today 90 percent of children born with a heart malformation will survive to live healthy and productive lives. Yet, one challenge that adolescents and adults with congenital heart disease still face is finding a cardiologist familiar with their unique heart anatomy and the complex medical issues that can arise from it.

There are over 30 types of cardiac congenital abnormalities, each with a range of severity and complexity. While some of these tiny hearts require life-saving surgical repair shortly after birth, other defects are so mild that they may not be diagnosed until adulthood when symptoms finally surface. Doctors are learning that patients who underwent surgical repair as children are at increased risk of developing long-term complications in adulthood, arising either from their unique cardiac anatomy or previous surgical repairs.

Experts now recommend that anyone diagnosed with a congenital heart defect get regular check-ups by a cardiologist with special training in adult congenital heart disease to ensure that their heart is functioning well and to determine whether any further treatment may be necessary. Lifelong, seamless care ushers teens through critical growth phases and provides the appropriate consultation through pregnancy and all of life's changes.



**Barnabas Health
Heart Centers**

Thanks in part to a grant from The Healthcare Foundation of New Jersey, the Barnabas Health Heart Centers have established an Adult Congenital Heart Disease Program that fully integrates the nationally renowned adult and pediatric cardiac services of Newark Beth Israel Medical Center and its Children's Hospital of New Jersey. Led by a cardiologist with special training in adult congenital heart disease, the program brings together a team of specialists in adult and pediatric cardiology, cardiothoracic surgery, interventional cardiology, electrophysiology, as well as a nurse practitioner, social workers, nutritionists and therapists.

The Barnabas Health Adult Congenital Heart Disease Program has two locations in New Jersey:

- Newark Beth Israel Medical Center, Newark
- Heart and Lung Specialty Center at Toms River

For more information, call 973.926.6640.

Spotlight on Seizures: state-of-the-art video-EEG monitoring allows neurologists to pinpoint seizures for better diagnoses, treatment



More than 200,000 new cases of epilepsy – a chronic neurological condition characterized by recurrent seizures – occur each year. According to the Epilepsy Foundation, its prevalence is greater than cerebral palsy, multiple sclerosis and Parkinson’s disease combined.

But with the numerous types of seizures and their varying symptoms, many people don’t receive the treatment they need to manage this condition. Most patients are unaware that there are epileptologists available who are specifically trained in managing seizures and epilepsy and who are more well versed in the management of these conditions than general neurologists.

“There has been a stigma surrounding epilepsy for many years; it’s a disorder that is often misunderstood because of the lack of education and information made available,” said Amor Mehta, MD, the epileptologist directing the video EEG program at Community medical Center.

Dr. Mehta is a board-certified neurologist with subspecialty board certification in epilepsy who specializes in pediatric and adult epilepsy and seizure disorders and is the medical director of the Adult and Pediatric Comprehensive Level 3 Epilepsy Center at the Jay and Linda Grunin Neuroscience Center at Community Medical Center.

Fortunately, state-of-the-art technology at Community Medical Center allows an epileptologist like Dr. Mehta to accurately diagnose and effectively treat epilepsy and other seizure disorders. Video-EEG (electroencephalogram) monitoring combines real-time video of a patient correlated with continuously running EEG – a record of ongoing electrical activity in the brain. Patients are monitored from their hospital beds via a mobile EEG unit in order to capture and characterize clinical events of concern to see if they are seizure related, to allow for patients to safely adjust medications quickly and in a safe setting, and to help guide an epileptologist plan for curative or palliative epilepsy care.

“EEG is the gold-standard means for diagnosing seizure disorders. Not all seizures present with convulsions, but many

seizures present in unusual ways clinically and video-EEG helps to correlate these clinical changes with electrical seizure activity so that an accurate diagnosis of a seizure disorder can be made prior to starting treatment,” said Dr. Mehta.

According to Dr. Mehta, video-EEG is a pain-free option for anyone experiencing seizures – from newborns to older adults – who were previously unable to obtain a diagnosis by conventional means. Video EEG is also a necessary screening tool that is used to diagnose primarily nocturnal seizures, nonconvulsive seizures that occur infrequently, unusual spells that may be seizure related, etc. It is also required for patients who may be candidates for epilepsy surgery in order to pinpoint where in the brain the seizures may start. An epileptologist (neurologist with subspecialty certification in epilepsy) can essentially trigger seizures in a protected environment through various means with the hopes that seizure activity is captured on EEG during the study. Epileptologists then study the patterns of brain waves during and between episodes of the seizures in order to properly classify the seizure syndrome which will then guide the appropriate treatment plan. Treatments vary, but may include medication management, diet therapy and even curative or palliative epilepsy surgery.

“I care very deeply about all of my patients – I want them to understand how seizures may present and know that, when seizures are under control, patients can live their lives just as they want,” said Dr. Mehta. “If they’ve seen other specialists but have not resolved the issue, seeing an epileptologist may be beneficial in shedding some light on their issues.”

For information on the Jay and Linda Grunin Neuroscience Institute for a referral to neurologist, call **1.888.724.7123** or visit **barnabashealth.org/community**.



Amor Mehta, MD

Board Certified in Neurology and Epileptology
Medical Director, Epilepsy Center
Jay and Linda Grunin Neuroscience Institute

Playing it Safe: Beach and Water Safety Tips for a Happy, Healthy and Active Season!

Prevent accidents in and around the water, protect your child from the sun's harmful rays, and be mindful of some risks associated with a day at the beach with tips from the Pediatric Emergency Department at Community Medical Center.



Sun Safety

- Apply water-resistant sunscreen that blocks UVA and UVB rays with SPF of at least 30, and apply it 30 minutes before going outside – even when it's cloudy.
- Reapply sunscreen as directed, especially after swimming or sweating.
- Stay in the shade or plan indoor activities during midday, when the sun's rays are strongest.
- Wear sunglasses and hats with a brim to protect from UV rays.
- Use protective clothing – long sleeves, T-shirts, etc. – to block the sun.
- Plan ahead and carry sunscreen with you in your car, your bag or your child's backpack.

Sand Safety

- Keep sand out of a child's mouth and wash hands thoroughly after digging.
- Don't allow children to dig deep holes in the sand and always supervise them.
- Wear shoes to prevent cuts and bruises or burns if the sand is hot.

For more information or tips on beach and water safety, visit barnabashealth.org/community.

Sources: United States Lifeguard Association, American Red Cross, American Academy of Pediatrics, Centers for Disease Control and Prevention.

Pediatric Emergency Services

A parent's job is never easy – and parents may feel especially overwhelmed when their children are sick or hurting. In urgent situations, it's important to be able to depend upon and trust a community hospital with your child's health care. By teaming up with The Unterberg Children's Hospital at Monmouth Medical Center, Community Medical Center provides the highest level of emergency care for its youngest and most precious patients.

Some key features include:

- Full-time staff of board-certified emergency medicine physicians on site
- Double board-certified neonatologist/pediatricians
- On-call pediatric coverage
- Consultations with pediatric sub-specialists from The Unterberg Children's Hospital
- Specialized nurses trained in basic and pediatric advance life support
- A child-friendly pediatric-designated treatment area
- Colorfully decorated treatment rooms with televisions

For more information, please call **1.888.724.7123** or visit barnabashealth.org/community.

Medical Mission to Kenya is Life Changing for Emergency Department Nurse

When Linda Simmons-Kirby, a registered nurse in the Emergency Department at Community Medical Center, made plans to attend an Emergency Nurses Association (ENA) meeting, little did she know it would lead to a life-changing experience.

In between sessions, the ENA instructor played movie snippets of a medical team driving jeeps and using machetes to hack through the thick jungles of Bolivia to gain access to people in need of medical treatment. It was at that moment Linda, a Farmingdale resident, had an epiphany. She knew instantly that she had to get involved with a medical mission.

As soon as Linda got home, she researched medical mission trips organized through “Project Helping Hands” – a nonprofit that provides medical care and health education for people in developing nations. She selected Kenya – a “moderate-level team” meaning the team generally stays in the same location each night, has intermittent electricity

and running water where they stay, and partakes in a daily six-mile walk to and from the clinic site.

After paying the initial fee, completing an application and undergoing a screening process, Linda was selected! She was then responsible for getting immunizations, paying for all travel costs and collecting at least 50 pounds of supplies such as over-the-counter medication, hygiene items and eyeglasses. Thanks to the support and donations from her co-workers in Community Medical Center’s Emergency Department, Linda brought 130 pounds of supplies to Kenya.

Linda’s group consisted of 25 health care professionals, including a pediatrician, a nurse practitioner, a paramedic and emergency nurses. Every clinic day throughout the two-week trip, the group saw between 300-400 patients of all ages.

Linda’s group headed to clinics where hundreds of patients waited for medical care. As many health issues arise from poor water sources, the group saw many cases of parasites/worms and conditions related to dehydration and diarrhea.



“Oyugis, Kenya has the highest HIV population in Africa which makes them at risk for other diseases,” said Linda. Project Helping Hands helps educate people about nutrition, hydration, condom use and hygiene. Villagers were taught to boil water prior to drinking and how to brush their teeth. “A bar of soap is gold,” said Linda.

“We take everything for granted. We have soap to clean ourselves. We can drink a glass of water when we’re thirsty. We have shoes to put on our feet. We have our choice of clean clothing. We brush our teeth. We have access to amazing food sources. This experience in Kenya gives me daily recognition of how truly blessed and fortunate we are,” said Linda.

She continued, “As sick as people were, they were joyful – so quick to smile and engage you. Villagers would wait half a day in the scorching sun to get assistance from the clinic. They were such gentle, giving people – a great example of how people should be. People kissed my hands often as they were so grateful for the most basic care.”

Linda was especially touched by a toddler who suffered from dehydration and a bloated belly due to parasites. Linda gave her a bubble wand and the little girl became a little more animated. “As sick as she was, the little girl reacted to the ‘universal language of bubbles.’ I felt good knowing that she would feel fine in a couple of days after the anti-parasitic medication kicked in.”



Linda notes how serving people who were in such need energized the group every day.

“When I came home and took my first shower, I buried my face in the clean towel and realized how I now see every aspect of my life in a different perspective.”

Linda is already talking to her ED colleagues about a possible medical mission trip to the Philippines.

“Another trip is definitely in the works for me. It was truly life changing.”



Rain Garden Helps Restore Barnegat Bay

Community Medical Center, along with the American Littoral Society and other partners recently scored another run for cleaner water in Barnegat Bay with a newly renovated stormwater basin. Located on the grounds of Community Medical Center, the basin retrofit – known as a ‘bio-retention’ – is a type of rain garden that will help reduce polluted stormwater runoff going into the Bay.

Polluted stormwater, carrying fertilizers and other pollutants from development has been identified as one of the major contributors to the decline of Barnegat Bay.

“We’re very excited to build upon our partnership with the American Littoral Society and be involved with this important project,” said Stephanie L. Bloom, FACHE, President and Chief Executive Officer, Community Medical Center.

“Helping to protect Barnegat Bay for generations to come is important to everyone at Community Medical Center.”

“Keeping the bay healthy keeps Ocean County residents healthy, by assuring they have a place for exercise and recreation. Our mission is to improve the quality of life for people in our community and this project will help us do that,” she added.

The Community Medical Center rain garden is the second in a series of basin retrofits and other green infrastructure improvements to be implemented by the American Littoral Society and its partners as part of a 3-year project funded through Watershed Restoration 319(h) Grant from the New Jersey Department of Environmental Protection.

Originally, the basin was a grassed area with compacted soils and frequent flooding problems. Now, soils have been decompacted and new vegetation will function as a rain garden planted with beautiful native flowering plants provided by Lowe’s Home Improvement stores. The area also boasts new eco-pavers to accommodate an outside sitting area at the hospital.

To learn more about this project and how individuals and communities can secure cleaner water for Barnegat Bay, visit www.littoralsociety.org.





The medals have been won, but the
inspiration still shines.

Barnabas Health would like to congratulate all the amazing athletes and our 1,200 volunteers for helping to make the 2014 Special Olympics USA Games so memorable. We couldn't have done it without you.

Barnabas Health

Life is better healthy.





Lace Up Your Shoes and Help Us Take Steps for These Great Causes!

Kaleidoscope of Hope for Ovarian Cancer

Saturday, September 27

Registration: 8:15 am; Walk: 9:15 am

Avon-by-the-Sea Boardwalk

For information visit: www.kohnj.org

American Heart Association Heart Walk

Saturday, September 27

Registration 8:30 am, Program: 10 am,

Ribbon Cutting: 10:30 am

Lakewood BlueClaws Stadium at FirstEnergy Park

For more information visit: www.heartwalk.org

Susan G. Komen Race for the Cure

Sunday, October 5

Registration: 7 am

Six Flags Great Adventure, Jackson

For information visit: www.komencsnj.org

American Cancer Society

Making Strides Against Breast Cancer

Sunday, October 19

Registration: 8 am, Walk: 10 am

Ocean & Arnold Avenues, Point Pleasant Beach

For information visit:

<http://makingstrides.acsevents.org>