New Women’s Heart Program Tackles Gender Differences

What You Need to Know About Joint Replacement

Make It a Safe Summer

When It’s an Emergency
It’s no secret that vitamin D is vital for good bone health. Without it, your body can’t absorb calcium, resulting in weak bones. Vitamin D may also boost muscle strength and even protect against type 2 diabetes and cancer, and it reduces the risk of osteoporosis in older adults. You get vitamin D from exposure to the sun; some foods — fatty cold-water fish like salmon and mackerel and fortified milk, for example; and supplements. But are you getting enough? The Food and Nutrition Board recommends these average daily amounts, listed in international units (IU):

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Vitamin D Recommended Daily Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 12 months</td>
<td>600 IU</td>
</tr>
<tr>
<td>Children 13-19 years</td>
<td>600 IU</td>
</tr>
<tr>
<td>Teens 14-18 years</td>
<td>600 IU</td>
</tr>
<tr>
<td>Adults 19-70 years</td>
<td>600 IU</td>
</tr>
<tr>
<td>Adults 71 years and older</td>
<td>800 IU</td>
</tr>
<tr>
<td>Pregnant and breastfeeding women</td>
<td>600 IU</td>
</tr>
</tbody>
</table>

So in five Americans (and one in five Caucasians) will develop some form of skin cancer in their lives, says board-certified plastic surgeon Reese Comizio, MD, who practices at Newton Medical Center and Morristown Medical Center.

The most common is basal cell cancer, which tends to occur in those areas typically exposed to the sun: face, scalp, arms and chest. “It typically appears as a raised, pearly pink or red skin lesion with small, vase-like openings on the surface,” Dr. Comizio says. “It can, however, take on many appearances. It is sometimes believed to be a pimple. But unlike an actual pimple, this one may fade away and then reappear in the same place. Please note, these are many ways skin cancers can appear.” Dr. Comizio adds the “run-of-the-mill whitehead pimple does not mean you have skin cancer.”

Avoiding midday sun and always wearing sunscreen (SPF 30 or higher) remains the best defense, but not all skin cancers result from sun exposure. “If you have a family history or personal history of skin cancer, or if you have suffered through many sunburns, you should be undergoing at least yearly skin cancer screenings performed by a dermatologist,” Dr. Comizio says.

The Atlantic Health System is one of the largest non-profit health care systems in New Jersey, comprised of Morristown Medical Center, Goryeb Children’s Hospital, Overlook Medical Center in Summit and Newton Medical Center. The four medical facilities have a combined total of 1,310 licensed beds and more than 2,352 affiliated physicians providing a wide array of health care services to the residents of northern and central New Jersey. The medical centers, and Goryeb Children’s Hospital as part of Morristown Medical Center, are accredited by The Joint Commission. Specialty service areas include advanced cardiovascular care, pediatrics and surgical specialties, orthopedics and sports medicine. Each of these programs has earned top ratings and recognitions in their respective fields. Atlantic Health System is the official health care partner of the New York Jets, and an official health care provider of the New Jersey Devils.

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Six Tips for a Safe Summer

1. STAY SAFE IN THE SUN

Outdoor activities are part of summer’s pleasures, but it’s crucial to remember to protect yourself during those long hours spent outside. When possible, stay out of the sun during midday, even on cloudy days. “UV radiation can pass through the clouds and can be reflected off of surfaces like sand, cement and water,” says Jan Schwarz-Miller, MD, MPH, director of occupational health and safety, infection prevention, and pharmacy services for Atlantic Health System. Always use a sunscreen with an SPF of 30 or greater. Make sure it protects against both UVA and UVB radiation, and apply 15 to 30 minutes before going outside. “Throw away expired sunscreen; if there is no date on the product, throw it away after three years,” Dr. Schwarz-Miller says. If you’re traveling internationally, unless you’re in Europe, Australia or New Zealand, drink bottled water with no ice. For fruits and vegetables, Dr. Felegi’s advice: “Peel it, boil it or throw it away.”

2. HYDRATE

Water is still the gold standard for staying hydrated during exercise, says Damion Martins, MD, director of Ortho & Sports Medicine for Atlantic Health System. “The only time to consider a drink with carbohydrates (Gatorade®, Powerade®, etc.) is with exercise bouts lasting longer than 60 minutes,” he says. If you do choose those products, you can dilute them with water to decrease stomach issues.

Start hydrating even before exercising, Dr. Martins adds. Athletes should drink approximately two cups of water before starting their workout, and then continue to sip throughout. Ideally, the water should be just slightly cool: 59-72 degrees Fahrenheit. Start hydrating even before exercising, Dr. Martins adds. Athletes should drink approximately two cups of water before starting their workout, and then continue to sip throughout. Ideally, the water should be just slightly cool: 59-72 degrees Fahrenheit.

3. THE ABCDEs OF SKIN CANCER

If you have any unusual moles, have a dermatologist check them. “Early detection leads to improved survival,” says Eric D. Whitman, MD, fACS, director for Atlantic Cancer Center. “The incidence of melanoma is still going up, especially in younger people.”

Watch for moles with these characteristics:
- Asymmetrical shape or color
- Border irregular
- Color uneven
- Diameter greater than 6 millimeters
- Elevated above skin’s surface

4. SAFE SUMMER TRAVELS

IF YOU’RE PLANNING A SUMMER GETAWAY, A FEW SIMPLE PRECAUTIONS CAN HELP KEEP YOU SAFE AND HEALTHY ON THE ROAD.

KEEP MOVING. The biggest issue for travelers is heat-stroke; move around every 60 to 90 minutes. If you’re stuck in your seat on a plane, you can still exercise — pump your feet; move your shoulders. “And avoid putting stuff under the seat in front of you; more room is better,” says William B. Felegi, dO, fACEP, medical director, Travel Md®.

WATCH THE WATER. If you’re traveling internationally, unless you’re in Europe, Australia or New Zealand, drink bottled water with no ice. For fruits and vegetables, Dr. Felegi’s advice: “Peel it, boil it or throw it away.”

DRINK IN MODERATION. When people are traveling, they tend to imbibe. Under the influence, they may participate in risky behavior and increase their chance of injury,” Dr. Felegi says. “That’s the No. 1 health issue of travelers overseas: accidents.”

Prepare your first-aid kit. In addition to a pain reliever such as Tylenol®, Advil® or Aleve®, pack Benadryl®, hydrocortisone cream, antiseptic cream and bandages. Overseas travelers should have a list of their medications with the generic names. And carry a copy of an EKG if you’re a cardiac patient, Dr. Felegi says.

Be ready to get home quickly. In case of an emergency: “You really should have the wherewithal to get home quickly or have air evacuation insurance, especially if traveling internationally,” Dr. Felegi says. “The cost of an emergency evacuation back to home can cost upward of $50,000 without such insurance.”

To keep ticks and mosquitoes at bay, use insect repellent — particularly between dusk and dawn — and reapply if you get sweaty or wet, Dr. Schwarz-Miller says. The CDC believes that repellents containing DEET or picaridin provide the longest lasting protection.

Check yourself by bathing or showering within two hours after coming indoors; check children and pets, too. If you do have a tick bite and you develop fever, aches, headaches, fatigue, rashes or joint pain within the weeks following, consult your health care provider.
New Women’s Heart Program addresses gender differences

HEART DISEASE in women

WHEN IT COMES TO HEART DISEASE, MEN AND WOMEN ARE NOT THE SAME. The major gender differences that exist between men and women when it comes to heart disease lead doctors to one conclusion: “It’s very important for us to be able to provide gender-specific evaluation and management of women with known or suspected heart disease,” says Linda Gillam, MD, MPH, chairperson of cardiovascular evaluation and management of women with known or suspected heart disease. “It’s very important for us to be able to provide gender-specific evaluation and management of women with known or suspected heart disease,” says Linda Gillam, MD, MPH, chairperson of cardiovascular evaluation and management of women with known or suspected heart disease. “It’s very important for us to be able to provide gender-specific evaluation and management of women with known or suspected heart disease,” says Linda Gillam, MD, MPH, chairperson of cardiovascular evaluation and management of women with known or suspected heart disease. “It’s very important for us to be able to provide gender-specific evaluation and management of women with known or suspected heart disease.”

Atlantic Health System.

Program. “We are lucky to have an integrative medicine program, which has done a superb job of educating people about prevention,” Dr. Gillam says. “We also have excellent clinical cardiologists. But we felt it was important to provide an integrated program, combining hospital-based cardiologists with integrative medicine and the people, tackling and programs of our community cardiologists.”

The most important — and somewhat unusual — benefit women will receive from the program is gender-specific care. “Because gender differences are just starting to be understood, they’re not widely appreciated,” Dr. Gillam says. This program represents an effort to change that.

One example of these differences is a condition that’s turning out to be far more common in women than men: cardiac ischemia — inadequate oxygen reaching the heart muscle — accompanied by normal coronary arteries. “This is a problem that’s often dismissed because the coronary arteries are normal,” Dr. Gillam says. Women may be told that they are imagining their symptoms. This is incorrect, she says. “There are treatments for it. It requires certain protocols to identify the patients that have this problem, which we offer here.”

Other heart disease risk factor differences can develop in women during pregnancy. Dr. Masci says. Those require close monitoring of the woman’s heart health and include preclampsia, gestational diabetes and pregnancy-induced hypertension. “These can increase heart disease incidence at a younger age,” Dr. Masci says. Autoimmune diseases such as lupus can also increase the risks, and women are more likely to develop those diseases than men.

To help further explore these gender-driven differences, any willing patient of the Women’s Heart Program will have her information anonymously captured for research purposes. “Our ability to have a structured program will allow us to participate in national trials related to heart disease in women, and find better ways of taking care of women in our program,” Dr. Gillam says.

Such research is crucial for creating databases of women with heart disease. Women were generally not included in heart disease research until Bernadine Healy, MD, as head of the National Institutes of Health, mandated their equal representation in NIH-funded trials.

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A research knowledge base is also crucial for cardiologists learning to screen and treat women for cardiac issues, and for providing support and advocacy for women. One area of need is in equipment used to treat heart disease. Doctors know that women tend not to do as well with catheter-based treatments as men because the devices have traditionally been one-size-fits-all — and they’re based on men’s body sizes. “Women interventionalists and other cardiologists treating women are really being one-size-fits-all — and they’re based on men’s body sizes. Women interventionalists and other cardiologists treating women are really being one-size-fits-all — and they’re based on men’s body sizes. Women interventionalists and other cardiologists treating women are really being one-size-fits-all — and they’re based on men’s body sizes.”

Women interventionalists and other cardiologists treating women are pushing to find partners willing to try to make devices designed specifically for women.”

Dr. Gillam encourages women to come and get a heart assessment. “If you fall into an area where we know gender differences are very important, we are here with our team of cardiologists to make sure you get the best care,” she says. “We want to improve heart health outcomes for women in the community.”
Health and Wellness

Smoking Cessation Through Hypnosis*
- Wednesdays, June 13, 6:30-8pm; September 12, 6:30-8pm
  Registration: 973-579-8340 NMC

**Yoga: Continuing Level***
- Mondays, 5-6:15pm
  Current series goes through July 2; drop-ins available
  Registration: 973-579-8340 NMC

**Yoga: Mixed Level***
- Mondays, 6:30-7:30pm
  Current series goes through July 2; drop-ins available
  Registration: 973-579-8340 NMC

Safe Sitter® Babysitting Classes*
These medically accurate, hands-on classes teach boys and girls ages 11-14 years how to handle emergencies when dealing with children. The program was created by a nationally recognized pediatrician and includes “Baby Milk,” “Children and Feeding Out,” “Dental Care,” “Emergency Care,” “Injury Prevention Behavior,” “Care of Choking Infant” and “Care of Choking Child.” It introduces “Preventing Injuries” and “Behavior Management.”

Babysitter registration is required for all classes: 973-579-8340.

All classes are at Newton Medical Center. Registration is required for all classes: 973-579-8340.

Prepared Childbirth Classes*
- Sunday, June 3 (1 session), 9am-5pm
  Saturday, July 28 (1 session), 9am-4pm
  Registration: 973-579-8340 NMC

Breastfeeding*
- Tuesday, July 24, 7-9:30pm
- Saturday, September 26, 9:30am-Noon

Newborn Parenting*
- Saturday, June 30, 9:30am-2pm
  Sunday, August 12, 9:30am-2pm

Sibling Preparation Class
- Saturday, June 30, 2:30-4pm
- Sunday, August 12, 1:30-4pm

Grandparents’ Class*
- Saturday, September 22, 1-2:30pm

Pediatric Preparatory Preparation Classes are held on an as-needed basis. Registration is required: Call 1-800-247-9580.

Maturity Center Tours
Register for tours at NMC by calling 1-800-247-9580.

STROKE SUPPORT GROUP
Call 973-579-8340 for an up-to-date list of programs for July through September.

Basic Life Support and First Aid
The American Heart Association (AHA) strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the AHA.

Health Care Provider CPR — New Provider — $65**
- Mondays, June 4 and June 11
- Thursdays, June 14 and June 21
- Saturday, July 21
- Saturday, August 25
- Thursday, July 17 and 24
- Saturday, August 18
- Saturday, August 25
- Monday, September 10
- Saturday, September 17
- Monday, September 17 and 24
- Mondays, September 10 and 17
- Saturday, September 19
- Saturday, September 29
- Saturday, October 6
- Monday, October 14
- Mondays, August 4 and 13
- Saturday, August 11
- Saturday, September 22

Health Care Provider CPR — Renewal — $55**
- Thursday, June 7
- Wednesday, June 27
- Wednesday, August 4

HeartSaver CPR for Adults, Children and Infants With AED — $40**
- Saturday, June 18
- Monday, July 19
- Monday, August 20
- Monday, August 27
- Tuesday, September 4

HeartSaver First Aid With Adult, Child and Infant CPR and AED — $65**
- Saturday, June 16
- Saturday, July 21
- Saturday, August 25
- Saturday, September 15
- Newton Medical Center (NMC)
- Milford Health & Wellness Center (MHWC)
- Sparta Health & Wellness Center (SHWC)

**All CPR classes are going up by $5 as of July 1.

CPR Registration Form

Registration and payment are required before confirmation in class.

Important Information
- Please note that you are NOT registered until full payment has been received.
- Refunds will not be issued for classes that are not attended; you may reschedule within six months.
- Dress comfortably!
- In inclement weather, listen to WSU 102.3 FM or WNNI 102.7 FM for cancellations.
- All refunds will carry a $10 administrative fee.

Use of American Heart Association/AHA materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA.

Send form to: Newton Medical Center
175 High Street, Newton, NJ 07860
Attn: Community Health
Phone: 973-383-4172

CPR Registration Form

Please Print
Name
Mailing Address
Day Phone
Evening Phone

Health Care Provider:
- New — $45**
- Renewal — $55**

If renewal, date current card expires:

HeartSaver CPR for Adults, Children and Infants With AED — $40**
- HeartSaver First Aid With Adult, Child and Infant CPR and AED — $65**

Date(s):
- Location: NMC ___ MHWC ___ SHWC ___

Wednesday, August 8
- 6:30-10:30pm

Thursday, August 23
- 6:30-10:30pm

Saturday, September 6
- 9am-3pm

Wednesday, September 26
- 9am-3pm

Saturday, June 9
- 9am-3pm

Saturday, June 22
- 9am-3pm

Saturday, July 19
- 9am-3pm

Thursday, August 12
- 9am-3pm

Saturday, September 8
- 9am-1pm

Thursday, September 13
- 9am-3pm

Saturday, June 23
- 9am-1pm

HeartSaver CPR for Adults, Children and Infants With AED — $40**
- HeartSaver First Aid With Adult, Child and Infant CPR and AED — $65**

Wednesday, June 18
- 6:30-10:30pm

Thursday, August 9
- 6:30-10:30pm

Saturday, August 10
- 9am-1pm

Tuesday, June 5
- 7-10pm

Tuesday, June 28
- 7-10pm

Tuesday, July 3
- 7-10pm

Tuesday, August 7
- 7-10pm

Thursday, September 27
- 9am-1pm

Wednesday, July 31
- 9am-3pm

Wednesday, June 4
- 7-10pm

Tuesday, July 5
- 7-10pm

Monday, July 9
- 7-10pm

Wednesday, August 15
- 7-10pm

Wednesday, September 12
- 7-10pm

Tuesday, September 18
- 7-10pm

HeartSaver First Aid With Adult, Child and Infant CPR and AED — $40**
- 9am-3pm

Saturday, June 16
- 9am-3pm

Saturday, July 21
- 9am-3pm

Saturday, August 25
- 9am-3pm

Saturday, September 15
- 9am-3pm

Newton Medical Center (NMC)
- Milford Health & Wellness Center (MHWC)
- Sparta Health & Wellness Center (SHWC)
For those cancers that strike women only, the Women’s Cancer Center — part of Atlantic Health System, and they are one of the busiest robotic centers in the Tri-State Area. “It’s transformed our practice,” he says. “Previously, many patients with malignancies or adhesions from previous surgeries couldn’t have laparoscopic surgery, but they can now get the benefits.”

For surgeons, the benefits are many. “It gives us three-dimensional visualization; it gives us four arms instead of two; it gives complete wrist dexterity,” Dr. Slamovitz says. “It’s also more precise — the robot’s ‘hands’ are smaller than a surgeon’s.”

Patients experience less blood loss, less postoperative pain, fewer complications, and a quicker return to normal function. Debbie Sherwood, a 65-year-old math professor, was home the day after Dr. Slamovitz performed her hysterectomy. “I came home Tuesday,” she says. “Thursday I went outside for a walk.”

“Probably fifty percent of what OB/GYN do is walk-woman care,” says Donald Rubino, MD, FACOG, president of the medical staff for Newton Medical Center and board-certified in obstetrics and gynecology. “An annual physical with follow-up diagnostic screening is the best method for early detection of cancers, infections and other diseases. Contraception and procreation counseling, menopause and sexual issues are just a few of the topics which may be discussed at an annual visit.”

First Step to Women’s Health: Annual Exams

F or cervical cancer, recommendations for screening and management have changed, as we now have a better understanding of its connection to the human papilloma virus (HPV). The United States Preventive Services Task Force and the American Cancer Society agree that most women should have a Pap smear every three years. “A woman’s family history and her own medical history may necessitate having a Pap smear more frequently,” says Dr. Rubino. “This is one of the many conversations a woman needs to have with her OB/GYN physician.”

Breast cancer presents a one-in-eight lifetime risk for women. In addition to mammograms, he counsels high-risk patients and tests for the BRCA breast cancer gene. Women suspected of having breast cancer are referred to the surgical and medical specialists at Newton Medical Center.

“Endometrial cancer usually makes itself known because of post-menopausal bleeding. The body provides the sign,” says Dr. Rubino. Diagnosis is made in the office and usually treated surgically at Newton Medical Center.

“Ovarian cancer is more difficult. There’s less than one percent lifetime risk, but it’s often diagnosed late because there are no clear warning signs; and there’s no clear diagnostic test. Symptoms may present as abdominal pain, bloating or a change in bowel habits,” he says. “However, these symptoms do not always mean cancer. Ultrasound and the CA-125 blood test may be helpful in clarifying the diagnosis, but ultimately the diagnosis is made surgically — usually by laparoscopic removal of the ovary.”

Many later-stage cancer surgeries, especially those involving the lymph nodes, require additional medical expertise from the oncology team at Morristown Medical Center. “We’ve used the Carol G. Simon Cancer Center at Atlantic Health System, and they are one of the leading edge of gynecologic surgery was fdA-approved, says daniel Slomovitz, Md, associate director of gynecologic surgery at the Carol G. Simon Cancer Center — part of Atlantic Health System. “The surgical diagnosis through the multidisciplinary approach, from initial screening to final treatment, gives complete wrist dexterity,” Dr. Slamovitz says. It’s also more precise — the robot’s ‘hands’ are smaller than a surgeon’s.

“Ovarian cancer is over ninety percent when it’s treated early. Unfortunately, only fifteen percent of cases are found early.”

The study looks at CA-125 in a new way, Dr. Slamovitz explains, because it watches the rate of change over time. “We’re finding that’s a better indicator, for example, for the [ovarian cancer] trial seeks one of only a few hospitals in the state with the resources and the endovascular neurosurgeons to perform this procedure, Dr. Saphier says. “Our group has more neurosurgeons trained in this area, performing more cases than any other group in the tri-state region.”

Doctors could identify only one risk factor for Allison’s stroke: oral contraceptives, which are rarely associated with strokes. “Not everyone on them will have a stroke, but it is a risk factor, and it’s one that people should recognize. If they mistake the symptoms, they may risk a golden opportunity to save their lives,” Dr. Saphier says.

Now, Morristown Medical Center and Overlook Medical Center are participating in a study exploring early detection of the disease. It tracks levels of blood protein CA-125 in normal-risk women between 50 and 74.

The five-year survival rate for ovarian cancer is over ninety percent when it’s treated early. Unfortunately, only fifteen percent of cases are found early.

People new to the area might not realize there is top-notch physician care right here in their backyard.

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WHEN IT’S AN emergency

How do you know when you’re actually having an emergency?

You, certain complaints are probably always an emergency, he says, but it can depend on the person’s age. “For somebody over the age of 30, it’s probably always an emergency if they’re having chest pains or if they’re having difficulty breathing or if they’re confused. It’s best to call 911 for those complaints.”

Not every laceration needs to be seen — but of course, many do. “We see lacerations where patients probably didn’t need to come to the emergency room, and we see lacerations where they come a day later and they probably should have come right away,” he says. “Any laceration of the hand that is potentially dirty, like a bite, should probably be seen. Most people who have facial lacerations will probably want to be seen. If a person isn’t sure, it’s probably best to be seen.”

Someone with no history of headaches who develops the worst headache of his or her life should go to the emergency room, he says.

“The best thing is for people to come in and let us look,” Dr. Mandell says. “We don’t mind seeing things that turn out not to be that serious. Patients come in because they don’t know, and we’re happy to take care of them.”

If you’re concerned enough to seek emergency treatment, it makes sense to go to the best hospital in your area, one with the expertise to handle emergencies of any kind.

Ardelle Bigos, RN, MSN, CMSRN, chief nursing officer for Newton Medical Center, agrees. “We see every patient, from automobile accidents to snakebites. Our Emergency Department provides full-service emergent care, with access to the latest diagnostic technology.”

The newly renovated emergency room at Morristown Medical Center offers a high level of expertise, Dr. Mandell says. “We have orthopedics with multiple subspecialties. We have over 20 different pediatric subspecialists. We have cardiologists who subspecialize in interventional work and electrophysiology. If you have something potentially serious, a full range of specialty backup can make the difference between life and death.”

Morristown Medical Center is also a major trauma center, treating more than 1,200 major traumas a year. Many are flown in by helicopter.

Morristown Medical Center’s physicians are uniquely qualified among emergency physicians, Dr. Mandell says. “We have people on staff with pediatric emergency medicine and ultrasound. We are the site of the first emergency medicine training program in New Jersey.”

With all that expertise available close by, there’s no reason to try to diagnose yourself. “There’s an emotional component of all this,” Dr. Mandell says. “We’ve all heard of the physician having a heart attack who didn’t come into the emergency room because he was denying what was happening. Years ago, when I was at the Mayo Clinic, the head of the Mayo Clinic coronary care unit sat at home while he was having a heart attack, drinking Maalox.”

Dr. Mandell says he couldn’t accept that he was having a heart attack.

“The lesson? It’s really important for family members to intervene if they think someone may be practicing denial,” Dr. Mandell says. “Just call the ambulance.”

Then, in the emergency room, you can let an expert assess the problem. “The large proportion of things we see are fine, and that’s what we’re there for,” he says. “It feels good for us to reassure people things are going to be OK.”

“It’s impossible for people to know exactly what constitutes an emergency when they don’t have the training or experience,” says Mark Mandell, MD, chairperson, Department of Emergency Medicine, Morristown Medical Center.
At the Morristown Medical Center, joint replacement is performed annually, the most in New Jersey — has just visited surgeons around New Jersey and New York. Then a friend told him about William Dowling, MD, FAAOS, FACS, chairperson of the Department of Orthopedics for Morristown Medical Center and medical director of Orthopedic Services for Atlantic Health System. "He was the key," Radano says. "It was a no-brainer — I wanted to go with him." Radano is now back home in Florhaming, doing therapy three times a week. He was so pleased with his experience, he recently wrote a letter to the president of Morristown Medical Center to let him know.

That high standard of care at Atlantic Health System — where more than 2,000 hip and joint replacements are performed annually, the most in New Jersey — has just helped Morristown Medical Center to earn a recognition as a Gold Seal Center of Excellence for total joint and spine programs, says Dr. Dowling. It’s one of about 30 places in the country to have both orthopedic Joint Commission certifications.

"We’ve got a cadre of joint replacement surgeons who are fellowship trained in total joint and spine programs, says Dr. Dowling. It’s one of about 30 places in the country to have both orthopedic Joint Commission certifications.

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State-of-the-art equipment also contributes to their excellent track record, says Glen Bradish, MD, FAAOS, chief of surgery and an orthopedic surgeon for Newton Medical Center. "We have all the latest technology here. We use MRI-generated custom implants," he says. "There’s nothing in any hospital anywhere in New Jersey or in New York that we don’t have here." That includes the latest technology in postoperative pain control, too — a combination of spinal and regional anesthetics means less need for narcotics. Atlantic Health System’s comprehensive program begins long before the procedure, with classes to educate patients about the operation and the services, and a meeting with the personnel, from nurses to occupational therapists. Following surgery, Atlantic Health System continues with rehab and home health care aligned with the program.

Judith Paskin is a retired physical therapist, so she knew how things would go after she had both knees replaced in early February. In late March, she took a trip to Florida and walked for miles things would go after she had both knees replaced in early February. In late March, she took a trip to Florida and walked for miles things would go after she had both knees replaced in early February. In late March, she took a trip to Florida and walked for miles.

Your Joint Health

What you need to know about joint replacement

WHAT LIFESTYLE HABITS AFFECT JOINT HEALTH?

Dr. Dowling: Weight reduction, having an active lifestyle and avoiding an excess of impact loading on the lower extremities. Some running is OK. It’s excessive, repeated running that’s an issue.

WHAT ARE SOME OF THE RISK FACTORS FOR JOINT REPLACEMENT?

Dr. Bradish: Activity level is one. Athletes involved in running and jumping, manual laborers — these people are at more risk for osteoarthritis, the most common reason for joint replacement. Inflammatory arthritis can also be a risk factor, although not as common as degenerative arthritis. There is not always a cause. Sometimes it’s just genetic programming that causes the joint to wear out.

WHAT ARE SIGNS OF JOINT PROBLEMS?

Dr. Dowling: If you’re running into difficulty with a hip, the most common sign is pain in the groin. The other is stiffness. With the knee, it’s stiffness and swelling, so you lose mobility and you see a difference in appearance. Most people are slightly bowlegged or knock-kneed. If that gets worse, that’s a sign the joint is deteriorating as well.

WHEN IS JOINT REPLACEMENT INDICATED?

Dr. Dowling: Everybody should have a fair trial at managing their problem nonoperatively. The first thing to try is Tylenol®; the second would be an anti-inflammatory, something over the counter, like Advil® or Aleve®. When you have to do it every day, other options start to present themselves. Injections of cortisone are temporary measures to relieve some of the discomfort. Unfortunately, nothing we have right now alters the underlying disease state; they treat the symptom. You also have to weigh the risks associated with taking the medications. So it’s a sequential progression in terms of what you require. It leads you to replacement. It’s not based on the x-ray; it’s based on how you feel. I’ve never had a patient yet who did not come back and say, "I know it’s time now."

WHAT’S LIFE LIKE AFTER JOINT REPLACEMENT?

Dr. Bradish: There’s a very high success rate in pain relief and increased function, but it’s not recommended to run or jump after joint replacement. Activities such as doubles tennis, low-grade skiing and weight training are OK. These recommendations are to increase the longevity of the implant.

WHAT MYTHS ABOUT JOINT HEALTH/REPLACEMENT WOULD YOU LIKE TO DISPEL?

Dr. Dowling: One of the most common is that the replacement joint will last 15 to 20 years. On the average, that’s true, but it does not mean they cannot last a whole lot longer — or unfortunately, not that long. It’s the average, but it does not mean it’s where you’ll be.