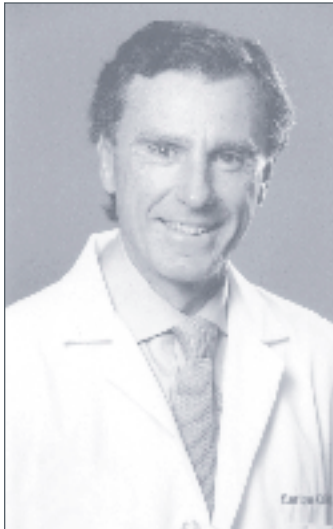


Introducing Our New Chiefs

We are very pleased to introduce Enrique Criado, MD, FACS, who has joined our faculty as chief of vascular surgery, and Martin S. Karpeh, Jr., MD, FACS, who has joined our faculty as chief of surgical oncology.

VASCULAR SURGERY



Dr. Enrique Criado

Board-certified in general vascular surgery and with special expertise in endovascular surgery, Dr. Criado will add new strength to our vascular surgery services, and his clinical abilities will further enhance the University Vascular Center at Stony Brook.

Dr. Criado comes to Stony Brook from the University of Maryland, where he was an associate professor practicing at the Vascular Center of Mercy Medical Center in Baltimore, MD. Prior to his appointment there, Dr. Criado was a tenured associate professor at the University of North Carolina at Chapel Hill.

(Continued on Page 2)

SURGICAL ONCOLOGY



Dr. Martin S. Karpeh, Jr.

Board-certified in surgery and with special expertise in surgical oncology, Dr. Karpeh will contribute to our commitment to excellence in providing the most sophisticated, compassionate, and timely surgical oncology services.

Dr. Karpeh comes to Stony Brook from Memorial Sloan-Kettering Cancer Center in New York, where he practiced with distinction on the gastric and mixed tumor service in the Department of Surgery since 1991. He is known nationally and internationally for his expertise in the treatment of cancers of the stomach and esophagogastric junction.

(Continued on Page 2)



Stony Brook Surgical Speakers Bureau

In keeping with Stony Brook's commitment to community service, the faculty members of the Department of Surgery are available to present lectures to health professionals on a range of topics related to those surgical areas in which they have special expertise. For more information, please call (631) 444-7875.

Burn Care

- Cultured autologous skin grafting

Cardiothoracic Surgery

- Automatic implantable cardioverter-defibrillators
- Lung volume reduction surgery
- Maze operation for arrhythmias
- Minimally invasive heart surgery
- Transmyocardial revascularization

General Surgery

- Advanced laparoscopic surgery
- Bariatric surgery
- Minimally invasive approaches to GERD
- Laparoscopic colon surgery

Otolaryngology-Head and Neck Surgery

- Acoustic neuroma
- Cochlear implant surgery
- Facial reanimation surgery
- Facial reconstruction
- Hearing loss
- Minimally invasive parathyroidectomy
- Otitis media and cholesteatoma

Pediatric Surgery

- Minimally invasive surgery

Plastic and Reconstructive Surgery

- Breast reconstruction
- Cosmetic surgery

Surgical Oncology

- Breast surgery
- Gastrointestinal cancers
- Melanoma
- Minimally invasive resection
- Soft tissue sarcomas

(Continued on Page 13)

INTRODUCING OUR NEW Traumatologist and General Surgeon



Dr. James A. Vosswinkel

In July, James A. Vosswinkel, MD, joined our Division of General Surgery as an assistant professor of surgery. A distinguished graduate of our residency program in general surgery, Dr. Vosswinkel returns to Stony Brook from a year of fellowship training in trauma/surgical critical care at Yale University.

At Stony Brook, Dr. Vosswinkel's practice in general surgery includes management of diseases of the gastrointestinal and endocrine systems; treatment of soft tissue disease, including hernias; and surgical treatment of cancers. He is skilled at both conventional and minimally invasive laparoscopic surgery.

As a member of our trauma/surgical critical care team, Dr. Vosswinkel is responsible for the surgical management of injured patients—all aspects of traumatology; and pre- and post-operative critical care of adult surgical patients.

Dr. Vosswinkel received his MD in 1995 from SUNY-Syracuse, and graduated from our residency program in 2001.

During his residency training at Stony Brook, Dr. Vosswinkel received the first David

J. Kreis, Jr., Award for Excellence in Trauma Surgery, an annual award given to a senior surgical resident by the trauma/surgical critical care section of our Division of General Surgery (see page 10).

For consultations/appointments with Dr. Vosswinkel, please call (631) 444-4545.

Dr. Enrique Criado (Continued from Page 1)

Internationally recognized for his pioneering work in the design and testing of endovascular grafts, Dr. Criado was one of the first surgeons in the United States involved in the development and testing of endografts for abdominal aortic aneurysms. He was also one of the principal investigators for one of the early FDA trials on a prototype of endograft for the treatment of such aneurysms.

At Stony Brook, Dr. Criado will serve as chief of our Division of Vascular Surgery, and will practice the full range of general vascular surgery, adding further experience to our endovascular program.

In addition to his clinical duties and responsibilities, Dr. Criado will serve as program director of our residency (fellowship) training program in vascular surgery.

Dr. Criado completed his residency training in both general surgery (1990) and general vascular surgery (1991) at the University of North Carolina at Chapel Hill, where he subsequently joined the surgical faculty and established himself as a prominent academic surgeon.

For consultations/appointments with Dr. Criado, please call (631) 444-2565.

Dr. Martin S. Karpeh, Jr. (Continued from Page 1)

A prominent academic surgical oncologist, Dr. Karpeh held a faculty appointment at the Weill Medical College of Cornell University since the year he joined the staff at Sloan-Kettering. He became an associate professor of surgery in 2000.

At Stony Brook, Dr. Karpeh will serve as chief of our Division of Surgical Oncology, and will practice the full range of general surgical oncology. He specializes in the management of cancers of the gastrointestinal tract, soft tissue (melanoma, sarcoma, and other cancers), and breast.

Dr. Karpeh received his medical doctorate from the Pennsylvania State University College of Medicine in 1983 and subsequently completed his general surgical residency training at the Hospital of the University of Pennsylvania (1989).

Dr. Karpeh went on to receive fellowship training in surgical oncology at Memorial Sloan-Kettering (1991) before being asked to join the staff there and the surgical faculty of Weill Cornell Medical College.

For consultations/appointments with Dr. Karpeh, please call (631) 444-2565.

STONY BROOK

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Performing Minimally Invasive Parathyroid Surgery

The New Approach to Treating Hyperparathyroidism



Dr. Maisie L. Shindo

Hyperparathyroidism is a condition causing high blood-calcium levels that afflicts about 100,000 Americans each year. It is caused by the overproduction of parathyroid hormone (PTH) by one or more of the four parathyroid glands located in the neck. This chronic condition may result in kidney stones, osteoporosis, abdominal problems, fatigue, and depression, among other illnesses. It can successfully be treated by removing the abnormal parathyroid gland(s).

At Stony Brook, Maisie L. Shindo, MD, associate professor of surgery (otolaryngology-head and neck surgery) and director of head and neck oncology, is now performing minimally invasive parathyroid surgery, and

her surgical expertise in this new procedure further demonstrates our faculty's commitment to providing state-of-the-art care.

Minimally invasive parathyroid surgery—that is, parathyroidectomy (parathyroid gland removal)—can be performed in the ambulatory surgery setting, under local anesthesia, with minimal risk to the patient.

This newly developed approach to parathyroid surgery is well tolerated by patients, and is associated with cure rates that are at least as good as those attained through traditional bilateral neck exploration. Moreover, the complication rate is exceedingly low.

The first successful parathyroidectomy for hyperparathyroidism was performed in 1925. The four parathyroid glands were identified through a bilateral neck exploration, and an enlarged parathyroid gland was excised. The patient experienced cure with marked resolution of his symptoms and signs of hyperparathyroidism.

ABOUT DR. SHINDO

Dr. Shindo received her MD from the University of Southern California in 1984. She completed her residency training in otolaryngology-head and neck surgery at the University of Southern California-Los Angeles County Medical Center, and earned her board certification in 1989. Subsequently, she pursued fellowship training in head and neck oncology and in head and neck microvascular reconstructive surgery at Northwestern University Hospital and Ohio State University, respectively. In 1991, Dr. Shindo joined the faculty of the Department of Otolaryngology-Head and Neck Surgery at the University of Southern California, where she gained national recognition for her work in microvascular head and neck reconstruction. From there, she joined our faculty in 1997. Her special clinical/research interests in oncology include the management of thyroid cancer and the reconstruction of head and neck defects following cancer resection. Included in the **Best Doctors** database (1996-2002; formerly Woodward/White's **Best Doctors in America**), Dr. Shindo also has expertise in other specialized areas of otolaryngology-head and neck surgery, including surgery for paralyzed vocal cord and facial paralysis.

For consultations/appointments with Dr. Shindo, please call (631) 444-4121.

Thereafter, it became the standard of care in most institutions to perform bilateral neck explorations for hyperparathyroidism. The results in large series demonstrate cure rates that exceed 95%, with complication rates in the range of 1% to 2%.

WHAT IT IS

Surgery to remove abnormal parathyroid glands is indicated for moderate to severe symptoms of hyperparathyroidism. In cases where the problem is an adenoma (benign tumor), just the one gland will be removed. If all four glands are enlarged (hyperplasia), the surgeon will likely remove most (three and a half) or all of them.

Traditionally, parathyroid surgery has involved a long incision, exploration on both sides of the neck, and general anesthesia. The new technique—known in the medical literature as minimally invasive radioguided parathyroidectomy (MIRP)—offers a safer and less invasive approach. In this procedure, a radioisotope “sestamibi” scan is used to help locate a tumor or abnormal parathyroid gland prior to surgery.

Since 85% to 90% of patients with hyperparathyroidism have a single parathyroid adenoma and its removal generally results in cure, our new ability to determine—before surgery—the location of the abnormal gland makes a directed operation the most logical approach to treatment.

For the scan, the patient is given a very small dose of a radioactive material that is absorbed only by the overactive parathyroid gland(s)—not healthy ones. During the operation, the surgeon uses the sestamibi scan results as a map to locate the abnormal gland. In some cases, a miniature hand-held probe that detects radioactivity, much as a Geiger counter does, is used to confirm the location.

(Continued on Page 14)

Performing Skull Base Surgery

Surgery in the skull base area has in recent decades established itself as a major new addition to surgical care. It involves a multidisciplinary effort out of necessity. No one surgeon can obtain, much less sustain, all the skills required to deal with the complex nature of tumors and other disorders located in the skull base area.

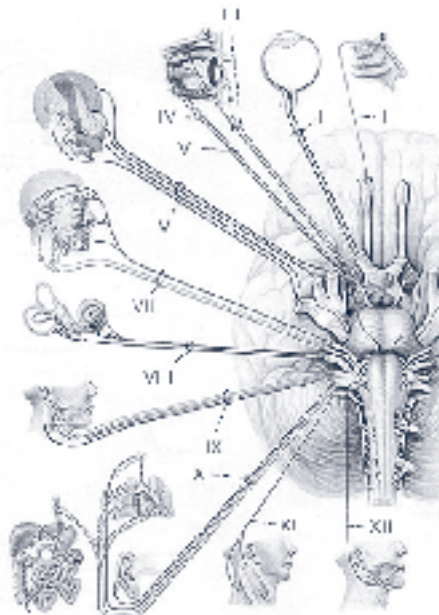
Teaming up to perform skull base surgery at Stony Brook, Eric E. Smouha, MD, associate professor of surgery (otolaryngology-head and neck surgery) and neurosurgery, and Raphael P. Davis, MD, associate professor and acting chair of neurosurgery, are working closely together to provide treatment for diseases that previously were debilitating or fatal.

As skull base surgeons, Dr. Smouha and Dr. Davis enjoy a reputation for excellence, an enviably low complication rate, and a loyal patient following.

Skull base surgery encompasses a wide variety of operations performed at the interface of the brain and neck where an intricate complex of major nerves, glands, and blood vessels is found. It includes surgery for acoustic neuromas, meningiomas, pituitary tumors, and other benign and malignant tumors at the base of the skull.

In the past, surgeons were unable to perform surgery in the skull base area because of its complex anatomy and the risk to delicate and vital structures. However, advances in diagnostic, therapeutic, and reconstructive techniques now allow successful treatment of lesions deep in the skull base to be successfully treated through team surgery, usually through a collaboration of a neurosurgeon and otolaryngologist-head and neck surgeon.

Dr. Smouha and Dr. Davis have years of experience as a team performing skull base surgery. Their philosophy of treatment is a combination of conservative case management with state-of-the-art procedures and technology. Treatment plans are individualized to each patient's needs.



(Continued on Page 15)

BIO NOTES

Dr. Smouha is the director of otology-neurotology at University Hospital. He received his certification as Diplomate of the American Board of Otolaryngology in 1986, and has been a fellow of the American College of Surgeons (FACS) since 1993. He received his MD from McGill University, and then trained at St. Vincent's Hospital and Manhattan Eye, Ear, and Throat Hospital in New York, and the Ear Research Foundation of Florida.

Dr. Smouha received the Honor Award from the American Academy of Otolaryngology-Head and Neck Surgery in 1998. In 1999, he was included in the **Best Doctors** on-line database (formerly Woodward/White's **Best Doctors in America**) and Castle Connolly's **How to Find the Best Doctors: New York Metro Area**. He is a fellow of the American Neurotology Society and the North American Skull Base Society.

Dr. Davis received his MD from Mount Sinai School of Medicine in New York, graduating summa cum laude. He trained at Mount Sinai Medical Center under Dr. Leonard Malis, who is considered one of the fathers of modern microneurosurgery. He obtained his certification as Diplomate of the American Board of Neurological Surgery in 1990. He was featured in Castle Connolly's **How to Find the Best Doctors: New York Metro Area** in 1997. He was promoted to the position of acting chair of neurosurgery and University Hospital's neurosurgeon-in-chief in 1999.

For consultations/appointments, please call (631) 444-1213, option 4, and then option 2.

THE COMPREHENSIVE SKULL BASE PROGRAM AT STONY BROOK PROVIDES:

- 1 Patient access to both surgeons at the same patient visit, optimizing patient time and efforts
- 2 Joint conference of the two specialists immediately, further saving time to provide a swift course of action
- 3 Enhanced patient care through a thoroughly coordinated process
- 4 Close monitoring of patient progress through coordinated records and physician conferences

BOTOX THERAPY . . .

- Reduces or eliminates wrinkles without surgery
- Requires no sedation or anesthetic
- Corrects underlying muscles (as opposed to the skin's surface or sub-layer the way peels do)
- Provides dramatic effects as a cosmetic procedure for:
 - Vertical lines between the eyebrows
 - Horizontal forehead lines
 - Crow's feet
 - Horizontal lines in the neck



Dr. Balvant Arora

ABOUT DR. ARORA

Board certified in plastic surgery, Dr. Arora received his medical doctorate (MBBS: Bachelor of Medicine and Bachelor of Surgery) in 1984 from the University of Baroda, in Vadodara, India. From the same institution, he then received his MS (Master of Surgery, 1988) in general surgery and his MCh (Magister Chirurgie, 1991) in plastic surgery.

In 1992, after practicing plastic surgery in India, Dr. Arora moved to the United States. He subsequently joined our residency program here at Stony Brook in 1995. He left in 1998 to pursue further training in plastic surgery at the Oregon Health Sciences University in Portland, which he completed in 2000. This training was followed by his fellowship in cosmetic surgery at Lenox Hill Hospital in New York.

Dr. Arora's practice at Stony Brook includes general plastic and reconstructive surgery, with an emphasis on cosmetic surgery in which he has special expertise. He is skilled at providing care for both adults and children.

In addition to Botox injections, other cosmetic surgery procedures that Dr. Arora performs are face-lift, blepharoplasty (eyelid lift), liposuction, breast augmentation and reduction, total body contouring, laser resurfacing, chemical peel, collagen injection, and hair transplantation. He also performs minimally-invasive endoscopic plastic surgery, including breast augmentation and brow-lift.

For consultations/appointments with Dr. Arora, please call (631) 444-4545.

Providing Botox Therapy

Wrinkle Reduction Without Surgery

Our program in cosmetic surgery now provides Botox therapy for facial and neck wrinkles. This nonsurgical method of reducing such wrinkles recently gained Food and Drug Administration (FDA) approval for the treatment of "frown lines" and, according to the American Society for Aesthetic Plastic Surgery, has already become the fastest-growing cosmetic procedure.

Botox is a natural, purified protein that relaxes muscles by blocking nerve impulses. A few drops of it are injected with a tiny needle into the muscle that creates a wrinkle. When Botox is injected into a muscle, it blocks the nerve impulse from reaching that area, and as a result, the muscle weakens.

As the muscle weakens, the skin overlying the muscle relaxes, and the wrinkles in the skin gradually soften and often disappear. Normal facial expressions are not affected by the treatments.

Our Botox specialist, as recommended, is fellowship trained in cosmetic surgery and board certified in plastic surgery.

Patients usually see dramatic results within a few days. Existing frown lines, in most cases, disappear in about a week. Because the results are temporary, the therapy needs to be repeated after 3 to 6 months.

When Botox is first injected, a minor sting is initially felt for a few seconds. Once the injection is complete, there is usually no discomfort. Nearly all patients continue their routine daily activity immediately after the treatment.

Our Botox specialist is Dr. Balvant Arora, who joined our Division of Plastic and Reconstructive Surgery in 2001, and has contributed to the establishment of our growing program in cosmetic surgery.

FDA APPROVAL

Botox was first approved by the FDA in 1989 to treat two eye-muscle disorders—uncontrollable blinking (blepharospasm) and misaligned eyes (strabismus). In 2000, it was approved to treat a neurological movement disorder that causes severe neck and shoulder contractions, known as cervical dystonia.

As an unusual side effect of the eye disorder treatment, Botox softened the vertical frown (glabellar) lines between the eyebrows that tend to make people



BEFORE



AFTER

(Continued on Page 15)

Addressing Complex Nutritional Issues

Guiding Policy-Makers And Health Professionals

Peter J. Garlick, PhD, professor of surgery and director of our surgical research division, played a major role in the landmark nutrition report, *Dietary Reference Intakes for*



Dr. Peter J. Garlick

Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients), released in September by the National Academies'

Institute of Medicine. A specialist in protein metabolism, Dr. Garlick chaired the Protein and Amino Acid Section of the Panel on Dietary Reference Intakes for Macronutrients; the 21-member panel included distinguished scientists from both the United States and Canada.

This report, the sixth in a series, develops new guidelines for the U.S. and Canada for the consumption of energy, carbohydrates, fiber, fat, fatty acids, cholesterol, protein, and amino acids, collectively known as macronutrients.

In addition to the other nutritional requirements, the report establishes age-based requirements for the first time for all nine of the essential amino acids found in dietary protein. Values are included for pregnant women, infants, and children based on their special needs. Using new data, the report reaffirms the previously established recommended level of protein intake, which is 0.8 grams per kilogram of body weight for adults. However, the recommended

intake of protein during pregnancy is increased.

Because data on the potential for high-protein diets to produce chronic or other diseases are often conflicting or inadequate, tolerable upper intake levels for consumption could not be determined for protein or for the individual amino acids. However, given the lack of data on overconsumption for some of these amino acids and protein, caution is warranted in consuming levels significantly above those normally found in foods.

"Most people are not at risk of either under- or over-consumption of protein," says Dr. Garlick. "However, there is a possibility that some young men might take excessive protein supplements in the belief that additional protein will aid in muscle building. On the other hand, there may be a risk for older persons, whose appetites are diminished, to suffer muscle wasting through consuming too little protein."

"The new guidelines should help individuals to design the most appropriate diet for health, but their main function is to give advice to the government, and to organizations, such as those who provide meal services to schools and residences for the elderly."

In the past, recommended dietary allowances (RDAs) have served as the benchmarks of nutritional

adequacy in the United States. The new dietary reference intakes (DRIs) are established using an expanded concept that includes indicators of good health and the prevention of chronic disease, as well as possible adverse effects of overconsumption.

Collectively, Dr. Garlick and his fellow panel members assessed thousands of scientific studies linking excessive or inadequate consumption of fats, carbohydrates, and protein with increased risk for dietary deficiency diseases, obesity, heart disease, diabetes, and other chronic illnesses. The DRIs include not only recommended intakes, intended to help individuals meet their daily nutritional requirements, but also tolerable upper intake levels (ULs) that help them avoid harm from consuming too much of a nutrient.

This study was sponsored by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion; Health Canada; U.S. Food and Drug Administration; National Institutes of Health; Centers for Disease Control and Prevention; U.S. Department of Agriculture; U.S. Department of Defense; Institute of Medicine; the Dietary Reference Intakes Private Foundation Fund, including the Danon Institute and the International Life Sciences Institute-North America; and the Dietary Reference Intakes Corporate Donors' Fund, contributors to which include Roche Vitamins Inc., Mead Johnson Nutrition Group, and M&M Mars.

The Institute of Medicine's Food and Nutrition Board has been responsible for developing recommended dietary allowances or RDAs for the United States for the last 60 years. The Institute is a private, nonprofit organization that provides health policy advice under a congressional charter granted to the National Academies (formerly National Academy of Sciences).

An active researcher, Dr. Garlick's work at Stony Brook has included numerous studies of surgery's effect on the body's protein metabolism.

INTRODUCING OUR NEW Podiatric Surgeon



Dr. Valerie A. Brunetti

We are very pleased to introduce Valerie A. Brunetti, DPM, a board-certified podiatrist who provides evaluation and treatment of the foot and ankle, both in the hospital and on an outpatient basis.

A Diplomate of the American Board of Podiatric Surgery and Fellow of the American College of Foot and Ankle Surgeons, Dr. Brunetti is a member of the faculty of the Department of Surgery (clinical assistant professor) and the medical staff of Stony Brook University Hospital.

Dr. Brunetti has operating room privileges at University Hospital and at the Stony Brook Ambulatory Surgery Center. Additionally, she

is an active member of the multidisciplinary wound care team of the Stony Brook Leg and Foot Ulcer Treatment Group, at the Surgical Care Center in East Setauket, where she provides foot/ankle consultations and treatment.

Dr. Brunetti's foot care services include palliative and/or surgical treatment of:

- Infections (soft tissue or bone) or ulcerations of the foot
- Diabetic foot
- Biomechanical imbalances including bunions and hammertoes
- Hypertrophied mycotic nails and pedal hyperkeratoses
- Heel pain, gouty arthritis, and Charcot foot deformities

Dr. Brunetti received her DPM from the New York College of Podiatric Medicine in 1984, and completed her surgical residency at Manhattan hospitals affiliated with NYCPM. She then spent the academic year of 1986-87 as dean of podiatric medicine at Barry University in Miami Shores, FL. Returning to New York, she entered private practice, and subsequently joined the faculty of NYCPM.

In 1992, Dr. Brunetti joined the staff of the Northport Veterans Affairs Medical Center, as chief of podiatry and director of the podiatric residency program. She became a member of our faculty and clinical practice in 2002.

Dr. Brunetti can be reached on Fridays at the Surgical Care Center, at (631) 444-4545, or from Monday through Thursday at the Northport VA Medical Center, at (631) 261-4400, ext. 2061.

The Stony Brook Leg and Foot Ulcer Treatment Group

The Stony Brook Leg and Foot Ulcer Treatment Group provides multidisciplinary care for patients with nonhealing ulcers on the leg, ankle, or foot.

Located at our Surgical Care Center in East Setauket, the Leg and Foot Ulcer Treatment Group is directed by Paul S. van Bemmelen, MD, PhD, assistant professor of surgery (vascular surgery), and Richard A. Clark, MD, professor and chairman of dermatology.

Our goal is to promote faster wound healing and decrease recurrences, with a minimum of patient visits and cost. At the initial visit, patients are evaluated by our team of specialists in vascular surgery, dermatology, podiatry, and orthotics. If indicated, plastic or orthopedic surgery consultation is obtained.

We provide a complete spectrum of treatment, ranging from Unnaboos to recombinant DNA growth factor and cultured skin substitute. We have a special interest in the nonsurgical treatment of patients with poor circulation, using impulse compression technology.

Clinical research into the effectiveness of various topical treatment modalities is conducted on an ongoing basis. This allows our patients access to state-of-the-art treatment for chronic wounds.

All members of our wound care team are Stony Brook faculty, and the Group operates independent of commercial suppliers.

*For consultations/appointments,
please call (631) 444-4545.*



The Stony Brook Leg and Foot Ulcer Treatment Group is dedicated to:

- Comprehensive patient care
- Early intervention
- Improved healing rates
- Reduced hospitalization
- Reduced amputations
- Reduced disability
- Community outreach

Residency Update

Since the class of 1975 entered the profession of surgery, 154 physicians have completed their residency training in general surgery at Stony Brook. The alumni of our residency program now practice surgery throughout the United States, as well as in numerous other countries around the world—and we're proud of their diverse achievements and contributions to healthcare.

Our fully accredited five-year nonpyramidal residency program fulfills the standards for professional excellence adopted by the American Board of Surgery, and leads to eligibility for board certification. Five surgical residents are selected each year through the National Resident Matching Program.

2002 Graduating Residents

<u>Name</u>	<u>Career Direction</u>
General Surgery	
Nasrin Ansari, MD	TBA
Cheng Lo, MD	Vascular surgery fellowship at U of Massachusetts-Worcester
Zhanna Logman, MD	Private practice in Mineola, NY
John Platz, MD	Surgical critical care fellowship at SUNY-Stony Brook
Colleen Willett, MD	Plastic surgery fellowship at Cleveland Clinic
Vascular Surgery	
Daniel Char, MD	Private practice in Woodcliff Lake, NJ
Otolaryngology	
Eric Gross, MD	General plastic surgery residency at U of Kentucky
Critical Care	
Aleksander Komar, MD	Staff position at Holmes Regional Trauma Center, Melbourne, FL

Our accredited **general vascular surgery** residency (fellowship) was established in 1980 by our Division of Vascular Surgery, and since then, 22 vascular surgeons have been trained at Stony Brook.

Our accredited residency in **otolaryngology** was established in 1993 by our Division of Otolaryngology-Head and Neck Surgery, and since then, six otolaryngology-head and neck surgeons have been trained at Stony Brook.

Our accredited residency (fellowship) in **surgical critical care** was established in 2000 by our Section of Trauma/Surgical Critical Care, and since then, two surgeons have been trained in surgical critical care at Stony Brook.

New Chief Residents

<u>Name</u>	<u>Career Direction</u>
Salvador Cuadra, MD	Vascular surgery fellowship at UMDNJ-Newark
Tomasz Kozlowski, MD	Transplantation fellowship at Johns Hopkins U
Paul Mancuso, MD	Colorectal surgery fellowship at Thomas Jefferson U
Steve Martinez, MD	Surgical oncology fellowship at John Wayne Cancer Institute, Santa Monica, CA

Incoming Residents/All Categorical PGY-1*

<u>Name</u>	<u>Medical School (Grad. Year)</u>
Joseph Ametrano, MD	SUNY-Syracuse ('02)
Wei Fan Chen, MD	SUNY Downstate ('02)
Paul Impellizzeri, MD	SUNY Downstate ('02)
Fady Kaldas, MD	U of California-Irvine ('02)
Kristen Rezak, MD	Ross U ('01)

* As of July 1, 2002.

1



1) Dr. Eugene Mohan (left) and Dr. John Ricotta (right) with our 2002 graduating chief residents (from left to right), Drs. Nasrin Ansari, Cheng Lo, Zhanna Logman, John Platz, and Colleen Willett, at the graduation banquet held on June 16 at Flowerfield, St. James, NY.

2



3



4



2) Our graduating otolaryngology resident (center), Dr. Eric Gross, with Dr. Arnold Katz (left) and Dr. Ricotta.

3) Our graduating vascular surgery resident (center), Dr. Daniel Char, with Dr. Paul van Bemmelen (left) and Dr. Ricotta.

4) Our graduating critical care fellow (center), Dr. Aleksander Komar, with Dr. Collin Brathwaite (right) and Dr. Ricotta.

Third Annual David J. Kreis, Jr., Award For Excellence in Trauma Surgery



Dr. Steve Martinez (left)
receiving award from Dr.
Collin E.M. Brathwaite.

The third David J. Kreis, Jr., Award for Excellence in Trauma Surgery was presented to Steve Martinez, MD, at our resident graduation banquet on June 16, 2002. Dr. Martinez, who received his MD in 1997 from the University of Washington, is currently a chief resident in the Department.

This annual award is given to a senior (fourth-year) surgical resident by our Section of Trauma/Surgical Critical Care, in honor of the late Dr. Kreis, who served with distinction on our faculty from 1986 until his untimely death in 1989. He was the founding chief of our trauma service.

Presented at our annual graduation banquet in June, this award recognizes the unique characteristics that make a trauma surgeon—the characteristics that Dr. Kreis personified: integrity, educational acumen, leadership, and excellence both in clinical practice and medical research.

In addition to an engraved plaque, the winning resident receives funding towards attendance at a national conference on trauma/surgical critical care.

The David J. Kreis, Jr., Memorial Fund was established in the Department soon after his death. The Fund supports the annual award which was first given in 2000. It is also used to underwrite resident travel to research conferences, and to support other educational activities related to trauma/surgical critical care in the Department.

Donations to the David J. Kreis, Jr., Memorial Fund are tax-deductible. For information, please call (631) 444-8330.

Some Recent Publications*

Bilfinger TV, Seifert FC, Giron F, McLarty AJ, Krukenkamp IB, Saltman AE, Ricotta JJ. Can the added risk of stroke from combined coronary artery bypass grafting and carotid endarterectomy be predicted? *Ann Thorac Surg* 2002;73:5377.

Bilfinger TV, Stefano GB. The role of protease inhibition with emphasis on the effects of inflammation and vascular immune phenomena. *Curr Pharm Des* 2002;8:505-9.

Bilfinger TV, Vosswinkel JA, Cadet P, Rialas CM, Magazine HI, Stefano GB. Direct assessment and diminished production of morphine stimulated NO by diabetic endothelium from saphenous vein. *Acta Pharmacol Sin* 2002;23:97-102.

Brodsky SV, Malinowski K, Golightly M, Jesty J, Goligorsky MS. Plasminogen activator inhibitor-1 promotes formation of endothelial microparticles with procoagulant potential. *Circulation* 2002;29;106:2372-8.

Cadet P, Mantione K, Bilfinger TV, Stefano GB. Morphine down regulates human vascular tissue estrogen receptor expression determined by real-time RT-PCR. *Neuroendocrinol Lett* 2002;23: 95-100.

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* The names of faculty authors appear in boldface.

Division Briefs

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of clinical surgery, has become an auditor for cancer programs sponsored by the National Cancer Institute (NCI) and American College of Surgeons Oncology Group (ACoSOG). Established in 1998, ACoSOG was the first new cooperative study group (ie, network of medical centers around the country) sponsored by the NCI in 18 years, and the only one to focus on surgery. Its primary goal is to evaluate surgical therapies in the **management of patients with malignant solid tumors**. The participation of our cardiothoracic surgeons, who joined ACoSOG in 1999, provides eligible patients with the only available access in Suffolk County to promising experimental therapies for lung cancer and other cancers.

Dr. Glenn R. Gaudette, director of the cardiothoracic research lab, received his PhD in biomedical engineering from SBU in May. He has recently been awarded **New York State's James D. Watson Investigator Grant**, which brings in approximately \$200,000 over several years. This grant is designed to support outstanding scientists and engineers who early in their careers show potential for leadership and discovery in the field of biotechnology. Dr. Gaudette was cited for his work in developing functional blood vessels and was one of only two researchers from institutions within the State University of New York to be a grant award recipient.

Dr. Irvin B. Krukenkamp, professor of surgery and chief of cardiothoracic surgery, served as committee chairman of the **8th Annual Research Classic Golf Tournament**, which took place in September. It was the most successful tournament ever, raising over \$251,000. The proceeds will be used to support the development of collaborative clinical research

in the Heart Center. Dr. Krukenkamp is actively engaged in research aimed at **bringing innovative treatment/technology to patient care**. The central focus of his current research is upon solutions to congestive heart failure and arrhythmogenesis. Among his clinical research programs to treat atrial fibrillation is the use of the microwave maze operation that was pioneered at Stony Brook.

General/Gastrointestinal Surgery

Dr. Arif Ahmad, assistant professor of surgery and director of the Center for Minimally Invasive Surgery, did the **first Stretta procedures for GERD to be performed on Long Island**. On December 11, two patients successfully underwent the newly developed endoscopic procedure. Both patients were treated in less than an hour on an outpatient basis.

Just five days following the Stretta procedure, Jamna Persaud, 42 of Bay Shore, NY, reported relief already. "It was hard to breathe from the reflux and sometimes I felt like I was dying. For the first time in several years I did not take medicine at night and I had no symptoms," he said. "I feel great. There is no reflux, nothing at all." And he no longer needs medication.

Stretta involves lowering a catheter, through a tube in the mouth and throat, to the valve between the stomach and esophagus. Carefully controlled radiofrequency energy is given to the sphincter muscle and the uppermost part of the stomach to create thermal lesions. As the lesions heal, they strengthen and improve the barrier function of the sphincter muscle. This reduces the reflux and heartburn because the stomach contents remain in the stomach where they belong.

Dr. Robert D. Barraco, assistant professor of surgery, was initiated into fellowship in the American College of Surgeons at the College's 88th Annual Clinical Congress, held in October in San Francisco. By meeting the College's stringent membership requirements, Dr. Barraco has earned the distinguished right to use the designation "FACS" (Fellow, American College of Surgeons) after his name.

Dr. Barraco has been awarded a \$30,000 research **grant from Stony Brook's General Clinical Research Center (GCRC)** to conduct a year-long clinical study titled "Early Occult Deep Venous Thrombosis in Trauma Patients with Isolated Lower Extremity Fractures Requiring Operative Repair" (June 2002-June 2003). The GCRC is committed to supporting research that advances patient care.

In addition to his research activity, Dr. Barraco has been appointed to the clinical advisory group of University Hospital, and named as chair of the subcommittee on teaching/learning strategies of the medical school's curriculum committee. In October, he gave a presentation titled "Trauma Resuscitation and Shock" at the 4th Annual CME Meeting of the American Association of Surgical Physician Assistants, held in San Francisco in conjunction with the Congress of the American College of Surgeons.

Otolaryngology-Head and Neck Surgery

Dr. Arnold E. Katz, professor of clinical surgery and chief of otolaryngology-head and neck surgery, chaired the faculty senate's ad hoc committee of the executive board to establish the School of Medicine's **Code of Ethics**, which was approved in November.

With dermatologist Dr. Donald J. Grande, Dr. Katz gave a presentation titled "Reconstruction of Large Facial Defects after Mohs Surgery," at the 2002 Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, held in September



Dr. Arnold E. Katz (front, second from right), professor of surgery and chief of otolaryngology-head and neck surgery, with staff and family members at the 5th Annual Revlon Run/Walk for Women—to raise awareness and critical funds for breast and ovarian cancer research, counseling, and outreach programs—held on May 4, 2002, in New York.

in San Diego. Dr. Katz is now collaborating with **Dr. Alexander B. Dagum**, associate professor of surgery and chief of plastic and reconstructive surgery, in our newly established **integrated cutaneous oncology program** that provides a multidisciplinary approach to the reconstruction of large defects following the removal of advanced skin cancer.

Dr. Maisie L. Shindo, associate professor of surgery and director of head and neck oncology, gave three presentations at the 2002 Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery: “Early Detection of Laryngeal Cancer”; “Surgical Management of Hyperthyroidism”; and “Vocal Cord Paralysis.” That month, she also gave a presentation at the Annual Fall Meeting of the American Academy of Facial Plastic and Reconstructive Surgery: “Free Flap in Head and Neck Reconstruction.”

Dr. Eric E. Smouha, associate professor of surgery and neurosurgery and director of otology-neurotology, also gave three presentations at the 2002 Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery: “Acute Facial Palsy: Current Concepts in Diagnosis and Management”; “Cholesteatoma: Issues and Controversies in Surgical Management”; and “Computer Databases: Applications for Clinical and Academic Practice.”

All of these presentations provided demonstrations of the diverse expertise of our faculty.

Pediatric Surgery

Dr. Thomas K. Lee, assistant professor of surgery, and **Dr. Richard J. Scriven**, assistant professor of surgery, have recently performed two successful laparoscopic esophageal myotomy operations (Heller procedure) for the **minimally invasive treatment of achalasia** (severe swallowing disorder). One patient was 11 years old, and the other 17.

In the fall, Drs. Lee and Scriven performed three successful **pull-through operations to treat Hirschsprung’s disease in newborn infants**. Also known as congenital megacolon, this disease afflicts the large intestine (colon); its treatment involves taking out the part of the intestine that doesn’t work and connecting the healthy part that’s left to the anus. The result is a working intestine.

Dr. Cedric J. Priebe, Jr., professor of clinical surgery and chief of pediatric surgery, together with Drs. Lee and Scriven, is contributing to a one-year study started in September: “A Pilot Case-Control Study of the Relationship between Maternally Derived Organochloro Burden and Undescended Testes in Male Infants.”

Collaborating with Stony Brook colleagues in preventive medicine and pediatric urology, they are aim-

ing in this study to better understand the maternal burden of organochloro compounds, a family of synthetic organic compounds including PCBs and DDT, and its relationship with one of the major male genital deformities, undescended testes—a condition treated by our pediatric surgeons.

Drs. Priebe, Lee, and Scriven are providing more and more patient care at our new **Ambulatory Surgery Center**, where children and their families find an especially comfortable, patient-friendly environment.

Plastic and Reconstructive Surgery

Dr. Balvant Arora, assistant professor of surgery, who recently became a Diplomate of the American Board of Plastic Surgery, is expanding our **cosmetic services**, and now does Botox therapy (see page 5), chemical peel, collagen implant, laser hair removal, and laser vein therapy, among other procedures.

Surgical Research

Dr. Margaret A. McNurlan, associate professor of surgery, has been appointed to a study section of the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health. This group of scientists will evaluate grant proposals for clinical studies in the research program titled “Treatment of HAART-Associated Metabolic Changes in Patients with HIV Infection.” In recent years, the advent of highly active anti-retroviral therapy (HAART) has dramatically improved the survival of patients infected with HIV, but this therapy has been associated with a variety of metabolic complications that need to be resolved.

In June, Dr. McNurlan gave a presentation at the 84th Annual Meeting of the Endocrine Society, held in San Francisco: “Rosiglitazone-Mediated Improvement of Insulin Sensitivity Is Highly Correlated with Increases in

(Continued on Page 15)

Alumni News

Since the class of 1975 entered the profession of surgery, 154 physicians have completed their residency training in general surgery at Stony Brook. The alumni of our residency program now practice surgery throughout the United States, as well as in numerous other countries around the world.

Dr. Andreas G. Tzakis ('83) is professor of surgery at the University of Miami, and director of the liver/gastrointestinal transplant program at Jackson Memorial Hospital, as well as co-director of the transplantation division. The University of Miami has recently honored Dr. Tzakis by establishing the Andreas Tzakis Chair in Transplant Surgery "to ensure that his mission and excellence will continue to be a permanent hallmark of the institution."

Dr. Mark E. Mausner ('84), whose practice—Mausner Plastic Surgery Center—is located in Rockville, MD, has been appointed to serve on the medical advisory board of the Tuberous Sclerosis Alliance, a national voluntary health organization dedicated to finding a cure for the many aspects of tuberous sclerosis complex. In September, he gave a presentation titled "Treatment of the Skin Manifestations of Tuberous Sclerosis: My 14-Year Experience," at the First International Research Consensus Meeting on Tuberous Sclerosis, held in Washington. His paper, "Two-Phase Laser Treatment of the Cutaneous Manifestations of Tuberous Sclerosis," has been accepted for publication in the *Journal of the American Society of Plastic Surgeons*. Dr. Mausner's practice is devoted exclusively to plastic and cosmetic surgery of the face and body. He has appeared on television,

been featured in a recent article in the *Washington Post*, and been named by *Washingtonian Magazine* as "one of the top plastic surgeons in the Washington area."

Dr. Biagio Ravo ('84), who is on staff at the Rome American Hospital, in Rome, Italy, recently published the following paper:

- **Ravo B, Amato A, Bianco V, et al.** Complications after stapled hemorrhoidectomy: can they be prevented? *Tech Coloproctol* 2002;6:83-8.

Stapled hemorrhoidectomy is a new approach to the treatment of hemorrhoids.

Dr. Aaron H. Chevinsky ('88) is currently the acting chairman of the Department of Surgery at Morristown Memorial Hospital, in Morristown, NJ. He also serves as co-director of the hospital's Carol G. Simon Cancer Center and director of its gastrointestinal oncology program.

Dr. Pierre Castera ('89) is practicing colorectal surgery in Kansas City, MO. His Colon and Rectal Clinic of K.C. has three offices, and he is on staff at Saint Luke's Hospital of Kansas City and Saint Luke's Northland Hospital.

Dr. Steven J. Busuttill ('94) is an assistant professor of surgery (vascular surgery) at Case Western Reserve University, and chief of vascular surgery of the Cleveland Veterans Affairs Medical Center.

Dr. Pierre M. Sfeir ('97), who completed fellowship training in cardiothoracic surgery at Mt. Sinai Medical Center in New York, is now on staff in the surgery department of the American University of Beirut Medical Center, in Lebanon, where he specializes in adult cardiac and aortic surgery, cardiac transplantation, beating heart surgery (off pump), and thoracoscopy.

Dr. Saad A. Shukri ('99) has established a solo practice in general surgery in Patchogue.

Dr. James A. Vosswinkel ('01) has joined the Department's faculty; see page 2. Personal note: He and his wife, Regina, are pleased to announce the birth of their daughter, Kaitlyn Marie, born in August 2002.



STONY BROOK SURGICAL SPEAKERS BUREAU

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Trauma/Surgical Critical Care

- ABC's of trauma management
- Abdominal compartment syndrome
- Acute spinal injury
- Antibiotic use and resistant organisms
- Chest trauma
- Eldercare: a surgeon's perspective
- End of life and palliative care
- Evolution of gram-positive resistant organisms
- Nutrition in the critically ill
- Pathophysiology of ARDS
- Pelvic fractures
- Pregnancy and trauma
- Public health and the law
- Shock

Vascular Surgery

- Carotid endarterectomy and CABG
- Chronic venous insufficiency
- Endoscopic treatment of severe hand and axillary hyperhidrosis
- Endovascular surgery
- Limb salvage surgery
- Management of venous thromboembolism
- Minimally invasive vascular interventions
- Surgery for stroke prevention
- Treatment of diabetic vascular disease

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GENERAL SURGERY ALUMNI: Please send your e-mail address—for inclusion in the Alumni Directory—to Jonathan.Cohen@StonyBrook.edu

Some Recent Publications

(Continued from Page 10)

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- Gilchrist BF, **Scriven R**, Sanchez J, Panetta T, Klotz D, Nguyen M, Ramenofsky ML. The application of vascular technology to esophageal and airway strictures. *J Pediatr Surg* 2002;37:47-9.
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- Kim HJ, **Karpeh MS**. Surgical approaches and outcomes in the treatment of gastric cancer. *Semin Radiat Oncol* 2002;12:162-9.
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- Pan D, Portlock C, **Karpeh MS**. Lymphoproliferative disorders of the gastrointestinal tract. In: Zbar AP, Guillou PJ, Bland KI, Syrigos KN, editors. *Immunology for Surgeons*. London: Springer, 2002: 429-43.
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- Rodrigues Borges AG, Suresh K, Mirza H, Katz JP, Simandl SL, **Bilfinger TV**, Cohn PF. False aneurysm of the mitral-aortic intervalvular fibrosa after uncomplicated aortic valve replacement. *J Am Soc Echocardiogr* 2002;15:743-5.
- Saltman AE, Aksherhli TO, Valiunas V, Gaudette GR, Matsuyama N, Brink P, **Krukenkamp IB**. Gap junction uncoupling protects the heart against ischemia. *J Thorac Cardiovasc Surg* 2002;124:371-6.
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OUR ELECTRONIC PHYSICIAN DIRECTORY

The Department provides a physician directory as part of its website—please visit us at the following address to find information about our individual surgeons (see sample page below), as well as our programs in patient care, education, research, and community service:

www.uhmc.sunysb.edu/surgery



Dr. Allison J. McLarty

MD: Columbia University (1988).

Residency Training: General Surgery, Columbia-Presbyterian Medical Center.

Fellowship Training: Cardiothoracic Surgery, Mayo Clinic, Rochester, MN.

Board Certification: [Thoracic Surgery](#); [Surgery](#).

Specialties: Surgery for all forms of adult heart disease, including high-risk states after acute myocardial infarctions and congestive heart failure; aneurysm surgery; thoracic vascular surgery; valve repair surgery; electrophysiological surgery, including the new [maze procedure](#) for arrhythmias (irregular heartbeats); minimally invasive surgery.

Additional: See [recent publications](#).

Language Spoken: English.

Consultations/Appointments: 631-444-1820.

Email (to contact Dr. McLarty directly): mclarty@surg.som.sunysb.edu

Parathyroid Surgery

(Continued from Page 3)

The entire MIRP operation can usually be performed through a small (about 1-inch) incision in the lower neck. It takes less than an hour and generally requires local anesthesia, the use of which enables the patient to go home a few hours after surgery.

Once the problem parathyroid gland has been removed, a blood sample is drawn from the patient and sent for rapid assay of PTH. Stony Brook's special laboratory services can provide the results within half an hour. A drop in the level of the hormone to normal or near-normal range helps the surgeon be confident that the operation is complete, and whether or not another "normal" gland will need to be removed.

Usually it is not necessary to find any other parathyroid glands, but the experience of the surgeon will determine whether more surgery is needed.

Shabtai M, Ye H, Frischer Z, Martin J, **Waltzer WC**, **Malinowski K**. Increased expression of activation markers in renal cell carcinoma infiltrating lymphocytes. *J Urol* 2002;168:2216-9.

Shabtai M, Ye H, Kono K, Takayam T, Terashima K, Tsukuda K, Frischer Z, **Waltzer WC**, **Malinowski K**. Immune inhibitory effects of renal cell carcinoma (RCC) extract on lectin and alloantigen induced peripheral blood and tumor infiltrating lymphocyte blastogenesis. *Urol Oncol* 2002;7:1-5.

Shabtai M, Ye H, **Waltzer WC**, Shabtai EL, Frischer Z, **Malinowski K**. Immune suppression-related T-cell subset interrelationships and specific regimen-related factor analysis of cell surface differentiation and activation markers in renal allograft recipients. *Transplant Proc* 2002;34:3180-2.

Shoup M, Brennan MF, **Karpeh MS**, Gillern SM, McMahon RL, Conlon KC. Port site metastasis after diagnostic laparoscopy for upper gastrointestinal tract malignancies: an uncommon entity. *Ann Surg Oncol* 2002;9:632-6.

Tasiemski A, Hammad H, Vandenbulcke F, Breton C, **Bilfinger TV**, Pestel J, Salzet M. Presence of chromogranin-derived antimicrobial peptides in plasma during coronary artery bypass surgery and evidence of an immune origin of these peptides. *Blood* 2002;15:100:553-9.

Weber SM, **Karpeh MS**. Randomized clinical trials in gastric cancer. *Surg Oncol Clin N Am* 2002;11:111-31, ix.

Division Briefs

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Circulating Acrp30/Adiponectin in HIV-Associated Lipodystrophy"; this study was conducted with colleagues in endocrinology and cell biology. She had presented findings of this research in the spring at the meeting of the Federation of American Societies for Experimental Biology (FASEB), held in New Orleans.

Surgical Oncology

Dr. Brian J. O'Hea, assistant professor of surgery and director of the Carol M. Baldwin Breast Care Center, has again been cited as a "doctor of excellence" in *New York Magazine's* "How to Find the Best Doctors," published on June 10, 2002, and will also be featured in the next edition of Castle Connolly's *Top Doctors: New York Metro Area*.

Transplantation

Dr. Kazimierz Malinowski, research associate professor of surgery and director of the histocompatibility and immunogenetics laboratory, gave a presentation titled "Plasminogen Activator Inhibitor-1 Promotes Formation of Endothelial Microparticles with Procoagulant Potential" at the American Heart Association's 2002 Scientific Sessions held in November in Chicago, and another presentation titled "Use of Sirolimus and Low-Dose Tacrolimus in High-Risk Renal Allograft Recipients" at the 19th International Congress of the Transplantation Society held in August in Miami. Both presentations featured research conducted by Dr. Malinowski and colleagues based at Stony Brook.

Vascular Surgery

Dr. John J. Ricotta, professor and chairman of surgery, has again been cited as a "doctor of excellence" in *New York Magazine's* "How to Find the Best Doctors," published on June

10, 2002, and will also be featured in the next edition of Castle Connolly's *Top Doctors: New York Metro Area*.

As a member of our endovascular surgery team, Dr. Ricotta has patent applications filed for an endovascular stapling device and for a novel endovascular graft, and is currently trying to bring these concepts to reality by collaborating with industry.

Among Dr. Ricotta's recent presentations are "What Is a 'High-Risk Patient' for CEA: Is the Cardiologist's Definition Valid?" (re: high-risk carotid endarterectomy) at the 29th Annual Veith Symposium: Montefiore Symposium on Vascular and Endovascular Issues, Techniques and Horizons ('02), held in November in New York, and "Mechanical Pump in the Treatment

of Limb-Threatening Ischemia" (co-author: **Dr. Paul S. van Bemmelen**, assistant professor of surgery and co-director of Stony Brook's Leg and Foot Ulcer Treatment Group) at the Trends in Vascular Surgery: Northwestern University Vascular Symposium, held in December in Chicago.

Dr. Ricotta has recently been appointed to be a **section editor of two major textbooks** on vascular surgery: *Vascular Surgery* edited by Dr. Robert B. Rutherford et al. (Saunders) and forthcoming in its sixth edition, and *Vascular Surgery: Principles and Techniques* edited by Dr. Henry Haimovici et al. (McGraw-Hill/Appleton & Lange) and forthcoming in its fifth edition.

Botox Therapy

(Continued from Page 5)

look tired, angry, or displeased. But until this improvement was actually demonstrated in clinical studies, the manufacturer of Botox was prohibited from making this claim for it.

By April 2002, the FDA was satisfied by its review of studies indicating that Botox reduced the severity of frown lines for up to 120 days. The agency then granted approval to use the drug for this condition in people between the ages of 18 and 65.

Botox therapy is one of the safest available for reduction of wrinkles. In the amounts used for wrinkle therapy, the only possible side effects are temporary and localized to the area of injection. It should be noted that the degree of improvement is variable. Occasionally, there is no improvement, and another form of treatment may be required.

Performing Skull Base Surgery

(Continued from Page 4)

Serial observation, stereotactic radiation, image-guided surgery, and minimally invasive techniques are favored whenever possible. When appropriate, more invasive procedures are recommended. The choice of treatment depends on the type and location of the lesion, the patient's symptoms and their duration, and the age and health of the patient.

Together, Dr. Smouha and Dr. Davis have used their combined multidisciplinary expertise to successfully treat hundreds of patients. They are committed to providing the best care for each individual patient, in a caring and compassionate environment.

In addition to our expert surgical team, skilled specialists in interventional neuroradiology, stereotactic radiosurgery, and neuroanesthesiology enhance our services. The team is further supported by physician assistants and nurse practitioners, most of whom have many years of experience directly in the field of brain and spine surgery.

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- (631) **444-4538** for our specialists in pediatric surgery
- (631) **444-4545** for our specialists in plastic and reconstructive surgery
- (631) **444-4545** for our specialists in surgical oncology
- (631) **444-2209** for our specialists in transplantation
- (631) **444-1045** for our specialists in trauma/surgical critical care
- (631) **444-2565** for our specialists in vascular surgery
- (631) **723-5000** for our specialists at Stony Brook Outpatient Services in Hampton Bays: breast care - general/gastrointestinal surgery - pediatric surgery - vascular surgery

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- *New Podiatric Surgeon*
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