

POST-OP



Salivary Endoscopy Now Done at Stony Brook *Gland-Sparing Minimally Invasive Procedure First Performed on Long Island*

In this issue . . .

Introducing Our New Full-Time Faculty
– Colorectal Surgeon
– Head and Neck Surgeon, Otolaryngologist
– Intensivist, Traumatologist, General Surgeon
– Pediatric Otolaryngologist

LI's First LVAD Program For Destination Therapy

New Smithtown Office Expands Our Accessibility

New Surgical Skills Center Provides Simulation Training

Conducting Clinical Trials To Advance Patient Care

Resident Wins Clinical Scholar Research Award

Offering CME Credits
– Saturday Seminar Series
– Surgical Grand Rounds
– Trauma Conference
– Vascular Surgery Conference

Division Briefs & Alumni News

Plus More!

Our otolaryngology-head and neck surgery team performed in October the first salivary endoscopy ever done on Long Island. This new, minimally invasive technique allows for the examination of the salivary ducts under endoscopic guidance. Treatments, such as stone removal, duct dilatation, and steroid injection, can be done at the same time.

Sialolithiasis, or stone(s) in the salivary duct, is the most common disease of the salivary gland. It affects approximately 12 in 1,000 adults. Symptoms of sialolithiasis include pain, intermittent swelling of the gland, and possibly severe infection.

Salivary endoscopy is a minimally invasive technique that allows for salivary gland surgery in a safe and effective way, and is done on an outpatient basis.

The current standard in most institutions for treating salivary duct stones has been surgical removal of the gland that entails an incision in the neck and an overnight stay in the hospital.

Salivary endoscopy spares the gland without risk to adjacent vital structures such as the tongue and facial nerves, and patients can go home the same day.

The success rate of salivary endoscopy is over 90%, as reported in the current



Endoscopic view showing salivary gland stone 0.5 cm in diameter (just under one quarter inch) within the submandibular gland duct, prior to removal.

literature, with less than 5% recurrence. Recovery time is much faster than with an open technique, and patients may return to a normal diet the same day.

continued on Page 2



Otolaryngology-Head and Neck Surgery (ENT) Now Provides Full Range of Specialized Care *Two New Faculty Members Complete Our Team*

We are very pleased to announce that our Division of Otolaryngology-Head and Neck Surgery (ENT) is now complete, with the addition of two key new team members who recently joined the division.

The five-member ENT faculty, under the direction of David A. Schessel, MD, PhD, associate professor of surgery, now provides a full range of specialized care for both adults and children with disorders of the ear, nose, and throat, plus related areas of the head and neck.

Our new faculty members, who have been practicing with us since they came to Stony Brook this past summer, are:

- Mark F. Marzouk, MD, assistant professor of surgery, who is a head and neck and endoscopic skull base surgeon; and
- Wasyl Szeremeta, MD, professor of surgery, who is a fellowship trained pediatric otolaryngologist.

continued on Page 3

Salivary Endoscopy Now Done at Stony Brook

continued from Page 1

Stony Brook University Medical Center is the only institution in both Nassau and Suffolk counties currently providing this state-of-the-art service to patients.

Mark F. Marzouk, MD, assistant professor of surgery, leads our program in salivary endoscopy, which offers patients an attractive new treatment option.

Dr. Marzouk's practice is focused on the treatment of cancer of the head and neck and management of diseases of the salivary glands. He has special interest and training in the newest techniques in minimally invasive and endoscopic treatment of head and neck disease.

Salivary endoscopy with steroid injection is now giving new hope to patients suffering with post-radiation sialadenitis. These patients suffer from chronic inflammation of the salivary glands secondary to radiation exposure with symptoms of pain and dry mouth.

Until now, these patients had few to no options for treatment. However, the new endoscopic approach offers safe access to the gland with local infiltration of steroids, thus decreasing inflammation to the gland. Up to 75% of patients have shown improvement of their symptoms with this intervention.

THE PROCEDURE

Salivary endoscopy involves placement of a 1.1 mm endoscope (about one-sixteenth of an inch thick) into the salivary duct, and can be done with patients under local anesthesia in selected cases. The endoscope is a thin, tube-like instrument with a video camera plus light and channels to enable passage of surgical instruments.

First, the papilla of the duct is dilated transorally with probes of increasing size. A small endoscope is then introduced into the duct so the anatomy can be visualized as the duct is being irrigated. This provides 360-degree visualization of the lumen from papilla to the actual gland.



Dr. Mark Marzouk (left) performing salivary endoscopy procedure.

MEDIA SERVICES | STONY BROOK UNIVERSITY

"In recurrent swelling of the salivary glands, particularly in cases in which the underlying reason cannot be diagnosed with conventional methods, most physicians associate the ductal disorder with salivary gland stones and use a conservative treatment (including wait-and-see and follow-up).

"However, it is now known that the stones obstructing salivary gland ducts grow about 1 mm each year. Consequently, the chance of removing the calculi by a sialendoscopic method decreases year by year and paves the way for conventional surgery.

"Thus, the current concept of conservative treatment has changed. The modern practice regarding ductal disorders of salivary glands is to advocate sialendoscopy as a conservative treatment."

Serbetci E, Sengor GA. Sialendoscopy. *Annals of Otolaryngology, Rhinology, and Laryngology* 2010;119:155-64.

Salivary endoscopy—first done in 1990—is made possible by the development of miniaturized imaging tools that can fit inside tiny parts of the body.

Any stenosis can be dilated using a balloon dilator, biopsies can be taken, and stones up to 5 mm in size (about one quarter of an inch) can be harvested using a wire basket.

Steroids can also be injected in cases of radiation-induced sialadenitis. In cases of larger stones, a combined approach can be utilized in which endoscopic manipula-

tion of the stone is done with transoral sialodochoplasty, or incision on the duct, to remove the stone with marsupialization. This provides markedly less risk of morbidity compared to an open approach.

Pioneered by Francis Marchal, MD, PhD, at the University of Geneva, Switzerland, the salivary endoscopy procedure has had tremendous success, and is truly one of the most fascinating innovations introduced in the recent years in the field of otolaryngology-head and neck surgery.

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

POST-OP is published by
The Department of Surgery
Stony Brook University
Medical Center
Stony Brook, New York

Editor-in-Chief
Todd K. Rosengart, MD

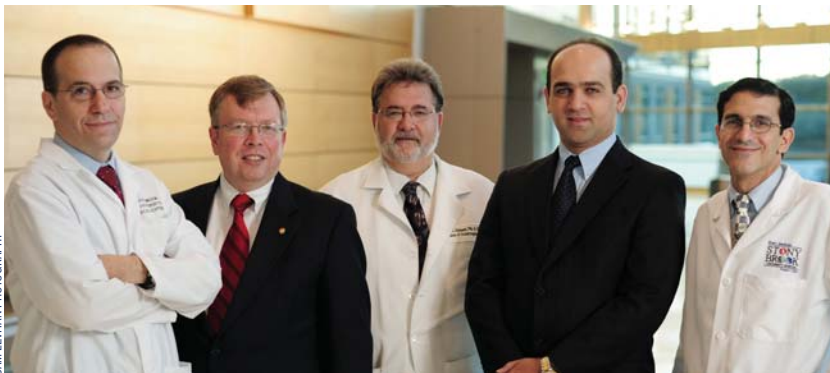
Writer/Editor
Jonathan Cohen, PhD

Advisory Board
Roberto Bergamaschi, MD, PhD
Alexander B. Dagum, MD
Thomas K. Lee, MD
Brian J. O'Hea, MD
David A. Schessel, MD, PhD
Marc J. Shapiro, MD
A. Laurie Shroyer, PhD, MSHA
Apostolos K. Tassiopoulos, MD
Bonnie Wang, MHSA
Kevin T. Watkins, MD

All correspondence
should be sent to:
Dr. Jonathan Cohen
Writer/Editor, POST-OP
Department of Surgery
Stony Brook University
Stony Brook, NY 11794-8191

Otolaryngology-Head and Neck Surgery (ENT) Now Provides Full Range of Specialized Care

continued from Page 1



Our ENT physicians (from left to right): Drs. Elliot Regenbogen, Wasył Szeremeta, David Schessel, Mark Marzouk, and Ghassan Samara.

Drs. Szeremeta and Marzouk join our three other ENT faculty, whose primary office is located at our facility in East Setauket, NY:

- Elliot Regenbogen, MD, assistant professor of surgery, who specializes in general ENT and laryngology;
- Ghassan J. Samara, MD, associate professor of surgery, who specializes in general ENT, rhinology (disorders of nose and sinuses), and endocrine surgery; and
- David A. Schessel, MD, PhD, associate professor of surgery and chief of otolaryngology-head and neck surgery, who specializes in otology and neurotology (disorders of the ear, and related cancer and nerve pathway disorders).

Our ENT specialists are committed to the highest degree of specialization and expertise in problems of the ear, nose, and throat, plus related head/neck areas, in adults and children.

In addition to our five physicians, our ENT team includes a nurse practitioner, physician assistant, and dedicated audiologist—all committed to our shared mission to provide outstanding, leading-edge otolaryngologic care.

The Division of Otolaryngology-Head and Neck Surgery also serves as a center for outstanding teaching and research. It is anticipated that our residency program in otolaryngology-head and neck surgery will be re-established and gain full accreditation in the near future.

For consultations/appointments with our ENT specialists, please call (631) 444-4121.

Providing a full range of care for both adults and children with disorders and diseases of the ear, nose, and throat, and specializing in:

- Acoustic neuroma
- Branchial cyst
- Cancers
- Cholesteatoma
- Chronic sinus conditions
- Cochlear implants
- Congenital defects
- Dizziness
- Ear ache (otitis externa and media)
- Endocrine disease
- Endoscopy
- Facial nerve problems
- Geriatric otolaryngology
- Hearing loss (deafness)
- Laryngology
- Laser therapy for voice and throat
- Loss of smell and taste
- Ménière's disease
- Minimally invasive procedures
- Nasal airway surgery
- Neurotology
- Nose inflammation (chronic rhinitis)
- Otology
- Parathyroid surgery
- Pediatric otolaryngology
- Pituitary gland tumor removal
- Postnasal drip
- Reflux esophagitis
- Salivary gland stones
- Sinuplasty for chronic sinusitis
- Skull base surgery
- Snoring (sleep apnea)
- Swallowing problems
- Thyroidectomy
- Tonsils and adenoids
- Tracheostomy
- Vertigo
- Voice disorders



New Smithtown Office Expands Our Accessibility

*Offering Full Range Of
Diagnostic And
Consultative Services*

Our Smithtown office is our newest office—opened last May to better serve patients in Smithtown and points west. Here, we see patients who require the following care:

- Breast Surgery
- Cardiothoracic Surgery
- Colon and Rectal Surgery
- General Surgery
- Hand Surgery
- Plastic and Reconstructive Surgery
- Wound Care

Conveniently located on “Doctors Row” in Smithtown—at 222 Middle Country Road (Suite 209), just east of the intersection of route 25A and highway 111—the new office offers patients plenty of easy parking.

Office hours are 8:30 am to 5:00 pm, Monday through Friday.

For consultations/appointments at our Smithtown office, please call (631) 444-4545.

Our ENT practice includes application of the most advanced techniques in minimally invasive and endoscopic surgery; subspecialty care in the disorders and diseases of the neurosensory system including taste, smell, hearing, and balance; and management of deformities and diseases of the airway in newborns and adults.

Our ENT physicians are joined by their colleagues at Stony Brook University Medical Center in the multidisciplinary treatment of cancer and endocrine problems of the head and neck; dysfunction of voice and swallowing; disorders of hearing and deafness; disorders of balance, dizziness, and falling; and the diagnosis and management of diseases of the skull base.

Introducing New Faculty



MEDIA SERVICES | STONY BROOK UNIVERSITY

Colorectal Surgeon

Arnold R. Leiboff, MD, has joined our Division of Colon and Rectal Surgery as assistant professor of surgery. An alumnus of our residency program in general surgery (class of '85), Dr. Leiboff has had for many years a successful private practice in colon and rectal surgery in our local community.

Board certified in both general surgery and colon and rectal surgery, Dr. Leiboff will focus his practice at Stony Brook on all aspects of colon and rectal surgery, including colonoscopy and surgery for colorectal cancer, diverticulitis, inflammatory bowel disease, and anorectal diseases, among numerous other conditions.

Dr. Leiboff received his MD in 1978 from New York Medical College. He subsequently completed his general surgery residency here at Stony Brook, and in 1989 he completed his fellowship in colon and rectal surgery at the University of Illinois College of Medicine in Urbana-Champaign, IL.

Since 1989, Dr. Leiboff has been practicing general and colon and rectal surgery in Suffolk County. He has been selected for inclusion in the present edition and past editions of the Castle Connolly Guide, *Top Doctors: New York Metro Area*.



MEDIA SERVICES | STONY BROOK UNIVERSITY

Head and Neck Surgeon, Otolaryngologist

Mark F. Marzouk, MD, has joined our Division of Otolaryngology-Head and Neck Surgery as assistant professor of surgery. Dr. Marzouk comes to Stony Brook from the University of Pittsburgh Medical Center in Pittsburgh, PA, where he recently completed his residency training in otolaryngology-head and neck surgery.

Dr. Marzouk will focus his practice at Stony Brook on the treatment of cancer of the head and neck and management of diseases of the salivary glands, with emphasis on minimally invasive endoscopic treatment. He has special interest and training in the newest techniques in minimally invasive and endoscopic treatment of head and neck disease.

Dr. Marzouk will contribute significantly to expanding our clinical services. He is skilled at endoscopic treatment of thyroid and parathyroid disease; treatment of disorders of the nose, sinuses, and skull base tumors via minimally invasive approaches; and treatment of disorders of the voice and swallowing, as well as management of obstructive sleep apnea.

A specialist in the relatively new minimally invasive procedure of salivary endoscopy, Dr. Marzouk provides state-of-the-art treatment of salivary gland stones (see page 1; lead article).

continued on Page 5



MEDIA SERVICES | STONY BROOK UNIVERSITY

Intensivist, Traumatologist, General Surgeon

Brian M. Hall, MD, has joined our Division of General Surgery, Trauma, Surgical Critical Care, and Burns as assistant professor of surgery. Dr. Hall recently completed fellowship training in critical care here at Stony Brook, and was invited to join our faculty because of his outstanding performance.

Dr. Hall will focus his practice at Stony Brook on the pre- and post-operative critical care of adult surgical patients, as well as the surgical management of injured patients, including all aspects of traumatology.

Dr. Hall's general surgery practice will focus on the management of diseases of the gastrointestinal and endocrine systems; treatment of soft tissue disease; repair of hernias; appendectomy; and cholecystectomy. He has expertise in both conventional and minimally invasive laparoscopic surgery.

Dr. Hall's research interests include the development of intensive care unit protocols, acquired respiratory distress syndrome and respiratory mechanics, and injury response to various forms of trauma.

Dr. Hall received his MD in 2004 from Howard University College of Medicine in Washington, DC. He then completed his residency training in general surgery at the Brooklyn Hospital Center in Brooklyn, NY.

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



MEDIA SERVICES | STONY BROOK UNIVERSITY

Pediatric Otolaryngologist

Wasyl Szeremeta, MD, has joined our Division of Otolaryngology-Head and Neck Surgery as professor of surgery. Dr. Szeremeta comes to Stony Brook from Temple University in Philadelphia, PA, where since 1996 he was on the faculty of the Department of Otolaryngology-Head and Neck Surgery, serving as residency director and, more recently, acting chairman as well.

Board certified in otolaryngology, Dr. Szeremeta will focus his practice at Stony Brook on the management of pediatric ear, nose, and throat diseases, with special interest in the diagnosis and treatment of congenital and acquired malformations of the airway and respiratory obstruction, pediatric sleep apnea, pediatric sinus disease, and pediatric ear disease.

A cum laude graduate of Harvard, Dr. Szeremeta received his MD in 1989 from Jefferson Medical College in Philadelphia. He subsequently completed his internship in general surgery at the Medical Center of Delaware in Christiana, DE, and his residency in otolaryngology at the Henry Ford Health System in Detroit, MI.

In 1996, Dr. Szeremeta completed his fellowship training in pediatric otolaryngology at the Children's Hospital of Pittsburgh. He then joined the faculty at Temple University.

continued on Page 5

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

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

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

New Faculty Dr. Marzouk

continued from Page 4

Dr. Marzouk received his medical degree with surgical training (MB-BCh) in 2001 from the prestigious Ain-Shams University School of Medicine in Cairo, Egypt. He subsequently came to the United States, and completed his internship in general surgery at North Shore University Hospital-Long Island Jewish Medical Center.

Following his internship, Dr. Marzouk spent a year as a research fellow at the Northport VA Medical Center, where his mentor was Ghassan J. Samara, MD, associate professor of surgery and member of our Division of Otolaryngology-Head and Neck Surgery.

New Faculty Dr. Szeremeta

continued from Page 4

In addition to his clinical education, Dr. Szeremeta earned an MBA in healthcare management, plus MS in healthcare finance, from Temple University's Fox School of Business in 2002.

Dr. Szeremeta's research interests include molecular biology of chronic sinusitis and adenoiditis; the effect of adenotonsillectomy on voice and vocal production; pain control in pediatric otolaryngologic procedures; predictors of obstructive sleep apnea in the pediatric population; immune modulators in otitis media; and measures of otolaryngology resident education and evaluation.

As a well-respected academic physician, Dr. Szeremeta will contribute significantly to expanding our clinical services, as well as our research and educational programs.

Operation Babahoyo in Ecuador Medical Mission with Our Residents



(left) Patient about to undergo cleft palate repair.
(right) Banner in front of clinic in Babahoyo.

COURTESY OF BLANCA'S HOUSE



Three members of our faculty—Drs. Todd Rosengart, Alexander Dagum, and Philip Bao—and three of our general surgery residents—Drs. Soojin Ahn, Joshua Karas, and Brett Phillips—traveled last August to Babahoyo, Ecuador, as part of a medical team to help needy patients there.

Three thousand miles away from Stony Brook, Babahoyo is a small provincial city flanked by two rivers that join to form the Babahoyo River, which eventually flows into the Pacific.

The city is surrounded by open country, where the way of life is very traditional, with farmers sowing crops, working the land, and cattle herds dominating the pastures.

The Cascada Milagrosa—“Miracle Falls”—is a nearby waterfall believed to have healing powers, but it does not provide the modern healthcare that people need.

Our physicians and members of Stony Brook's operating room staff went to Babahoyo as part of the team sent by Blanca's House, a Long Island-based organization of volunteer healthcare professionals who provide free medical treatment to people without access to good healthcare.

Stony Brook third-year medical student Christine Malino also went with the team, as part of her training and learning experience.

In Babahoyo, during their weeklong visit, our surgeons performed a total of nearly 50 operations, both general surgery and plastic/reconstructive surgery.

Having traveled to Africa as a resident on a similar mission many years ago, Dr. Rosengart felt the experience he had there was important for up-and-coming doctors.

“The experience gained cannot be replicated,” says Dr. Rosengart, about what doctors learn on these missions. “Their flexibility as physicians is reinforced, and their ability to adapt to a variety of surgical situations is both tested and made stronger.”

“The sense of helping those who otherwise have no access to the resources we have available left a lasting impression on me. It will always be a highlight of my career.”

The gratitude expressed by the patients and their families was tremendous. It was truly a great reward for our surgical care.

In Babahoyo, our surgeons performed a total of nearly 50 operations; namely, laparoscopic gallbladder removals, hernia repairs, cleft palate and cleft lip repairs, cleft fistula closures, scar revisions, and for burn victims other plastic surgery procedures.

Plans are currently underway for our faculty, together with residents and students, to go on another mission to Ecuador, which will take place in October 2011.

Surgical Skills Center Established

Providing Surgical Simulation Training

Our new Surgical Skills Center (SSC) was inaugurated in January with a formal ribbon-cutting ceremony. This high-tech resource center further enhances our ability to provide a leading-edge training experience for all our surgery residents. Kenneth Kaushansky, MD, dean of the School of Medicine and senior vice president of health sciences, presided over the ceremony.

The SSC is an 1800-square-foot facility located at the heart of Stony Brook University Medical Center, in close proximity to clinical care areas and operating room suites, offering an ideal environment for advanced surgical education.

SSC director Apostolos K. Tassiopoulos, MD, associate professor of surgery and interim chief of vascular surgery, oversaw the Department's effort to design and equip the center.

"Simulation in surgical training provides a reduced stress environment to learn and practice the most innovative and minimally invasive techniques in surgery for both common and rare medical scenarios," explains Dr. Tassiopoulos.

"This training venue is also ideal to take the time to demonstrate errors and complications and discuss strategies to avoid them, which ultimately translates to enhanced patient safety."

Simulation training became a part of the educational curriculum for all our surgical residents in 2008. The first surgical simulation training schedule included a few modules from the American College of Surgeons phase 1 curriculum and a small number of clinical scenarios with immediate debriefing and feedback from surgical faculty.

As this effort was embraced by all residents and faculty and the curriculum expanded with the addition of new modules, the need for establishing an effective in-house facility to support simulation education became clearly evident. The new SCC meets this need effectively.

The operating room is not the best classroom for developing some of the new surgical skills that surgeons must now have. With the new mandate from the American College of Surgeons on the fundamentals of laparoscopic skills, there has been more emphasis on surgical simulation.

Our simulation curriculum focuses on the development of surgical and clinical skills early on in the training process, while the emphasis at senior levels of training is on the development of leadership skills, effective communication and collaboration, practice building skills, critical assessment of patient safety issues, and thorough understanding of systems-based problems and quality assurance issues.

Accessible 24/7 (via ID card access) to all residents and faculty, the SSC provides opportunities to practice in a stress-free environment not only surgical technical skills, but also pre- and post-operative patient care scenarios that enhance residents' educational experience.

Currently available training modules range from **basic open skills** (knot tying, suturing, intravenous access, central line and chest tube insertion) and **fundamental laparoscopic skills** (camera navigation, controlled cutting, transfer drills, laparoscopic suturing) to **advanced open surgical skills** (inguinal hernia anatomy and repair, sutured and stapled intestinal anastomosis, vascular anastomosis, arterial endarterectomy and bypass, open aortic aneurysm repair) and **advanced patient care skills** (advanced trauma and cardiac life support, various surgical clinical care scenarios).

SIMULATING SURGERY

Three high-end haptic virtual reality simulators are also available for training in laparoscopic advanced skills, laparoscopic cholecystectomy, laparoscopic colon resection, angiographic vascular anatomy, and a wide array of **basic and advanced endovascular skills** (navigation of endovascular catheters, angioplasty, stenting).

A dedicated space for a surgical wet-lab has also been created to allow for practice using animal tissue. The SSC utilizes cutting-edge audio/video technologies and



Dr. Michael Polcino, fourth-year resident, at the controls of a simulated laparoscopic procedure, with (from left to right) Drs. Apostolos Tassiopoulos, Todd Rosengart, and Richard Scriven.



SAM LEVIAN PHOTOGRAPHY

Dr. James Jen, fifth-year resident, at the controls of a simulated laparoscopic procedure, with Dr. Todd Rosengart.

software in order to maximize the utility and productivity of the activities it hosts, and to provide opportunities for performance review of, effective debriefing with, and meaningful feedback to trainees.

Surgical attending faculty and staff with experience in surgical simulation education are available on a daily basis for guidance with training modules and skills development. Residents are provided with protected time each Thursday morning to participate in simulation exercises.

Surgical simulation has emerged as a training tool with enormous potential for teaching, learning, and research. Our SSC provides residents and medical students the opportunity to be a part of this rich, dynamic process, and to work collaboratively in making meaningful contributions to the field of surgical simulation education.

“This new facility will further enhance clinical skills education and promote surgical training at the highest level,” said Dr. Kenneth Kaushansky, dean of the School of Medicine. **“The Surgical Skills Center should make Stony Brook University School of Medicine a national leader in training students, residents, and attending physicians in current and future surgical techniques, allowing their delivery of the very highest quality clinical care.”**

“Opening the Surgical Skills Center is an important milestone for training future surgeons at Stony Brook,” added the surgery department’s chairman, Dr. Todd K. Rosengart. **“The timing of the opening is right, as high-tech simulation training will grow as a training tool because we are in an era in which minimally invasive surgical approaches and technology are constantly advancing.”**

Selected Recent Publications*

- Barros MV, Penna JT, Henriques JF, Roquette-Reis F, **Labropoulos N**. Infrapopliteal mycotic aneurysm caused by endocarditis—case report and literature review. *Echocardiography* 2010;27:77-9.
- Bilfinger TV**. Acute aortic dissection: microenvironmental regulation. *Med Sci Monit* 2010;16:RA143-6.
- Bishawi M, **Rosengart TK**. Biologic bypass. In: Moorjani N, Viola N, Ohri SK, editors. *Key Questions in Cardiac Surgery*. Castle Hill Barns, UK: TFM Publishing, 2010.
- Czura CJ, Schultz A, Kaipel M, Khadem A, **Huston JM**, Pavlov VA, Redl H, Tracey KJ. Vagus nerve stimulation regulates hemostasis in swine. *Shock* 2010;33:608-13.
- Desolneux G, Burtin P, Lermite E, **Bergamaschi R**, Hamy A, Arnaud JP. Prognostic factors in node-negative colorectal cancer: a retrospective study from a prospective database. *Int J Colorectal Dis* 2010;25:829-34.
- Eisenberg DP, Wey J, **Bao PQ**, Saul M, Watson AR, Schraut WH, Lee KK, James Moser A, Hughes SJ. Short- and long-term costs of laparoscopic colectomy are significantly less than open colectomy. *Surg Endosc* 2010;24:2128-34.
- Gasparis AP**, Awadallah M, Meisner RJ, Lo C, **Labropoulos N**. Recurrent popliteal vein aneurysm. *J Vasc Surg* 2010;51:453-7.
- Gersch RP**, Hadjiargyrou M. Mustn1 is expressed during chondrogenesis and is necessary for chondrocyte proliferation and differentiation in vitro. *Bone* 2009;45:330-8.
- Giardino ND, Curtis JL, Andrei AC, Fan VS, Benditt JO, Lyubkin M, Naunheim K, Criner G, Make B, Wise RA, Murray SK, Fishman AP, Sciurba FC, Liberzon I, Martinez FJ; National Emphysema Treatment Trial Research Group [**Shroyer AL**; member]. Anxiety is associated with diminished exercise performance and quality of life in severe emphysema: a cross-sectional study. *Respir Res* 2010;11:29.
- Han MK, Wise R, Mumford J, Sciurba F, Criner GJ, Curtis JL, Murray S, Sternberg A, Weinman G, Kazerooni E, Fishman AP, Make B, Hoffman EA, Mosenifar Z, Martinez FJ; National Emphysema Treatment Trial Research Group [**Shroyer AL**; member]. Prevalence and clinical correlates of bronchoreversibility in severe emphysema. *Eur Respir J* 2010;35:1048-56.
- Hu Y, Zaslav AL, Radhakrishnan N, Golightly M, **Pameijer C**. Myelofibrosis involving lymph node: a novel cytogenetic abnormality in a mimicker of mesenchymal neoplasm. *J Hematop* 2009;2:157-61.
- Karas J, **Bergamaschi R**; Rectal Prolapse Recurrence Study Group. Laparoscopic approach to rectal prolapsed. In: Santoro G, Wieczorek AP, Bartram CI, editors. *Pelvic Floor Disorders: Imaging and Multidisciplinary Approach to Management*. Milan: Springer-Verlag, 2010: 521-8.
- Karas JR, **Bergamaschi R**. No news from Norway. *Int J Colorectal Dis* 2010;25:1023.
- Karas JR, Uranues S, Altomare DF, Sokmen S, Krivokapic Z, Hoch J, Bartha I, **Bergamaschi R**; Rectal Prolapse Recurrence Study Group. No rectopexy versus rectopexy following rectal mobilization for full-thickness rectal prolapse: a randomized controlled trial. *Dis Colon Rectum* 2011;54:29-34.
- Klein SJ, **Gasparis AP**, Virvilis D, Ferretti JA, **Labropoulos N**. Prospective determination of candidates for thrombolysis in patients with acute proximal deep vein thrombosis. *J Vasc Surg* 2010;51:908-12.
- Labropoulos N**. Elevated sex steroid hormones in great saphenous veins in men [invited commentary]. *J Vasc Surg* 2010;51:646-7.
- Labropoulos N**, Jen J, Jen H, **Gasparis AP**, **Tassiopoulos AK**. Recurrent deep vein thrombosis: long-term incidence and natural history. *Ann Surg* 2010;251:749-53.
- Labropoulos N**, Kokkosis AA, Spentzouris G, **Gasparis AP**, **Tassiopoulos AK**. The distribution and significance of varicosities in the saphenous trunks. *J Vasc Surg* 2010;51:96-103.
- Labropoulos N**, Meisner RJ, **Gasparis A**, **Tassiopoulos AK**. Management of non-giant cell arteritis disease of the superficial temporal artery. *J Vasc Surg* 2011;53:200-3.
- Labropoulos N**, Nandivada P, Bekelis K. Prevalence and impact of the subclavian steal syndrome. *Ann Surg* 2010;252:166-70.
- Labropoulos N**, Spentzouris G, **Gasparis AP**, Meisner M. Impact and clinical significance of recurrent venous thromboembolism. *Br J Surg* 2010;97:989-99.
- Lanier ST, Wang ED, Chen JJ, Arora BP, **Katz SM**, Gelfand MA, Khan SU, **Dagum AB**, **Bui DT**. The effect of acellular dermal matrix use on complication rates in tissue expander/implant breast reconstruction. *Ann Plast Surg* 2010;64:674-8.
- Liu C, **Gersch RP**, Hawke TJ, Hadjiargyrou M. Silencing of Mustn1 inhibits myogenic fusion and differentiation. *Am J Physiol Cell Physiol* 2010;298:C1100-8.
- Meisner RJ, **Labropoulos N**, **Gasparis AP**, **Tassiopoulos AK**. How to diagnose giant cell arteritis. *Int Angiol* 2011;30:58-63.
- Rosengart TK**, Bishawi M. Regenerating mechanical function in vivo with skeletal myoblasts. In: Cohen IS, Gaudette GR, editors. *Regenerating the Heart: Stem Cells and the Cardiovascular System*. New York: Humana, 2011.



Our goal is to find methods for the early determination of injury progression and of adequate perfusion in engineered skin constructs, in order to improve patient care.

Dr. Brett T. Phillips

Resident Wins Research Award To Study Wound Care in Burns

Aiming to Predict Tissue Viability And Develop Artificial Tissue

Brett T. Phillips, MD, clinical assistant instructor of surgery, was awarded one of two Clinical Research Scholar Awards sponsored by Stony Brook's K30 Clinical Research Training Program funded by the National Institutes of Health.

A resident in our general surgery residency program and currently a research fellow, Dr. Phillips received the competitive grant award for his proposed research titled "Comparison of Clinically Quantitative Cutaneous Vascular Perfusion Techniques in Tissue-Engineered Constructs and Burn Injuries."

Dr. Phillips' one-year basic science study, initiated last July, uses noninvasive and minimally invasive perfusion techniques to investigate burn wound progression and lay the groundwork to develop artificial tissue constructs for improving patient care, in particular wound care.

There are over 11.8 million wounds and 500,000 burn injuries treated annually in emergency rooms nationwide, and wound care management can be improved.

Although the technology for engineered skin replacements is advancing, providing vascularization of replacement skin (establishing the network of blood vessels) is still a significant problem. Means of assessing vascular perfusion (blood flow) provide the first step in tackling this important problem. This is the objective of Dr. Phillips' research.

Co-investigators of his study are Stony Brook faculty, who have served as his mentors: Adam J. Singer, MD, professor of emergency medicine and vice chairman for research; Steven Sandoval, MD, assistant professor of surgery and medical director of the Stony Brook Burn Center; Alexander B. Dagum, MD, professor of surgery and orthopaedics and chief of plastic and reconstructive surgery; and Richard A. Clark, MD, professor of biomedical engineering, dermatology, and medicine, and director of the Clinical Research Scholar Program.

Concerning the clinical significance of this research, Dr. Phillips explains: "Robust clinical trials for therapies to limit burn injury progression and for technologies to construct tissue-engineered flaps must utilize the best method for predicting tissue viability.

"As a result of our research, we can improve surgical

outcomes by early determination of injury progression and be able to determine adequate perfusion in engineered skin constructs. Such assessments would overcome the critical issue of vascularization in bringing therapy to limit burn injury progression and providing the ability to create an unlimited supply of artificial tissue in a global problem of wound care."

Dr. Phillips received his BA in biology from New York University and his MD from Stony Brook. In 2009, after completing two years of surgical training here, he became a research fellow in the Department of Surgery, participating in the Empire Clinical Research Investigator Program.

Following the completion of his current research in June, Dr. Phillips will rejoin surgical training as a third-year resident. He plans to pursue a career in plastic surgery following completion of his general surgery residency.

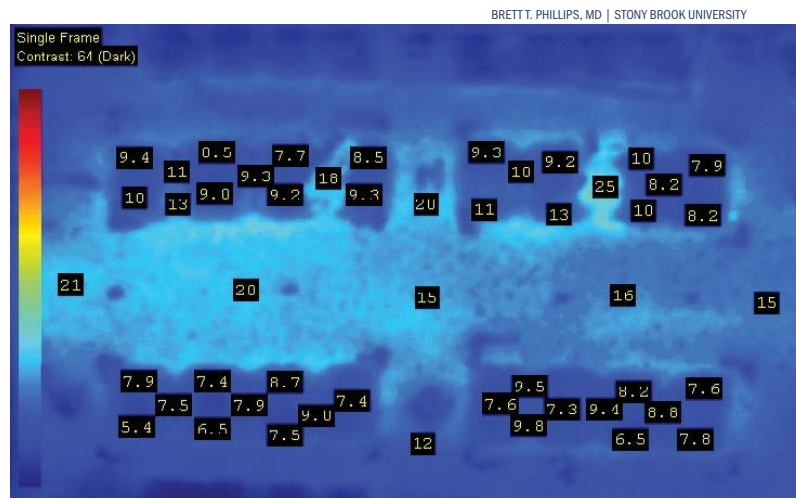


Image of blood flow in study animal.

Testing New Drug Therapy For Leg Varicose Veins

Aiming to Find an Effective Non-Surgical Treatment

Varicose veins affect approximately 20% of the adult population. They are superficial vessels that are abnormally lengthened, twisted, or dilated, and are seen most often on the legs and thighs.

Varicose veins bulge and rise above the skin's surface. They may be uncomfortable and result in swelling of the legs. If left untreated, varicose veins may lead to more serious medical problems, such as phlebitis, inflammation, or leg ulcers.

Our vascular team is currently participating in a multicenter clinical trial of an investigational drug and non-surgical procedure for the treatment of varicose veins. Antonios P. Gasparis, MD, associate professor of surgery and director of the Stony Brook Vein Center, is the principal investigator of the study here.

Varicose veins can be a real medical condition, not just a cosmetic problem, and they call for the best ideas in medicine.

The purpose of this research study is to evaluate the safety and effectiveness of polidocanol endovenous microfoam (PEM) compared to placebo (inactive solution) when used following an FDA-approved heat treatment (standard of care) in subjects with varicose veins.

PEM is a sclerosant, that is, a chemical that causes veins to close. This sclerosant has been made into foam of very small bubbles to create microfoam. Approximately 700 subjects have received PEM in the United States and Europe over the past six years, and its therapeutic promise motivates the current trial.

Men and women between the ages of 18 and 75 with varicose veins may be eligible to enroll in this study. Participants will get the study drug and study-related medical care at no cost, and will also receive compensation for participating in the trial.

Participation in our clinical trials is always completely voluntary, and never interferes with the normal standards for patient care.

Performing Clinical Trials To Advance Patient Care

Our faculty is committed to excellence in research, in order to find new and better treatments for our patients, as part of our commitment to excellence in patient care.

We currently are performing a variety of clinical trials to evaluate the effectiveness of potentially new treatment options related to the surgical specialties represented by our physicians.

Our goal is to give patients the opportunity to participate in approved and exploratory therapies without long-distance travel.

Our clinical trials enable us to use, in addition to established therapies, the newest and most advanced technologies and treatments—long before they are available to other physicians.

Patients participate in our clinical trials only after they receive a complete explanation of their options from their surgeon and surgical team.

For information about current clinical trials in the Department of Surgery, please call our clinical research coordinator Eileen Finnin, RN, at (631) 444-5454.

Selected Clinical Trials Now Being Conducted By Our Faculty Involve These Conditions:

Skin necrosis in breast reconstruction

Studying new minimally invasive imaging technology to measure blood flow and assess tissue viability in skin before reconstructive breast surgery following mastectomy, for best surgical outcome for women.

Coronary artery disease

Studying new short-acting platelet inhibitor to maintain patency of coronary arteries prior to undergoing bypass surgery / Studying drug therapy's ability to help maintain the patency of vein grafts following bypass surgery.

Melanoma

Studying whether removal of all lymph nodes is necessary in patients who have a positive sentinel node.

Deep venous thrombosis (DVT)

Studying new clot-busting treatments to see if they prevent post-thrombotic syndrome and improve quality of life in patients with a blood clot in the leg.

Varicose veins

Studying new non-surgical treatment involving endovenous ablation with sclerosant called polidocanol endovenous microfoam (PEM).

Lower extremity lymphedema

Studying "at home" therapy using pneumatic compression devices.

Wound healing

Studying new gel used topically in the treatment of venous leg ulcers.

Pediatric ear infection

Studying new antibiotic ear solution (drops) used in treating middle ear infections in children with ear tubes.

Crohn's disease

Studying new stem cell therapy for patients with late-stage disease.

Hemorrhoids

Studying new minimally invasive procedure that treats the source of hemorrhoids in order to eliminate them.



Surgical Educator Joins Education Division

Supporting Our Teaching And Training Programs



Dr. Shubha Dathatri

We are very pleased to announce that Shubha Dathatri, PhD, has joined our Education Division as surgical educator. Coming to Stony Brook from the Menlo Park, California-based Center for Technology in Learning at SRI International, Dr. Dathatri brings a range of expertise in curriculum development, evaluation, and assessment to support our programs in both undergraduate and postgraduate medical education.

Dr. Dathatri's recent professional experience includes a three-year position at Stanford University School of Medicine as a research consultant with the Medical Simulation Education Project, where she played a role in evaluating the ways that the use of a human patient simulator impacted the experience of teaching and learning for both medical educators and students.

Here at Stony Brook, Dr. Dathatri works with our faculty and residents, as well as medical students doing their surgical rotations, to assess educational opportunities and experiences.

Dr. Dathatri currently is developing and evaluating curricula in surgical education and surgical skills to support our efforts to establish a core curriculum sequence for surgical residents and medical students on surgical rotations. To that end, she also collaborates with our faculty to develop competency-based rotation-specific goals and objectives in medical and surgical residency education.

Dr. Dathatri is particularly interested in the design of formative and summative measures of assessment and evaluation that enable both learners and educators to examine learning outcomes in the context of specific instructional activities. Her work considers the roles that reflective practice and adaptiveness play in being an effective clinician and educator.

In addition to other functions related to advancing our education programs, Dr. Dathatri works collaboratively with the Office of the Dean and with other departments in the medical school to help improve resident and medical student educational experiences and opportunities.



Announcing The Guy A. Cassara Memorial Scholarship

Long-time Stony Brook employee Guy A. Cassara, R-PAC, MSN, an exceptional physician assistant and member of the Department of Surgery, lost his battle with lung cancer in June. He was 49 years old.



Guy A. Cassara

To honor Guy, his colleagues at Stony Brook University Medical Center have established a memorial scholarship to help physician assistant students who share his commitment to distinguished service.

Guy began his career at Stony Brook in 1988. He was one of the first physician assistants hired in the Department of Emergency Medicine. Guy then transferred to the Department of Surgery where he spent 10 years.

Guy's background as a volunteer firefighter provided him with a special interest in working with the patients who had suffered burn injury.

Throughout his career, Guy was actively involved in clinical research. He was co-investigator on numerous studies focusing on trauma triage, wound healing, and burn injury.

Dr. Dathatri received her PhD in educational psychology in 2008 from Stanford University. Previously, she earned an MA in comparative and international education, with emphasis on developmental psychology, from Columbia University, and an MEd in human development and psychology from Harvard University.

Guy was actively involved in education and served as a clinical mentor for many students from both the School of Nursing and the School of Health Technology and Management.

Given Guy's commitment to education, volunteerism, and clinical care, his colleagues at Stony Brook feel that a memorial scholarship is the best way to honor his memory.

The Guy Cassara Memorial Scholarship will be awarded annually to a physician assistant student who is enrolled in the School of Health Technology and Management at Stony Brook, and who demonstrates through his or her own volunteerism the same passion for clinical care that Guy had.

Donations to the scholarship fund—which are tax-deductible—are welcome. Checks should be made payable to the Stony Brook Foundation with "Guy Cassara" written in the memo portion of the check, and mailed to: Dr. Kevin Watkins, Department of Surgery, Stony Brook University Medical Center, Stony Brook, NY 11794-8191.

For more information, please call trauma nurse coordinator Jane McCormack, RN, at (631) 444-3116.

ALUMNI NEWS

Since the class of 1975 entered the profession of surgery, 196 physicians have completed their residency training in general surgery at Stony Brook. The alumni of this residency program and our other residency (fellowship) programs 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.

2010 Graduating Residents

Name Career Direction

GENERAL SURGERY

Marco Gonzalez, MDPlastic surgery fellowship, Long Island Plastic Surgical Group, Garden City, NY

Albert Kwon, MDColorectal surgery fellowship at Stony Brook U

Mark Melendez, MDPlastic surgery fellowship, Long Island Plastic Surgical Group, Garden City, NY

Daniel Rutigliano, DOPediatric surgery critical care fellowship, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA, followed next year by pediatric surgery fellowship, Montreal Children's Hospital (CHU Sainte-Justine), Montreal, PQ, Canada

Cynthia Salinas, MDCardiothoracic surgery fellowship, Stony Brook U

Alla Zemlyak, MDResearch fellowship (NYS Empire Clinical Research Investigator Program), Stony Brook U

COLORECTAL SURGERY

Salim Amrani, MDPecos Valley Medical Group, Carlsbad Medical Center, Carlsbad, NM

VASCULAR SURGERY

Celso Dias, MDPrivate practice in vascular surgery, Eastern Maine Healthcare Systems, Bangor, ME

CRITICAL CARE

Brian Hall, MDAssistant professorship, Stony Brook U Department of Surgery, in general surgery, critical care, and burns



Our 2010 graduating general surgery residents (from left to right), Drs. Albert Kwon, Mark Melendez, Alla Zemlyak, Cynthia Salinas, Daniel Rutigliano, and Marco Gonzalez, at the graduation banquet held in June at The Watermill in Smithtown, NY.

Dr. Biago Ravo ('84) continues to practice at the Rome American Hospital in Italy. This past March he attended the American Hernia Society's annual educational meeting in Orlando, FL, where he gave a presentation titled "Pure Tissue Inguinal Hernia Repair with Reinforcement of the Transversalis Fascia with a Biological Material: A Five-Year Follow-up." As a resident at Stony Brook, he distinguished himself with publications on his surgical innovations in peer-reviewed journals.

Dr. Michelle Azu ('08) completed her fellowship in breast surgery at Memorial Sloan-Kettering Cancer Center, and is now an assistant professor of surgery in the Division of Surgical Oncology at UMDNJ-Robert Wood

Johnson Medical School, in New Brunswick, NJ. Board certified in surgery in 2009, she practices at the Cancer Institute of New Jersey, and specializes in breast surgery. Her current research interests are in the disparities in breast cancer outcomes, nutrition and cancer epidemiology, and cancer prevention.

Dr. Joshua Rosenthal ('08) has opened his own otolaryngology practice in Huntington, NY.

alum info and submissions

To submit alumni news online and to find current mailing addresses of our alumni, please visit the Department's website at www.StonyBrookSurgery.org
GENERAL SURGERY ALUMNI: Please send your e-mail address—for inclusion in the Alumni Directory—to Jonathan.Cohen@StonyBrook.edu



CMECMECMECMECME

Saturday Seminars

Our Saturday Seminars, co-sponsored with the Department of Medicine, offer continuing medical education (CME) credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 2 AMA PRA Category 1 Credits™.

The seminars—held on the second Saturday of each month, from 8:00 to 10:00 am, at Stony Brook University Medical Center—provide lectures and discussion on topics covering the full range of current surgical concerns.

The focus of each seminar is on what referring physicians need to know about the latest advances in surgery, in terms of the new options available for patients.

For more information, please call (631) 444-2037.

Surgical Grand Rounds

Our Surgical Grand Rounds program offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 1 AMA PRA Category 1 Credit™.

The weekly Surgical Grand Rounds lectures are generally held on Wednesday morning, from 7:00 to 8:00 am, in the Health Sciences Center (level 2, lecture hall 1).

Topics cover the full range of current surgical concerns, focusing on clinical issues of interest to practicing physicians and surgeons. Featured speakers include distinguished visiting professors from the nation's top universities and medical centers.

For more information, please call (631) 444-7875.

Trauma Conference

The Trauma Conference of the Division of General Surgery, Trauma, Surgical Critical Care, and Burns offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 1 AMA PRA Category 1 Credit™.

The weekly conferences are generally held on Friday morning, from 7:00 to 8:00 am, in the Health Sciences Center in the trauma conference room (level 18, room 040).

Topics cover the full range of concerns related to the trauma/critical care environment, including thoracic injuries, ICU administration/billing, and case histories. Presentations are made by attending physicians, as well as other medical professionals.

For more information, please call (631) 444-8330.

Vascular Surgery Conference

The Vascular Surgery Conference of the Division of Vascular Surgery offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 2 AMA PRA Category 1 Credits™.

The weekly conferences are generally held on Wednesday morning, from 8:00 to 10:00 am, in the Health Sciences Center in the surgery department classroom (level 19, room 025).

Topics cover the full range of concerns related to the diagnosis and management of vascular disease, with case presentations. Presentations are made by attending physicians and surgical residents, as well as the director of the non-invasive vascular lab.

For more information, please call (631) 444-2037

Selected Recent Publications

continued from Page 7

Shapiro MJ. Belly pressure: flat is all we know. *Crit Care Med* 2009;37:2310-1.
Singer AJ, Taira BR, Thode HC Jr, McCormack JE, Shapiro M, Aydin A, Lee C. The association between hypothermia, prehospital cooling, and mortality in burn victims. *Acad Emerg Med* 2010;17:456-9.
Stefano GB, Esch T, Bilfinger TV, Kream RM. Proinflammation and preconditioning protection are part of a common nitric oxide mediated process. *Med Sci Monit* 2010;16:RA125-30.
Stergiopoulos K, Seifert F, Brown DL. Thrombus formation after successful stapler exclusion of the left atrial appendage. *J Am Coll Cardiol* 2010;55:379.
Xenos M, Alemu Y, Zamfir D, Einav S, Ricotta JJ, Labropoulos N, Tassiopoulos A, Bluestein D. The effect of angulation in abdominal aortic aneurysms: fluid-structure interaction simulations of idealized geometries. *Med Biol Eng Comput* 2010;48:1175-90.

Xenos M, Rambhia SH, Alemu Y, Einav S, Labropoulos N, Tassiopoulos A, Ricotta JJ, Bluestein D. Patient-based abdominal aortic aneurysm rupture risk prediction with fluid structure interaction modeling. *Ann Biomed Eng* 2010;38:3323-37.
Washko GR, Martinez FJ, Hoffman EA, Loring SH, Estépar RS, Diaz AA, Scuirba FC, Silverman EK, Han MK, Decamp M, Reilly JJ; National Emphysema Treatment Trial Research Group [Shroyer AL, member]. Physiological and computed tomographic predictors of outcome from lung volume reduction surgery. *Am J Respir Crit Care Med* 2010;181:494-500.
Zemlyak A, Moore WH, Bilfinger TV. Comparison of survival after sublobar resections and ablative therapies for stage I non-small cell lung cancer. *J Am Coll Surg* 2010;211:68-72.

ENSURING SAFETY IN THE OPERATING ROOMS

Stony Brook University Medical Center is the first on Long Island to implement new technology in its operating rooms (ORs). The new technology system will help to improve patient safety, efficiency, teamwork, and communication in the ORs.

The system provides real-time information about patients to staff and physicians in the OR during surgeries. Information is displayed on 42-inch flat-panel displays mounted on the walls in 10 new ORs at the hospital.

This information includes patient allergies, lab results and information about blood and tissue collected for analysis, as well as a checklist of steps to be taken before, during, and after surgery.

The system verifies that the correct procedure is being performed on the correct patient at the correct surgical site. During operations, the system also prompts staff when it is time to provide antibiotics and reposition patients to maintain proper circulation.

The OR staff and physicians named it SAFE: Situational Awareness For Everyone. Other hospitals from around the state and nation will be visiting Stony Brook over the next several months to learn more about the system's capabilities.

DIVISION BRIEFS

Breast Surgery

Dr. Brian J. O’Hea, associate professor of surgery, chief of breast surgery, and director of the Carol M. Baldwin Breast Care Center, was again selected for inclusion in the 2010 “Best Doctors” list of *New York Magazine*, and in the new Castle Connolly Guide, *America’s Top Doctors for Cancer*, published in October.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, in October was granted a **tenured full professorship** in recognition of his 21 years of distinguished service at Stony Brook and his continued professional achievements as a physician-scientist.

Recent presentations at national meetings include:

- Severity of emphysema predicts location of lung cancer [authors: Bishawi MM, Moore WH, Baram D, Bilfinger]. American Thoracic Society Conference. New Orleans, LA; May 2010.
- Management of patient with Hughes-Stovin syndrome by lobectomy and bronchial artery embolization [authors: Abota R, Curci N, Bilfinger TV, Gallagher C]. American Society of Anesthesiologists. San Diego, CA; October 2010.

Recent honors include selection for the latest listing of *Newsday’s* “Top Doctors Long Island,” and recognition as “Attending of the Year, Department of Surgery” by 2010 graduates.

Dr. Sandeep Gupta, assistant professor of surgery, has been **trained to perform percutaneous heart valve replacement** for aortic stenosis (replacing a heart valve without surgically opening the chest). Dr. Gupta spent June and July at the world-renowned Leipzig Heart Center in Leipzig, Germany, to gain this required special training.

Although not yet approved by the Food and Drug Administration, the necessary approval is anticipated by 2012, and Dr. Gupta will then start performing the new procedure at Stony Brook.

Dr. Allison J. McLarty, associate professor of surgery and director of thoracic aortic surgery and integrative medicine, continues to develop our leading-edge program in **destination therapy**, an alternative to heart transplant. She is now treating a growing number of patients who have congestive heart failure with implantation of the newly developed left ventricular assist device (LVAD) called HeartMate II.

Last April, Dr. McLarty accomplished the **first permanent LVAD implantation on Long Island**, making headlines for her success with this important new advance in patient care.

The HeartMate II, just approved by the FDA in February 2010 as a permanent implant, consists of a surgi-

cally implanted pump which takes over the work of the heart’s left chamber that’s become severely weakened as a result of congestive heart failure.



HeartMate II: The state-of-the-art LVAD used in our new “destination therapy” program for severe heart failure.

Unlike earlier LVADs that were designed for temporary use, the HeartMate II is for permanent use. This LVAD engineering represents a new generation of “**artificial heart**” technology.

Dr. Todd K. Rosengart, professor and chairman of surgery and chief of cardiothoracic surgery, recently received a shared \$1 million grant from the Lisa and James Cohen Family for five years’ support to help him further his research aimed at developing a **new treatment for coronary disease called biologic bypass**.

For this genetic research program, titled “Studies Using Gene Therapy for the Treatment of Coronary Artery Disease,” Dr. Rosengart is co-principal investigator

with Dr. Ronald G. Crystal, chairman of genetic medicine at Weill Cornell Medical College. The two physician-scientists have a long history of research collaboration related to gene therapy.

Dr. Rosengart was **reappointed chair of the American Heart Association National Surgery and Imaging Study Section**. He will be responsible for guiding and directing the peer-review committee in the review of affiliate career development and project support applications.

Dr. Rosengart was again selected for inclusion in the 2010 “Best Doctors” list of *New York Magazine*, as well as the latest listing of *Newsday’s* “Top Doctors Long Island.”

This coming June, Dr. Rosengart will be honored as **distinguished guest of honor** at the American Heart Association’s “**Heart of the Hamptons**” Gala, to take place in Bridgehampton, NY.

Colon and Rectal Surgery

Dr. Roberto Bergamaschi, professor of surgery and chief of colon and rectal surgery, reports that patients with very low rectal cancer have been referred from outside institutions to our colon and rectal surgery service for second opinion because they were told that their anus would have to be removed. As a result, we learned that we are the **only center on Long Island performing sphincter-saving procedures** such as

intersphincteric resection with coloanal anastomosis or pull-through reconstruction.

Dr. Bergamaschi presented a lecture titled “Laparoscopic Surgery for Diverticulitis” to an audience of well over 1,000 surgeons and other attendees at a plenary session of the Clinical Congress of the American College of Surgeons, held in October in Washington, DC. This lecture demonstrated the stature of Dr. Bergamaschi, who is **world renowned for his expertise in laparoscopic surgery** for colorectal disease.

Dr. Marvin L. Corman, professor of surgery, was a guest lecturer at the Brazilian Congress of Coloproctology held in September in Rio de Janeiro, where he spoke on the following subjects in areas of his expertise:

- Avoiding intraoperative complications in colon surgery
- Management of rectal prolapse
- Management of recurrent colorectal cancer
- Treatment options for anal incontinence

In November, Dr. Corman was a grand rounds speaker in New York at Cornell University and at NY Methodist Hospital, giving lectures titled “**Avoiding the Pitfalls of Anal Fistula Surgery**” and “**Complications of Stomas and Their Management.**”

Dr. Paula I. Denoya, assistant professor of surgery, recently **gained board certification in colon and rectal surgery**. She now performs **anorectal physiology/manometry studies and anorectal ultrasound**.

General Surgery, Trauma, Surgical Critical Care, and Burns

Dr. Jared M. Huston, assistant professor of surgery, in September was **awarded the “Outstanding Recent Graduate” Honor** of the School of Medicine. He was selected for this annual award for demonstrating through professional development, research, and community involvement a desire to make a contribution to and a difference in our society. He received the award during the Distinguished Alumni Awards Ceremony held in conjunction with the White Coat Ceremony in September.

Dr. Huston this past summer was appointed **site director of our third-year medical student clerkship program** at Stony Brook University Hospital.

This winter at national meetings, Dr. Huston presented the following two studies conducted with departmental colleagues:

- 11-Year longitudinal study of 19,169 trauma patients: implications for an aging United States population [authors: Huston JM, Hydo LJ, McCormack LE, Huang E, Wolbrom D, Heleem A, Merriam LT, Shapiro MJ]. Annual Academic Surgical Congress, Society of University Surgeons and the Association for Academic Surgery. Huntington Beach, CA, February 2011.
- 11-Year longitudinal study of 19,169 trauma patients: patterns of utilization within a suburban trauma system [authors: Hall K, Huang E, McCormack JE, Hydo LJ, Shapiro MJ, Huston JM]. Critical Care Congress, Society of Critical Care Medicine. San Diego, CA, January 2011

Dr. Steven Sandoval, assistant professor of surgery and medical director of the Burn

Center, and other members of the Burn Center team took part in the program to celebrate **Burn Center Recognition Day**. Suffolk County volunteer firefighters and elected officials came together here once again to express their gratitude to the physicians, nurses, and staff of the Burn Center for their dedication and skills in caring for burn victims in Suffolk County.

The special event was highlighted by the testimonies of burn victims who shared stories of trauma, survival, and the care they received at the Burn Center.

Dr. Marc J. Shapiro, professor of surgery and anesthesiology, and interim chief of general surgery, trauma, surgical critical care, and burns, in November was **honored by the American College of Surgeons** for serving as an instructor in more than 100 Advanced Trauma Life Support (ATLS) courses. The course is designed to improve the care of trauma patients. Dr. Shapiro received the official certificate of the ATLS 100 Club, which the ATLS Committee initiated this year.

Dr. Shapiro credits the collaborative efforts of the entire trauma team for the recent finding by the New York State Department of Health (DOH) that Stony Brook University Medical Center is one of three trauma centers statewide with the **lowest mortality rate for victims of injury**.

Otolaryngology-Head and Neck Surgery

Dr. Elliot Regenbogen, assistant professor of surgery, in June was **honored by his selection to receive a Cochrane Colloquium Grant**.

The American Academy of Otolaryngology-Head and Neck Surgery annually provides three competitive travel grants to facilitate attendance at the annual Cochrane Colloquium for training in the conduct and publication of systematic literature reviews, with focus on state-of-the-art techniques for producing systematic reviews and meta-analyses.

Dr. David A. Schessel, associate professor surgery, in November was **appointed chief of otolaryngology-head and surgery**. Dr. Schessel had served as acting chief since 2008.

Pediatric Surgery

Dr. Thomas K. Lee, associate professor of surgery and chief of pediatric surgery, in June gave surgical grand rounds at Huntington Hospital. The title of his presentation was “**Pediatric Thoracic Surgery Issues.**”

Dr. Lee in June was elected to serve as the **vice president of the Medical Board** of Stony Brook University Medical Center. The board is the governing body of the hospital’s entire medical staff.

Dr. Lee in September attended the annual fall meeting of the Children’s Oncology Group (COG) in Dallas, TX, as a COG member and “**Responsible Investigator for Sur-**

gery” here at Stony Brook. He was selected to join the surgical section of the COG’s Renal Tumors Committee.

Dr. Lee continues to serve as co-chair of the Practice Committee for CPMP (faculty practice plan), the aim of which is to **improve patient access and experience of patients** navigating through CPMP’s multiple practices.

Dr. Lee proudly reports: “The Practice Committee of CPMP rates all the clinical practices for patient satisfaction, in terms of telephone service, cancellation rate, and so forth. The Department of Surgery is perennially the best!”

“In a recent third-party survey, we had three surgeons ranked as top 10 in the hospital-wide faculty practice, plus three of our front desk staff received awards for their outstanding service during the past year.”

Dr. Richard J. Scriven, associate professor of surgery and director of residency training in general surgery, in September attended the American College of Surgeons’ six-day course titled “**Surgeons as Educators**,” held in Landsdowne, VA.

This intensive course aimed to enhance surgeons’ abilities as teachers and administrators of surgical education programs. With his years of experience as an educator, Dr. Scriven enriched the program, as well as himself.

Also in September, Dr. Scriven was recognized by the American College

of Surgeons for leading our residency program to ranking among the **top five users in the nation** of the ACS web-based curriculum known as SCORE. Since the start of the 2009-10 academic year, we have been using SCORE as the cornerstone of the didactic component of our general surgery residency program.

For his in-depth experience with SCORE, Dr. Scriven was invited to serve as an “**ambassador**” for SCORE, and to speak with program directors, coordinators, and chairs of surgical residency programs considering the use of SCORE. The top five SCORE users were invited to serve in this way to advance the use of this leading-edge didactic technology in surgical education.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, professor of surgery and orthopaedics and chief of plastic and reconstructive surgery, traveled to China this past spring for another mission to **perform pro bono surgery**. It was his sixth mission there. He repaired cleft lips and palates and also burn injuries. He was accompanied by surgical resident Dr. Brett T. Phillips.

Dr. Dagum was again selected for inclusion in the 2010 “Best Doctors” list of *New York Magazine*.

Dr. Jason C. Ganz, assistant professor of surgery, and his team recently gained media attention for **two pioneering hand surgeries**

performed at Stony Brook. In one, the hand of a 29-year-old man was reattached during a 14-hour operation, after it had been severed in a log-splitting accident.

The other case involved a 25-year-old mother of two whose thumb and parts of two fingers on her left hand were severed in a fireworks incident around Halloween last year. Dr. Ganz and the surgical team performed a very rare “toe-to-thumb” transplant (also known as thumb reconstruction using microvascular toe transfer).

Ours is the only medical center in the entire region with the necessary technology and the surgeons who can perform these intricate and challenging surgeries.

Dr. Sami U. Khan, assistant professor of surgery and director of cosmetic surgery, has been **promoted to associate professor of surgery**.

Upper Gastrointestinal and General Oncologic Surgery

Dr. Kevin T. Watkins, chief of upper gastrointestinal and general oncologic surgery, in October was **promoted to associate professor of surgery**.

Dr. Watkins in September made **headlines in *Newsday* for treating a patient who traveled from California**. As the first surgeon in the world to use irreversible electroporation (IRE) to treat cancer of the pancreas, he performed the new minimally invasive procedure on a patient from San José, CA.

After receiving a diagnosis of stage 4 pancreatic cancer, the patient and his family sought out Dr. Watkins.

Called cellular surgery, IRE disrupts the cell membrane and kills cancer cells by using controlled electrical pulses to open microscopic pores in the cells of the targeted area.

Vascular Surgery

Dr. Antonios P. Gasparis, associate professor of surgery and director of the Stony Brook Vein Center, in June became a **collaborating principal investigator** in an NIH-sponsored trial titled “Pharmacomechanical Catheter-Directed Thrombolysis for Acute DVT.”

This study—also known as the **ATTRACT (Acute Venous Thrombosis: Thrombus Removal with Adjunctive Catheter-Directed Thrombolysis) trial**—aims to determine if new clot-busting treatments can safely prevent post-thrombotic syndrome and improve quality of life in patients with a blood clot in the leg. It is a phase 3, open-label, assessor-blinded, multicenter, randomized clinical trial sponsored primarily by the National Heart Lung and Blood Institute.

Dr. Gasparis in October was course director of the **Vein Forum: A Comprehensive Hands-On Course for Practicing Physicians**, sponsored by the American Venous Forum and held in Englewood, NJ. This three-day course follows the resounding success of the Fellows’ Courses in Venous Disease over the last few years and the many requests from practicing clinicians for a similar course.

**Free CME Opportunities
See Page 12**



SMI LEVITAN PHOTOGRAPHY



**STONY BROOK
UNIVERSITY
Physicians**

www.StonyBrookPhysicians.com

The State University of New York at Stony Brook is an equal opportunity/affirmative action educator and employer. This publication can be made available in an alternative format upon request.

Please visit the Department of Surgery website at www.StonyBrookSurgery.org

Stony Brook Surgical Associates

BREAST SURGERY

(631) 638-1000 (tel)
(631) 638-0720 (fax)

Martyn W. Burk, MD, PhD
Patricia A. Farrelly, MD
Brian J. O'Hea, MD
Christine R. Rizk, MD

BURN CARE

(631) 444-4545 (tel)
(631) 444-6176 (fax)

Brian M. Hall, MD
Steven Sandoval, MD
Marc J. Shapiro, MD

CARDIOTHORACIC SURGERY

(631) 444-1820 (tel)
(631) 444-8963 (fax)

Thomas V. Bilfinger, MD, ScD
Sandeep Gupta, MD
Allison J. McLarty, MD
Todd K. Rosengart, MD
Frank C. Seifert, MD

COLON AND RECTAL SURGERY

(631) 638-1000 (tel)
(631) 444-4545 (tel)
(631) 444-6348 (fax)

Roberto Bergamaschi, MD, PhD
Marvin L. Corman, MD
Paula I. Denoya, MD
Arnold R. Leiboff, MD
William B. Smithy, MD

GENERAL SURGERY

(631) 444-4545 (tel)
(631) 444-6176 (fax)

Brian M. Hall, MD
Jared M. Huston, MD
Louis T. Merriam, MD
Michael F. Paccione, MD
Steven Sandoval, MD
Marc J. Shapiro, MD
James A. Vosswinkel, MD

OTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)

(631) 444-4121 (tel)
(631) 444-4189 (fax)

Mark F. Marzouk, MD
Elliot Regenbogen, MD
Ghassan J. Samara, MD
David A. Schessel, MD, PhD
Wasył Szeremeta, MD

PEDIATRIC SURGERY

(631) 444-4545 (tel)
(631) 444-8824 (fax)

Thomas K. Lee, MD
Richard J. Scriven, MD

PLASTIC AND RECONSTRUCTIVE SURGERY

(631) 444-4666 (tel)
(631) 444-4610 (fax)

Duc T. Bui, MD
Alexander B. Dagum, MD
Jason C. Ganz, MD
Mark A. Gelfand, MD
Steven M. Katz, MD
Sami U. Khan, MD

PODIATRIC SURGERY

(631) 444-4545 (tel)
(631) 444-4539 (fax)

Valerie A. Brunetti, DPM
Bernard F. Martin, DPM

TRAUMA/SURGICAL CRITICAL CARE

(631) 444-4545 (tel)
(631) 444-6176 (fax)

Evan R. Geller, MD
Brian M. Hall, MD
Jared M. Huston, MD
Louis T. Merriam, MD
Michael F. Paccione, MD
Steven Sandoval, MD
Marc J. Shapiro, MD
James A. Vosswinkel, MD

UPPER GASTROINTESTINAL AND GENERAL ONCOLOGIC SURGERY

(631) 638-8086 (tel)
(631) 444-8824 (fax)

Philip Q. Bao, MD
Colette R.J. Pameijer, MD
Kevin T. Watkins, MD

VASCULAR SURGERY

(631) 444-4545 (tel)
(631) 444-8824 (fax)

Antonios P. Gasparis, MD
Mazen M. Hashisho, MD
David S. Landau, MD
Apostolos K. Tassiopoulos, MD

OFFICE LOCATIONS

Surgical Care Center
37 Research Way
East Setauket, NY 11733
(631) 444-4545 (tel)
(631) 444-4539 (fax)

**Cancer Center /
Carol M. Baldwin
Breast Care Center**
3 Edmund D. Pellegrino Road
Stony Brook, NY 11794
(631) 638-1000 (tel)
(631) 444-6348 (fax)

**Plastic & Cosmetic
Surgery Center / Vein Center**
24 Research Way, Suite 100
East Setauket, NY 11733
(631) 444-4666 (tel)
(631) 444-4610 (fax)

Smithtown Office
222 Middle Country Road
Suite 209
Smithtown, NY 11787
(631) 444-4545 (tel)
(631) 444-4539 (fax)

Outpatient Services Center
225 West Montauk Highway
Hampton Bays, NY 11946
(631) 723-5000 (tel)
(631) 723-5010 (fax)