

POST-OP

*News update from the
Department of Surgery*

*Stony Brook University
School of Medicine*

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Performing Robotic Colorectal Surgery To Achieve Superior Results

*Using the Latest Technology to Lead
The Way in Patient Care*



Dr. Roberto Bergamaschi with our da Vinci robot in the OR, positioning its arms.
PHOTO: JEANNE NEVILLE

surgical specialties, including urological surgery, cardiothoracic surgery, otolaryngology-head and neck surgery, and general (gastrointestinal) surgery, among others, and it is also advancing minimally invasive surgery in the colorectal field.

Our Colon and Rectal Surgery Division has been providing robotic colorectal surgery with great success, and is a leader in the use of robotic technology.

Roberto Bergamaschi, MD, PhD, professor of surgery and chief of colon and rectal surgery, who is an internationally renowned specialist in laparoscopic surgery, is leading our colorectal robotic surgery program. He has been specially trained and certified to operate with the robot.

The surgeon—not the “robot”—performs the surgery, and is in full control of the robotic system and the procedure.

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Despite the demonstrated advantages of laparoscopic surgery for treating colorectal conditions, some limitations continue to exist and call for improvement.

Robot-assisted colorectal surgery is addressing most of the shortcomings of the standard laparoscopic approach, and the robotic technique has proved its safety profile in both colon and rectal surgery.

Indeed, robotic technology has during the past decade revolutionized minimally invasive surgery in several

Weight Loss Center Earns Top-Level Accreditation for Bariatric Surgery Full Approval as a Comprehensive Bariatric Facility Granted to Stony Brook Medicine

Stony Brook Medicine has been granted full accreditation as a comprehensive bariatric facility by the new Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) of the American College of Surgeons and American Society of Metabolic and Bariatric Surgery.

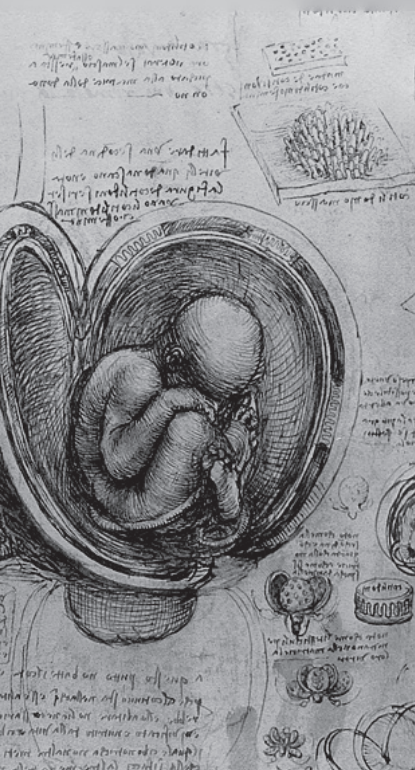
MBSAQIP accreditation demonstrates our Bariatric and Metabolic Weight Loss Center's commitment to delivering the highest-quality care for bariatric surgery patients.



To earn MBSAQIP accreditation, Stony Brook University Hospital met the essential criteria that ensure its ability to support a bariatric surgical care program and measure up to the institutional performance requirements outlined by the MBSAQIP accreditation standards.

Our new MBSAQIP designation is: Comprehensive Center with Adolescent Qualifications.

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Performing Robotic Colorectal Surgery

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The surgeon is in full control of the robotic system, which translates his or her hand movements into smaller, more precise movements of tiny instruments inside the patient's body.

The development of robotic surgical technology took off in the mid-1980s with remote surgery (also known as telesurgery) being the major driving force. Since that time, several robotic devices have been developed. The da Vinci system—the first system approved by the FDA in 2000—is now the only available robotic surgical system worldwide.

Stony Brook Medicine acquired the da Vinci system seven years ago. In fact, our medical center was the first on Long Island to acquire the most technically advanced model of the robot.



The da Vinci robot is about six feet tall and has four spider-like arms.

The first report about robotic colorectal surgery was published in the medical literature in 2002. Since then, the study of robotic colorectal resection as an alternative treatment option for colorectal cancer has been of particular interest.

We provide robotic colorectal surgery for colon cancer, rectal cancer, diverticulitis, and inflammatory bowel disease.

Instead of a large abdominal incision used in open surgery, surgeons using the robotic system make a few small incisions, similar to what's done in traditional laparoscopy. The robotic system features a magnified 3D high-definition vision system and special wristed instruments that bend and rotate far greater than the human wrist.

As a result, the robotic system enables the colorectal surgeon to operate with enhanced vision, precision, dexterity, and control.

Operative experience with the robot is important for the successful performance of robotic colorectal surgery.

Another member of our Colon and Rectal Surgery Division who is skilled at robotic colorectal surgery is Paula I. Denoya, MD, assistant professor of surgery.

We provide robotic colorectal surgery for colon cancer, rectal cancer, diverticulitis, and inflammatory bowel disease (ulcerative colitis and Crohn's disease).

Robotic surgery for rectal cancer provides a radial resection margin larger than the margin laparoscopic or traditional surgery can achieve.

Commenting on the use of robotic colorectal surgery at Stony Brook, Dr. Bergamaschi says: "The robot represents a major advance in colon and rectal surgery that offers patients more benefits of the minimally invasive approach.

"We are the first to have published evidence* that robotic surgery for rectal cancer provides a radial resection margin larger than the margin laparoscopic or traditional surgery can offer. This is very important because radial resection margin is the metric that predicts survival."

For consultations/appointments with our colorectal robotic specialists, please call (631) 444-4545 (Surgical Care Center) or (631) 638-1000 (Cancer Center).

* "The study reports no statistically significant difference from open or laparoscopic techniques in the quality of TME during the learning curve of robotic proctectomy for rectal cancer and demonstrates an improved CRM."

Barnajian M, Pettet D III, Kazi E, Foppa C, Bergamaschi R. "Quality of Total Mesorectal Excision and Depth of Circumferential Resection Margin in Rectal Cancer." *Colorectal Disease* (April 2014).

COLON CANCER SURGERY

Robotic colectomy (removal of all or part of the colon) offers the following potential benefits:

- Precise removal of cancerous tissue
- Low blood loss
- Quick return of bowel function
- Quick return to a normal diet
- Low rate of complications
- Low conversion rate to open surgery
- Short hospital stay
- Better cosmetic result compared to open surgery

RECTAL CANCER SURGERY

Robotic low anterior resection (rectal cancer surgery) offers precise removal of cancerous tissue as well as the following potential benefits when compared to conventional open surgery:

- Less blood loss
- Less pain
- Shorter hospital stay
- Quicker return of bowel function
- Quicker return to a normal diet
- Faster recovery
- Better cosmetic result

When compared to traditional laparoscopy, robotic low anterior resection offers the following potential benefits:

- Lower conversion rate to open surgery
- Fewer major complications
- Shorter hospital stay
- Quicker return to a normal diet
- Quicker return of urinary function
- Quicker return of sexual function

Laparoscopic surgery is now considered by many experts as the approach of choice for the surgical treatment of both benign and malignant colorectal diseases.

Advancing the laparoscopic approach, the robot is gaining acceptance supported by clinical studies, and its use is providing patients more benefits of minimally invasive surgery.

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Editor-in-Chief
Mark A. Talamini, MD

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All correspondence should be sent to:

Dr. Jonathan Cohen
Writer/Editor, POST-OP
Department of Surgery
Stony Brook Medicine
Stony Brook, NY 11794-8191

Jonathan.Cohen@stonybrookmedicine.edu

Permission for use of da Vinci robot photo (page 2) granted by Intuitive Surgical, Inc., Sunnyvale, CA.

Weight Loss Center Earns Top-Level Accreditation for Bariatric Surgery

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PHOTO: JEANNE NEVILLE

Seated from left, Catherine Tупpo, PT, bariatric coordinator; Aurora Pryor, MD, director, bariatric surgery; and Dana Telem, MD, associate director, bariatric surgery. Standing from left, Kaitlyn Roggemann, database manager; Christine Erickson, bariatric administrator; Kartik Gohil, MBBS, bariatric fellow; Kathryn Cottell, RD, dietitian; Darragh Herlihy, NP, bariatric nurse practitioner; Maria Altieri, MD, research fellow; Genna Hymowitz, PhD, psychologist; Renee Browning Goss, pre-certification specialist; Jennifer Rosenstein, RN, clinical nurse specialist, 9 North; and Donna Hoffman, RN, nurse manager, 9 North.

Accredited bariatric surgery centers provide both the hospital resources necessary for optimal care of morbidly obese patients and the support and resources necessary to address the entire spectrum of care and needs of bariatric patients, both pre- and post-operatively.

“We are very pleased to receive accreditation from the American College of Surgeons,” says Aurora D. Pryor, MD, professor of surgery, chief of general surgery, and director of the Stony Brook Bariatric and Metabolic Weight Loss Center. “They were very impressed with our entire staff and the Stony Brook facilities. Our group should be commended for their team effort and attention to detail as acknowledged by the surveyor.”

Stony Brook Medicine received the highest level of accreditation possible, and is authorized to treat the most complex bariatric patients here.

Dr. Pryor emphasizes, “Accreditation is an important way for patients to verify that a practice has access to all the key resources necessary for optimal care, and we are proud to be acknowledged here for our excellence at Stony Brook Medicine.”

Concerning bariatric surgery for children, Dr. Pryor says: “There is now no official lower age limit for surgery. We will assess each patient individually with our multidisciplinary team of pediatric, nutrition, psychology, and surgical specialists to make individualized treatment recommendations.”

MBSAQIP is administered by the American College of Surgeons. In 2012, the college and the American Society of Metabolic and Bariatric Surgery announced plans to combine their respective national bariatric surgery accreditation programs into a single unified program to achieve one national accreditation standard for bariatric surgery centers.

This joint effort resulted in MBSAQIP, which is designed to achieve a single national accreditation standard for all bariatric surgery programs.

MBSAQIP accreditation is an important way to verify that a hospital has everything needed for optimal care of bariatric surgery patients.

MBSAQIP accreditation is awarded in categories, each with its own criteria that must be met. Facilities undergo a site visit by an experienced bariatric surgeon, who reviews the facilities’ structure, process, and data quality. Because optimal surgical care requires documentation using reliable outcomes measures, accredited bariatric surgery centers are required to report their outcomes data to the MBSAQIP Data Registry Platform.

In the United States, more than 15 million people suffer from severe obesity, and the numbers continue to increase. Obesity increases the risks of morbidity and mortality because of the diseases and conditions that are commonly associated with it, such as type 2 diabetes, hypertension, and cardiovascular disease, among other health risks. At present, weight loss surgery provides the only effective, lasting relief from severe obesity.

Therefore, the American College of Surgeons believes it is of utmost importance to extend its quality initiatives to accrediting bariatric surgery centers so that it can assist the public in identifying those facilities that provide optimal surgical care for patients who undergo this surgical procedure.

The American College of Surgeons is a scientific and educational association of surgeons that was founded in 1913 to raise the standards of surgical education and practice, and to improve the quality of care for the surgical patient. Its achievements have

placed it at the forefront of American surgery, and have made the college an important advocate for all surgical patients. With more than 79,000 members, the college is the largest organization of surgeons in the world.

The American Society of Metabolic and Bariatric Surgery is the largest organization for metabolic and bariatric surgeons in the world. It is a not-for-profit organization that works to advance the art and science of metabolic and bariatric surgery, and is committed to educating medical professionals and the lay public about metabolic and bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits.

The society encourages its members to investigate and discover new advances in metabolic and bariatric surgery while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients.

For more information about the Stony Brook Bariatric and Metabolic Weight Loss Center, please call Christine Erickson, bariatric administrator, at (631) 444-BARI (2274).

The Stony Brook Bariatric and Metabolic Weight Loss Center Provides ...

- Comprehensive multidisciplinary care for both adults and children
- Full accreditation as a comprehensive center
- Individualized treatment plans
- Nationally renowned bariatric surgeons
- Minimally invasive weight loss procedures
- Customized patient-centered hospital rooms
- Psychological support before and after
- Post-op support group
- Dietary guidance from nutritionists
- Patient liaisons to assist with all needs
- Record of successful outcomes

Introducing New Faculty

We are very pleased to announce that the following physicians have joined our faculty:



Caitlin A. Halbert, DO
General & Bariatric Surgeon

Title
Instructor in Surgery

Board Certification
Eligible in Surgery

Training
Medical School
Philadelphia College of
Osteopathic Medicine (2009)
Residency Training
General Surgery, Christiana
Care Health System

Clinical Interests/Expertise

- Minimally invasive surgery
- Dysphagia (difficulty swallowing)
- Esophageal conditions and diseases
- Gallbladder disease
- Gastroesophageal reflux disease (GERD)
- Hernias
- Obesity
- Spleen disease
- Other abdominal conditions

Additional
Member, American College of Surgeons, Society of American Gastrointestinal and Endoscopic Surgeons.



Melissa M. Mortensen, MD
Laryngologist/ENT Surgeon

Title
Assistant Professor of Surgery

Board Certification
Otolaryngology

Training
Medical School
SUNY Upstate Medical
University (2002)
Residency Training
Otolaryngology, Mount Sinai
Medical Center
Fellowship Training
Laryngology, Mount Sinai
Medical Center

Clinical Interests/Expertise

- Full range of ear, nose, and throat (ENT) care for both adult and pediatric patients
- Voice disorders
- Swallowing disorders
- Medialization thyroplasty
- Arytenoid adduction
- Injection laryngoplasty
- Transnasal esophagoscopy
- Videostroboscopy
- Minimally invasive head and neck procedures
- General ENT and allergy consultations

Additional
Author of 15 peer-reviewed articles. Member, American Academy of Otolaryngology-Head and Neck Surgery, American Broncho-Esophageal Association, and American Laryngological Association.



Angela A. Kokkosis, MD
Vascular Surgeon

Title
Assistant Professor of Surgery

Board Certification
Eligible in Vascular Surgery

Training
Medical School
Stony Brook University (2009)
Residency Training
Vascular Surgery, Mount Sinai
Medical Center

Clinical Interests/Expertise

- All areas of arterial and venous surgery
- Open and minimally invasive endovascular management of all arterial conditions
- All aspects of complex venous disease, including treatment of acute DVT with thrombolysis, pelvic congestion syndrome, and vascular malformations
- Minimally invasive treatment of varicose veins and spider veins (venous ablation and sclerotherapy)
- All aspects of hemodialysis access creation and maintenance
- Lower extremity limb salvage

Additional
Registered physician in vascular interpretation (RPVI). Author of eight peer-reviewed articles. Member, International Society of Vascular Surgery, Peripheral Society of Vascular Surgery, and Society for Vascular Surgery.

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* The names of faculty authors appear in boldface.

Open Heart Surgery Performed On Mother 27 Weeks Pregnant

Heart Tumor Threatens Mother and Baby, Quick Decisions by Our Team Save Both



PHOTO: JOHN GRIFFIN

Being tired a lot during her second trimester of pregnancy was something that 25-year-old Sharon Savino had felt before being pregnant with her son and daughter. But after developing a bad cough around Christmas, she started coughing up blood, and knew something was very wrong.

Ms. Savino went to a nearby community hospital where doctors gave her medication for bronchitis, but could not say why the blood had appeared. When more blood was coughed up, she became very concerned for her unborn child, and came to her obstetricians at Stony Brook University Hospital, where tests revealed she had an egg-sized tumor on the left side of her heart.

“I couldn’t believe it,” Ms. Savino told a reporter from the *New York Daily News* during an interview at Stony Brook University Hospital. “I just never expected I would hear that, especially when I’m so young. I was shocked.”

Ms. Savino’s tumor, an atrial myxoma, presented a serious and immediate health threat, James R. Taylor Jr., MD, professor of surgery and chief of cardiothoracic surgery, and co-director, Stony Brook University Heart Institute, told the *Daily News*.

The tumor could have obstructed her mitral valve at any time, causing sudden death. Segments of the tumor could have also broken free and traveled within the blood stream, leading

Sharon Savino and her family reunite with Dr. James R. Taylor Jr. (left), who removed the tumor from her heart, saving her life and her baby’s, and the OB team, Drs. Gerald Quirk and Ruth Wei, who monitored her baby during the entire surgery.

to organ damage or stroke. “It’s not a malignant tumor—not invading,” Dr. Taylor said during the interview. “But because of its size it causes problems inside the heart. Something needed to be done during that hospital visit.” A decision needed to be made: perform open heart surgery on the pregnant mother to remove the tumor, or deliver the baby preterm and wait until the mother healed from her cesarean section before doing heart surgery.

The team, led by Dr. Taylor, decided the tumor was too dangerous to wait, and Ms. Savino underwent open heart surgery in January while her baby boy remained in utero.

Only 17 similar cases are currently found in the entire medical literature.

This type of open heart surgery is not unusual, but performing it on a pregnant woman is rare and came with some risks. The medical literature includes only 17 cases like it in the world. During the surgery, one of the biggest risks came with using a heart-lung bypass machine, which could impair blood supply to the fetus, making the baby’s heart rate drop rapidly. In some cases, that stress could induce labor.

Dr. Taylor and his team tried to reduce the amount of time Ms. Savino was on the machine and that her heart was stopped all together during the surgery. Most atrial myxoma patients spend about 45 minutes on the heart-lung machine and 25 to 30 minutes with the heart stopped during surgery.

Dr. Taylor was able to reduce the patient’s time on the machine to 18 minutes with her heart arrested for only 12. During the surgery, the baby was monitored closely by J. Gerald Quirk, MD, PhD, professor of obstetrics, gynecology & reproductive medicine, and a team from the Neonatal Intensive Care Unit who were on stand by if Ms. Savino went into labor. The surgery went off without a hitch, and Ms. Savino remained in the hospital for a week after it while she was monitored for signs of preterm labor. She spent the remaining two months at home before delivering baby Maximus via a C-section on April 2.

“After Maximus was born, I thought, ‘I can’t believe I made it,’” Ms. Savino told the *Daily News*. “He’s healthy, and I’m still going.”

The baby, weighing 7 pounds, 3 ounces, was welcomed by his father, Russell Daniels, and siblings, Russell Jr., 4, and Shallyssa, 2.

Ms. Savino won’t ever forget what she went through to bring this baby into the world, and named him Maximus because, she said, he was a fighter from the beginning.

Bride-to-Be Travels across Country For Minimally Invasive Gland Surgery

Following Outpatient Salivary Endoscopy Wedding Goes as Planned, Pain-Free

Tina Truglia had experienced excruciating pain in her jaw for nearly a decade and was misdiagnosed with everything from mumps to mono. Eager to have her upcoming wedding free of pain, Ms. Truglia flew from Flagstaff, AZ, to Long Island in mid-February, trading in a June week of bridal festivities, including her bachelorette party, for an appointment with Mark F. Marzouk, MD, assistant professor of surgery and member of our Otolaryngology-Head and Neck Surgery Division.

Ms. Truglia had been told by former doctors that she needed an operation to remove her salivary gland, something this 32-year-old bride-to-be did not want to do so close to her upcoming nuptials.



Dr. Mark F. Marzouk at post-op appointment with patient Tina Truglia who had salivary gland stones removed two days prior.
PHOTO: TINA TRUGLIA

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.

The conventional “open” operation also carries with it the potential complications of scarring, wound infection, and facial nerve injury.

Leaving the stones untreated would have left Ms. Truglia at risk for severe and repeated in-

fections. With her wedding just months away, she turned to the web and searched for another solution.

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

What and who she found was only 15 minutes away from the home she grew up in in Farmingville, NY.

During her appointment with Dr. Marzouk, he correctly diagnosed Ms. Truglia with five salivary duct stones, the size of baby teeth, embedded in her gland.

Ms. Truglia had a salivary endoscopy, the new minimally invasive salivary gland procedure that can be used for both diagnosis and treatment at Stony Brook University Hospital. This procedure is performed by only a few surgeons in the United States.

The patient was in and out of surgery within 25 minutes. She had all five stones removed by Dr. Marzouk during the endoscopy procedure. And following her post-op visit two days later, she returned to Arizona.

In 2010, soon after Dr. Marzouk joined our faculty, he performed the first salivary endoscopy ever done on Long Island. This 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 glands for which salivary endoscopy is done. It affects approximately 12 in 1,000 adults. Symptoms include pain, intermittent swelling of the glands, and possibly severe infection.

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

Salivary endoscopy is a minimally invasive procedure. It allows for salivary gland surgery in a safe and effective way, and is done on an outpatient basis. Originally developed in Switzerland, salivary endoscopy is truly one of the most fascinating and patient-centered innovations introduced in recent years in the field of otolaryngology-head and neck surgery.

Since Dr. Marzouk started performing salivary endoscopy at Stony Brook, he has attracted numerous patients from around the world, who travel to be cared for by him, in order to obtain the relief they seek without having a conventional operation.

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

Treating Patients From Afar

In May, Dr. Marzouk treated another patient from afar with a salivary gland stone—five times larger than the stones found in Ms. Truglia. The single stone, in fact, was nearly three-quarters of an inch in diameter. The gentleman couldn’t find the care he needed in Florida where he lives, and for six years he looked for a solution there.

Internet research led him to Dr. Marzouk, so he traveled to Long Island for treatment at Stony Brook. Doctors in his home state had told him they were unable to remove the stone without removing the entire salivary gland (parotid) on the inside of his cheek. That would have left him with a problematic dry mouth.

Dr. Marzouk used salivary endoscopy technology to guide his successful “open” operation to remove the stone and preserve the gland. He utilized the scope’s light to pinpoint the location of the stone, shining it through the skin and seeing the stone on the video screen. The scope also helped him to determine there were no other stones.

This technique enabled Dr. Marzouk to remove the stone without risking damage to the patient’s facial nerve that runs through the affected gland, effectively avoiding risk of facial paralysis.

Selected 2014 Publications

Continued from Page 4

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Providing Long Island's First Non-Surgical Treatment for Varicose Leg Veins

New Drug Therapy Improves Symptoms And Appearance of Visible Varicosities

Varicose veins affect over 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. Women are twice as likely as men to develop varicosities.



Dr. Antonios P. Gasparis

Varicose veins bulge and rise above the skin's surface. They may often 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.

Now, our vascular specialists are providing a non-surgical treatment that involves the injection of a foam drug; specifically, polidocanol endovenous microfoam (PEM; Varithena).

PEM injection requires no anesthesia or sedation, and is the most minimally invasive treatment option for varicose veins. The treatment only requires an ultrasound machine

and standard medical supplies, in addition to the foam solution.

Varicose leg veins can be more than simply a cosmetic problem but a medical condition for which treatment is covered by most insurance.

This advance in the treatment of varicose veins is the result of a successful research effort that involved multicenter clinical trials in which the principal investigator at Stony Brook Medicine was Antonios P. Gasparis, MD, professor of surgery (Vascular Surgery Division) and director of the Stony Brook Vein Center.

Results of the U.S. phase 3 trial of PEM in 2012 showed a high degree of statistical significance.

PEM is the first and only foam drug approved by the FDA for the treatment of incompetent veins and visible varicosities of the great saphenous vein (GSV) system.

"Varithena sets a new standard for the treatment of both the symptoms and the appearance of varicose veins," says Dr. Gasparis. "It provides comprehensive therapy for the widest range of varicose veins—incompetent GSV, accessory saphenous veins, and visible varicosities of the GSV system both above and below the knee."

"Patients undergoing treatment with Varithena can return to normal activities and work following administration of the drug."

Patients are encouraged to walk/mobilize the same day with minimal restrictions. The only restrictions post-treat-

ment are to wear compression stockings for two weeks and to avoid heavy exercise for one week and extended periods of inactivity for one month.

PEM is a sclerosant, that is, a chemical (drug) that causes veins to close. This sclerosant has been made into foam of very small bubbles to create microfoam.

PEM is intended to act as follows: (1) the foam displaces blood from the vein to be treated and (2) the polidocanol then scleroses the endothelium (inner lining of vein).

Patients with varicose leg veins treated with PEM can return to normal activities and work following administration of the foam.

Varicose veins often require treatment for symptoms including leg pain, aching, heaviness, restless legs, cramps, throbbing, fatigue, itchiness, tingling, and edema. These symptoms are frequently the cause of absenteeism from work, disability, and decreased quality of life.

Varicose veins are a clinical presentation of superficial venous insufficiency—a condition in which veins are inefficient in returning blood to the heart because of venous hypertension. One-way valves that normally direct blood toward the heart are damaged or missing, and instead, some blood refluxes (moves in the opposite direction) and often pools in the vein.

Current treatments for varicose veins include thermal ablation and surgery, both of which are excellent options



Leg of patient who was enrolled in the Varithena trial at the Stony Brook Vein Center, before (left) and after treatment. PHOTO: STONY BROOK VEIN CENTER

with proven long-term results. PEM provides an effective alternative that should appeal to patients who are candidates. It was approved by the FDA in November 2013.

For a consultation/appointment with one of our vascular specialists to learn more about PEM and/or for a free varicose vein screening, please call (631) 444-VEIN (8346).

"Polidocanol endovenous microfoam provided clinically meaningful benefit in treating symptoms and appearance in patients with varicose veins. Polidocanol endovenous microfoam was an effective and comprehensive minimally invasive treatment for patients with a broad spectrum of vein disease (clinical, etiology, anatomy, pathophysiology clinical class C2 to C6) and great saphenous vein diameters ranging from 3.1 to 19.4 mm. Treatment with polidocanol endovenous microfoam was associated with mild or moderate manageable side effects."

"The VANISH-2 Study: A Randomized, Blinded, Multicenter Study to Evaluate the Efficacy and Safety of Polidocanol Endovenous Microfoam 0.5% and 1.0% Compared with Placebo for the Treatment of Saphenofemoral Junction Incompetence." *Phlebology* (July 2013).

Fifth Annual Research Day Celebrates Our Discoveries

The Department of Surgery's Fifth Annual Research Day took place in June at the Charles B. Wang Center on west campus of Stony Brook University.

Can Intraoperative Indocyanine Green Angiography Predict Fat Necrosis in Free-Flap Breast Reconstruction?

HA Levites, NA Trasolini, MS Fourman, RP Gersch, BT Phillips, SU Khan, MA Gelfand, DT Bui
Stony Brook University, Department of Surgery, Division of Plastic and Reconstructive Surgery, Stony Brook, NY 11794

Background

Failure of a free tissue flap in post-mastectomy breast reconstruction can result in significant patient morbidity and emotional distress. In a study of 609 free flaps, 107 latissimus flaps and 1608 pedicled TRAM flaps, flap failure was noted in 8.3%, 1.38% and 3.4% of cases, respectively [1].

The mechanism of flap failure can be either inadequate arterial perfusion or excessive venous congestion, both of which can lead to fat necrosis of the reconstructed breast [2]. Historically, these vascular abnormalities have been diagnosed by post-operative clinical examination. With the advent of indocyanine green (ICG) angiography, there is potential for an intraoperative assessment of free tissue flap viability [3-4]. When ICG is injected intravenously, the signal intensity follows the repeatable trajectory depicted in Figure 1.

Figure 1: Average signal intensity over the region of the tissue flap versus time for a flap that developed necrosis (red) and one that remained healthy (blue).

While absolute ICG signal intensity varies based on the positioning of the camera, rate of change of the signal intensity does not. Therefore, retrospective comparisons of perfusion rate can be made without correcting for camera position.

This study was designed to determine if the rate of perfusion of the flap can be used to predict the development of fat necrosis.

Hypothesis

- The rate of change of the ICG signal intensity, a corollary of tissue perfusion, will be significantly slower in tissue flaps subsequently developing fat necrosis.

Methods

- 26 indocyanine green (ICG) angiograms taken between Jan. 2011-Apr. 2014 were obtained with IRB approval.
- 13 were taken of deep inferior epigastric perforator (DIEP) free flaps; 13 were taken of muscle sparing transverse rectus abdominis myocutaneous (TRAM) free flaps. None of the flaps underwent supplemental venous drainage procedures.
- Each angiogram was analyzed with a custom MATLAB program (MathWorks, Natick, MA). The program analyzed the intensity of ICG fluorescence in the flap for each frame of the angiogram video.

Figure 2: Perfusion rate (1/s), 1/s of a healthy flap and a flap that became necrotic.

- A color interface allowed for a region of interest to be drawn on the angiogram, so that the area of the tissue flap was selectively analyzed.
- Perfusion rate was calculated using Microsoft Excel (Microsoft, Redmond, WA).
- Patients were divided into two outcome groups: healthy flaps (N=20) and flaps that developed fat necrosis (N=6).

Results

Of the 26 free flaps, 6 eventually developed fat necrosis (2 DIEP flaps, 3 muscle sparing TRAM flaps). In the group without necrosis, the perfusion rate was 8.75±6.45 units/second. The necrosis group had significantly slower perfusion rate (2.04±2.69 units/second, p=0.0047).

Figure 3: Perfusion rate (mean standard deviation) for the fat necrosis group (red) and the healthy group (blue). * indicates p<0.05.

Discussion/Conclusion

- Free tissue flaps that subsequently develop fat necrosis have a slower rate of increase in signal intensity during intraoperative ICG angiography.
- 6 flaps passed clinical assessment but still went on to develop fat necrosis.
- By studying the rate change of signal intensity, we were able to elucidate statistically significant differences between the successful and unsuccessful free tissue flaps.
- Using this technique, clinicians can assess the risk for flap failure in both DIEP and muscle sparing TRAM free flap breast reconstructions with greater sensitivity.

Future Direction

- Future work will test the predictive value of the perfusion rate in a prospective study with a larger sample size.
- Future work will analyze peak flap perfusion with a standardized camera positioning protocol to control for variation in absolute signal intensity.
- ICG dye washout rate will be assessed by taking a longer exposure of ICG angiographic videos. This will further characterize the circulatory function of the flap.

Further Readings/Citations

- Garb S, Simonsen J, Hwang P, Fine N, Bales R, Khan SA, Wang E, Kim JY. Autonomy system for postoperative breast reconstruction: a comparison of outcomes based on the American College of Surgeons National Surgical Quality Improvement Program. *J Am Coll Surg* 2014;219:226-30.
- Fourman MS, Nasser A, Mathias M, Phillips BT, Gersch R, Gelfand M, Bui DT. Intraoperative green angiography predicts flap venous congestion within one minute of occlusion in rat models. *Plast Reconstr Surg* 2013;131:1030-35.
- Green JM, Shi T, Thomas S, Salmo A, Hsuert N, Bales R, Gelfand M, Gersch R. Use of intraoperative fluorescent angiography to assess and optimize free tissue transfer in breast and head and neck reconstruction. *J Clin Oncol* 2010;28:111-15.
- Phillips BT, Lauer ST, Corning N, Wang ED, Dagher AB, Gelfand M, Khan SU, Bui DT. Intraoperative perfusion techniques can accurately predict mastectomy flap necrosis in breast reconstruction: results of a prospective trial. *Plast Reconstr Surg* 2012;129:776-80.

Winner of poster competition, from Division of Plastic and Reconstructive Surgery.

department—to foster research, and Research Day shows our commitment to advancing scientific knowledge in order to improve patient care and population health.”

All categorical residents in our general surgery residency program are required to conduct at least one research project each year, and to present their studies at the Research Day program.

All of our residency programs are committed to training physician-scientists who can both practice and advance surgery in their careers after they graduate from Stony Brook.

Next year's Research Day will take place on Thursday, June 4, 2015, at the Wang Center. For more information, please call (631) 444-7875.

Established in 2010, Research Day is an opportunity for our residents as well as our faculty and medical students to present their surgical research. The focus of the program is moving the science of surgery forward.

The Research Day program offers continuing medical education (CME) credit; this activity is designated for a maximum of 3.5 AMA PRA Category 1 Credits™.

This year's program was another great success, as the event continues to grow, with more research presentations.

The morning forum showcased ongoing and completed research projects by way of oral platform presentations, as well as a poster competition by our residents, medical students, and faculty.

“Stony Brook Medicine is geared for making research happen,” said Mark A. Talamini, MD, professor and chairman of surgery, in his opening remarks at the program. “Our Research Day celebrates our discoveries. Not only that, it demonstrates a truly impressive

breadth of interests and research capabilities for our department.”

The program included nearly 50 posters presenting study abstracts, plus five oral presentations moderated by faculty discussants, and it attracted more than a hundred attendees from Stony Brook Medicine and the University community.

The keynote speaker was F. Charles Brunicaudi, MD, vice chair of the Department of Surgery at the University of California, Los Angeles. He is Moss Foundation chair of gastrointestinal and personalized surgery and chief of general surgery at UCLA Medical Center.

Dr. Brunicaudi's talk, “Patient-Based Leadership Training and Personalized Surgery,” addressed the need for leadership training for surgical residents, and why surgeons who must function as leaders will benefit.

Discussing his own research, Dr. Brunicaudi talked about personalized genomic medicine and surgery, which represents a new approach to healthcare that customizes patients' medical treatment according to their own genetic information.

A. Laurie W. Shroyer, PhD, MSHA, professor of surgery and vice chair for research, who oversees Research Day, said that “it takes a village—an entire



2014 RESEARCH DAY POSTERS

Here are the titles/authors of the posters exhibited at this year's Research Day. Together, they demonstrate the range of research activity within the Department, and the impressive productivity of our residents and students:

- **Amyand's hernia after nonoperative treatment of perforated appendicitis** | Kim P, Adamo A, DeMuro J.
- **Assessment of voice quality and extra-esophageal reflux pre- & post-bariatric surgery** | O'Brien S, Telem DA, Pryor AD, Altieri MS, Regenbogen E.
- **Bilateral juvenile gigantomastia in a 13-year-old girl: a brief report** | Peredo AL, Virvilis D, Lee TK, Khan SU.
- **Can intraoperative indocyanine green angiography predict fat necrosis in free flap breast reconstruction?** | Levites H [third-year medical student], Trasolini NA, Fourman MS, Gersch RP, Phillips BT, Khan SU, Gelfand MA, DT Bui. **Winner of poster competition.** *Ms. Levites will receive the expenses to attend a scientific meeting where she can present her study.*
- **Characterization of acute venous congestion in a rat model using ICG angiography** | Nasser AE, Fourman MS, Gersch RP, Hsi H, Phillips BT, Dagum AB, Khan SU, Gelfand MA, Bui DT.
- **Chondrosarcoma of the chest wall** | Chiu J, DeMuro J.
- **Coil embolization of an aortic pseudo-aneurysm post open repair of type A aortic dissection** | Jain V, Gruberg L, Bilfinger TV, Tassiopoulos AK, Loh SA.
- **Creation of gastric conduit free-graft with intraoperative perfusion imaging during pancreaticoduodenectomy in a patient post esophagectomy** | Virvilis D, Pagkratis S, Phillips BT, Bao PQ, Khan SU, Ganz JC, Watkins KT.
- **CT scan is helpful for internal hernia detection following weight loss surgery** | Altieri MS, Telem DA, Hall K, Zawin M, Dubrovski G, Brathwaite CE, Pryor AD.
- **Dearterialization vs hemorrhoidectomy: a 3-year follow-up of a randomized controlled trial** | Tam J, Denoya PI, Bergamaschi R.
- **Early unplanned hospital readmission following acute traumatic injury** | Copertino LM, Jawa RS, McCormack JE, Rutigliano D, Huang EC, Shapiro MJ, Vosswinkel JA.
- **Effect of aprepitant (Emend) in postoperative nausea and vomiting in morbidly obese patients undergoing laparoscopic sleeve gastrectomy: cost and effectiveness** | Rubano JA, Orioles C, Gohil KN, Gracia GJ, Telem DA, Pryor AD.
- **Emerging technologies and procedures: results of an online survey and real-time poll** | Verma R, Eid G, Ali M, Saber A, Pryor AD.
- **Examining coronary artery bypass grafting outcomes of multi-institutional cardiac surgeons: should the regionalization of CABG services be revisited?** | Bilfinger TV, Shroyer AL, Taylor JR Jr, Gioia W, Bishawi M.
- **First in man experience with the ReVive PV peripheral thrombectomy device for the revascularization of below-the-knee embolic occlusions** | Margolis J, Landau DS, Moomey C, Fiorella D.
- **Frequency and time of reintervention following Heller myotomy** | Chantachote C, Telem DA.
- **Impact of rectal mobilization, fixation to sacrum and access on recurrence rates following rectopexy for full-thickness rectal prolapse: a pooled analysis of 532 patients** | Bishawi M, Foppa C, Bergamaschi R, for the Rectal Prolapse Recurrence Study Group.
- **Institutional experience with the ReVive PV peripheral thrombectomy device for the revascularization of below-the knee embolic occlusions** | Monastiriotes S, Loh SA, Tassiopoulos AK.
- **Intravascular leiomyomatosis: a systematic review of the literature** | Terrana LM, Labropoulos N, Gasparis AP, Tassiopoulos AK, Loh SA.
- **Long-term mortality rates normalize to the general population following bariatric surgery in New York State** | Altieri MS, Pryor AD, Yang J, Zhang Q, Shroyer AL, Telem DA.
- **Management of intraluminal thrombus in the non-diseased aorta** | Jain V, Koullias G, Tassiopoulos AK, Zawin M.
- **Omega-3 fatty acid supplementation as an adjunct to bariatric surgery in the obese patient** | Lacayo-Baez MJ, Altieri MS, Gohil KN, Telem DA, Pryor AD.
- **Optimal pain control after open pancreaticoduodenectomy** | Pagkratis S, Moller D, Watkins KT, Mazirka P, Bao PQ.
- **Pancreatic duct-to- β -cell transdifferentiation represents the most likely source of new beta cells during post-natal growth and regeneration** | El-Gohary Y, Tulachan S, Guo P, Xiao X, Wiersch J, Gaffar I, Prasad K, Shiota C, Gittes G.
- **Pathologic predictors of complete remapse after neoadjuvant chemotherapy for breast cancer** | Ahn S, Piotrowski J, O'Hea BJ.
- **Perioperative VTE rates in normal weight versus morbidly obese surgical patients** | Wang L [second-year medical student], Pryor AD, Romeiser JL, Altieri, MS, Talamini MA, Telem DA. **Semi-finalist in poster competition.**
- **Postoperative infections in tissue expander based breast reconstruction** | Klein G, Nasser AE, Landford W, Bui DT, Dagum AB, Ganz JC, Gelfand MA, Huston TL, Khan SU.
- **Quantitative analysis of nipple areola complex tattoo fade patterns: a prospective study** | Levites HA, Lyubchik A, Trasolini NA, Fromm IM, Fourman MS, Phillips BT, Khan SU, Dagum AB, Bui DT.
- **Repair, replacement or Ross procedure: developing and algorithm for valve selection for adults with aortic stenosis and/or regurgitation** | Koudoumas D, Iliopoulos D, Yacoub M, Khalpey Z.
- **Review of tertiary center outcome: laparoscopic vs open pancreatectomy** | Em M, Bao PQ.
- **Robot-assisted sialolithotomy with sialoendoscopy: a novel approach to management of large submandibular gland stones** | Razavi C, Pascheles C, Samara GJ, Marzouk MF. **Semi-finalist in poster competition.**
- **Role of ALT flaps in foot reconstruction** | Gulamhusein T, Gelfand MA, Bui DT.
- **Roux-en-Y gastric bypass (RYGB) in a severely type 2 diabetic rodent model** | Lau R, Brathwaite CE, Rideout D, Hall K, Radin M, Ragolia L.
- **Secondary appendicitis in the setting of colonic inflammation** | Hartendorp P, DeMuro J.
- **Single shot thoracic epidural: an aid to earlier discharge for pediatric laparoscopic cholecystectomy** | Hsieh L, Tan JM, Gruffi C, Grewal S, Scriven RJ, Seidman PA, Lee TK.
- **siRNA delivery by mesenchymal stem cells as a therapy for colorectal cancer** | Gersch RP, Gordon C, You K, Want HZ, Brink P, Bergamaschi R.
- **Sizes of abdominal aortic aneurysms being repaired: a review of the surgical literature** | Kelly B, Svestka M, Labropoulos N, Tassiopoulos AK.
- **Sternal wound reconstruction with pectoral, omental, and falciform flaps for poststernotomy mediastinitis: a case report** | Kaymakcalan O, Levites H, Phillips BT, Dagum AB.
- **The effect of sleeve gastrectomy on extraesophageal reflux disease** | Frenkel C, Telem DA, Pryor AD, Talamini MA, Altieri MS, Shroyer KR, Korman M, Regenbogen E.
- **The extent of extracapsular extension may influence the need for axillary lymph node dissection in patients with T1-T2 breast cancer** | Gooch J, King TA, Eaton A, Dengel L, Stempel M, Corben AD, Morrow M.
- **The role of duplex ultrasound in the pelvic congestion syndrome workup** | Spentzouris G, Malgor RD, Adrahtas D, Gasparis AP, Tassiopoulos AK, Labropoulos N. **Semi-finalist in poster competition.**
- **The use of CT scan in diagnosing appendicitis in the pediatric population** | El-Gohary Y, Shapiro MJ.
- **Total situs inversus with hepatocellular carcinoma (HCC): a case report and review of literature** | Zhao K.
- **Viral preconditioning of rat ischemic skin flaps is similar to physiologic delay** | Gersch RP, Fourman MS, Phillips BT, Nasser AE, Kaminsky SM, Crystal RG, McClaine SA, Khan SU, Dagum AB, Bui DT.
- **What makes bariatric surgery a success? The use of fMRI to determine the role of reward pathways in post-bariatric surgery patients** | Sullivan B, Telem DA, Pryor AD.

PHOTOS: GERALD BUSHART



RESIDENCY UPDATE

Since 1975 when our first graduating residents entered the profession of surgery, 219 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.

2014 Graduating Residents & Fellows

GENERAL SURGERY

Career Direction

Soojin Ahn, MD Breast surgery fellowship (TBA)
 Vikalp Jain, MD Vascular surgery fellowship, U of North Carolina, Chapel Hill, NC
 Brett Phillips, MD Plastic surgery fellowship, Duke U, Durham, NC
 Jerry Rubano, MD Trauma/critical care fellowship, Stony Brook U
 Dimitrios Virvilis, MD Vascular surgery fellowship, Cleveland Clinic, Cleveland, OH

COLORECTAL SURGERY

Career Direction

Shani Palmer, MD Private practice in colorectal surgery

VASCULAR SURGERY

Career Direction

Rafael Malgor, MD Assistant Professor of Surgery, U of Oklahoma, Tulsa, OK

CRITICAL CARE

Career Direction

Vera Freeman, MD Critical care practice, St. Catherine of Siena Medical Center, Smithtown, NY
 Cynthia Salinas, MD General surgery, acute care surgery, trauma surgery, and critical care practice, McAllen Medical Center, McAllen, TX

MIS/BARIATRIC SURGERY

Career Direction

Kartik Gohil, MBBS Private practice in advanced gastrointestinal surgery

New Chief Residents

GENERAL SURGERY

Medical School (Grad Year)

Jason Chiu, MD U at Buffalo ('04)
 Leonard Copertino, MD Ross U ('10)
 Makkalon Em, MD St. George's U ('09)
 Pamela Kim, MD U of Texas-San Antonio ('10)
 Georgios Spentzouris, MD St. George's U ('09)

VASCULAR SURGERY

Medical School (Grad Year)

Carl Gonzales, MD U of Texas-Galveston ('10)

Incoming Residents/Categorical PGY-1

GENERAL SURGERY

Medical School (Grad Year)

Kelly Deto, MD Stony Brook U ('13)
 Carl Dickler, MD George Washington U ('14)
 Syed Karim, MD U of Maryland ('14)
 Robert Laskowski, MD Drexel U ('14)
 Owen Pyke, MD Stony Brook U ('14)
 Michael Trostler, MD Georgetown U ('14)

VASCULAR SURGERY

Medical School (Grad Year)

Chenara Johnson, MD U of Illinois ('14)



→ Dr. Leonard Copertino (center) received the 2014 David J. Kreis Jr. Award for Excellence in Clinical Service in Trauma Surgery, pictured here with members of the trauma team (left to right): Drs. Daniel Rutigliano, James Vosswinkel, Michael Paccione, and Marc Shapiro. Established in 2000, this annual award is presented to a senior (fourth-year) surgical resident by the Trauma, Emergency Surgery, and Surgical Critical Care Division in honor of the late Dr. Kreis, who was the founding chief of our trauma/surgical critical care service, and who served with distinction on our faculty until his untimely death.

PHOTO: GERALD BUSHART

← Dr. Mark Talamini (left), chairman of surgery, and Dr. Richard Scriven (far right), program director of the general surgery residency, with our 2014 graduates (from left to right), Drs. Soojin Ahn, Rafael Malgor, Vikalp Jain, Brett Phillips, Jerry Rubano, Dimitrios Virvilis, and Shani Palmer, at the graduation banquet held in June at Lombardi's on the Sound in Port Jefferson, NY (not in photo are Drs. Vera Freeman, Kartik Gohil, and Cynthia Salinas who couldn't attend). PHOTO: GERALD BUSHART



Our Residents Win New York State Surgical Jeopardy Championship

Earning Yearlong Bragging Rights For Best Surgical Residency Program in State



Dr. Brett Phillips (left) and Dr. William Gioia.
PHOTO: GERALD BUSHART

In May, our resident Jeopardy team—William Gioia, DO (PGY-2), and Brett Phillips, MD (PGY-5)—won first place in the Second Annual Resident Jeopardy Competition sponsored by the New York Chapter of the American College of Surgeons.

This is the first year we entered the statewide competition. Harlem Hospital's team were the reigning champs, and we beat them in the first round. We played Lenox Hill in the final round and won on the final jeopardy question.

The final question was: What is the anatomical landmark for an unsuccessful complete vagotomy? And the winning response: What is the "criminal nerve" of Grassi?

The competition took place at Albany Medical Center in Albany, NY. Each Jeopardy team consisted of two residents; one PGY-1 or -2 and one PGY-3, -4, or -5. First-place winners won \$1000 to split, and second-place won \$500 to split.

Surgical Jeopardy is modeled in format after the popular TV show and in content by a game created by the American College of Surgeons to test and increase surgeons' knowledge.

As of 2014, the college has held Surgical Jeopardy at its Annual Clinical Congress for over a decade. The game tests general and specialty surgery knowledge of residents around the country, and has been a great success.

Our residents and faculty faced off in our first annual Jeopardy game here at Stony Brook in 2008, with questions on "All the World's a Stage" (tumor staging), "Tons of Fun" (bariatric surgery), and "Odds and Ends" (colorectal surgery), among other categories.

Selected 2014 Publications

Continued from Page 6

Jacobsen GR, Barajas-Gamboa JS, Coker AM, Cheverie J, Macias CA, Sandler BJ, **Talamini MA**, Horgan S. Transvaginal organ extraction: potential for broad clinical application. *Surg Endosc* 2014;28:484-91.

Jain V, Gruberg L, **Bilfinger TV**, **Tassiopoulos AK**, **Loh SA**. Coil embolization of an aortic pseudoaneurysm post open repair of type A aortic dissection. *Ann Vasc Surg* 2014;28:1312.

Labropoulos N, Tzogias L, Malgor RD, Antoniou G, Giannoukas AD. Phleboscrosis in lower extremities veins. *Phlebology* 2014;29:1-5.

Li E, Ji P, Ouyang N, Zhang Y, Wang XY, Rubin DC, Davidson NO, **Bergamaschi R**, Shroyer KR, Burke S, Zhu W, Williams JL. Differential expression of miRNAs in colon cancer between African and Caucasian Americans: implications for cancer racial health disparities. *Int J Oncol* 2014;45:587-94.

McCutcheon BA, Chang DC, Marcus LP, Inui T, Noorbakhsh A, Schallhorn C, Parina R, Salazar FR, **Talamini MA**. Long-term outcomes of patients with nonsurgically managed uncomplicated appendicitis. *J Am Coll Surg* 2014;218:905-13.

Continued on Page 15

ALUMNI NEWS

Dr. Aaron H. Chevinsky ('88) is chief of surgical oncology and co-director of the Morristown Memorial Hospital's Carol G. Simon Cancer Center in Morristown, NJ. He often appears on television and radio news broadcasts to discuss detection, awareness, and treatment of melanoma, skin, breast, and colorectal cancers.

Dr. Cliff P. Connery ('89), in New York City, continues to serve as chief of the Thoracic Surgery Divisions at St. Luke's-Roosevelt Hospital Center and Beth Israel Medical Center, as well as director of Program Development in Thoracic Oncology for Continuum Cancer Centers of New York. Under his guidance, the Thoracic Surgery Divisions have been recognized internationally for the development of innovative treatments for patients with benign and malignant disorders of the chest. He has a special interest in the treatment of hyperhidrosis (excessive sweating) and numerous peer-reviewed publications about it.

Dr. Steve R. Martinez ('03), after serving on the surgical faculty at the University of California, Davis, now practices surgical oncology in Everett, WA. Last year, he joined the Everett Clinic "because I felt that it provided an ideal platform for me to provide well-coordinated, efficient, multidisciplinary care of my patients with breast, endocrine, and general surgical oncology issues." Also last year, he was a winner of the Top Doctor Competition of HealthTap, an online interactive health company.

Dr. Vivek Kohli ('05), who completed fellowship training in transplant surgery at the Mayo Clinic and later gained further experience at Duke

University Medical Center, is now director of transplant and hepatobiliary surgery at Nazih Zuhdi Transplant Institute at INTEGRIS Baptist Medical Center, Oklahoma City, OK. He specializes in transplantation of liver, kidney, and pancreas. He helped perform the first split-liver transplant at Mayo and the first living-related pediatric liver transplant at Duke. He has performed more than 200 liver transplants.

Dr. Sepehr Sajjad ('08), after completing fellowship training in hand and microsurgery at Yale University, founded the comprehensive Hand Center at Lawrence & Memorial Hospital in New London, CT, where he is chief of hand surgery. It is the region's only dedicated hand surgery and rehabilitation center. He recently was featured in *Connecticut Magazine's* "Top Doctors" issue as one of the few hand surgeons nationwide who can replace faulty wrist and/or knuckle joints with devices that allow them to resume full function.

Dr. Mark M. Melendez ('10), assistant chief of plastic surgery for breast reconstruction at Griffin Hospital (Yale-affiliated teaching institution) in Derby, CT, joined us in June at the graduation of this year's chief residents, in order to personally present the annual Esther Rentas Resident Research Award—the research grant award he established in 2010, in memory of his grandmother, to help our residents in pursuing basic and clinical surgical research.

{ ALUMNI NEWS SUBMISSIONS }

To submit alumni news online, please visit the Department's website at www.medicine.stonybrookmedicine.edu/surgery/about/news/alumni

DIVISION BRIEFS

Breast and Oncologic Surgery

Dr. Brian J. O’Hea, associate professor of surgery and chief of breast and oncologic surgery, has again been selected as a **“Top Doctor”** for inclusion in Castle Connolly’s *America’s Top Doctors*, published in January, and *America’s Top Doctors for Cancer*, published last year. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation. He is also included again in Castle Connolly’s *Top Doctors: New York Metro Area*, published in February.

Dr. Christine R. Rizk, assistant professor of surgery, in February was **interviewed on Fox News** to discuss the recent publication of a study in the *British Journal of Medicine* that has cast doubt on the value of regular mammography screening for women. Dr. Rizk said it is a “dangerous and confusing study,” and she defended the value of early detection via mammography, citing six landmark studies that show survival benefit.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, has again been selected as a **“Top Doctor”** for inclusion in Castle Connolly’s *Top Doctors: New York Metro Area*, published in February.

Dr. Bilfinger serves as co-director of the Lung Cancer Evaluation Center (LCEC) at Stony Brook University Cancer Center, and is active in the **ProvenCare Lung Cancer Collaborative**. Stony Brook Medicine is 1 of 12 institutions nationwide to be currently participating in it. This year, a 100% score on reliability measures has been achieved.

“While it is too early to tell if these process improvements will lead to better five-year survival,” says Dr. Bilfinger, “it should be reassuring to patients treated at Stony Brook that the most up-to-date care processes are being adhered to on a daily basis with our utmost attention.”

Dr. Bilfinger is co-principal investigator of a **study of spinal cord monitoring** funded by the Craig H. Neilsen Foundation grant (\$600,000). The aim of the study is to develop a disposable catheter to measure real-time spinal cord perfusion to be utilized for complex aortic and spinal operations.

A few recent research presentations by Dr. Bilfinger and colleagues are:

- FDG PET-CT: benign chest wall findings following percutaneous cryoablation for lung malignancies. Society of Nuclear Medicine and Molecular Imaging Annual Meeting; St. Louis, MO, June 2014 [authors: LoGiurato B, Matthews R, Moore WH, Safaie E, Francheschi D, Bilfinger TV]
- Thymic hyperplasia in autoimmune thyroid disease. Joint Meeting of the International Society of Endocrinology and the Endocrine Society; Chicago, IL, June 2014 [authors: Khan S, Nunez C, Narula HS, McLarty A, Bilfinger TV, Carlson HE]
- The fate of endoscopic vein harvest for lower extremity bypass surgery: a systematic review and meta-analysis. Society for Vascular Surgery Annual Meeting; Boston, MA, June 2014 [authors: Malgor R, Bilfinger TV, Margolis JS, Hines GL, Tassiopoulos AK]
- The impact of aortic transection on patients 80 years or older. Society for Vascular Surgery Annual Meeting; Boston, MA, June 2014 [authors: Malgor RD, Bilfinger TV, McCormack J, Tassiopoulos AK].

Dr. Harold A. Fernandez, professor of surgery and deputy chief of cardiothoracic surgery, in January received the **David Award presented by *Net-working magazine*** for being a “Renaissance Man” who performs “heroic acts and unselfish acts for the benefit of all.”

Dr. Fernandez has also been selected again as a **“Top Doctor”** for inclusion in *Top Doctors: New York Metro Area*. In addition, he was selected again for inclusion in ***New York Magazine’s Best Doctors*** issue published in June.

Dr. Allison J. McLarty, associate professor of surgery and associate director of the general

surgery residency, in June received this year’s **Outstanding Teacher Award** given by our residents.

Dr. McLarty is one of three recipients of a 2014 Small Grant Award, announced in June, for her research study titled **“Evidence-Based Surveillance of Patients with Moderate-Sized Thoracic Aortic Aneurysms.”** This study aims to develop safe data-driven guidelines for follow-up of patients with moderate-sized TAAs who do not yet meet criteria for surgical intervention.

The abstract of the pilot study that forms the basis of the new study was presented in April at the annual meeting of the American Association for Thoracic Surgery, held in Toronto, ON: “Surveillance of Moderate-Size Aneurysms of the Thoracic Aorta” (authors: McLarty AJ, Bishawi M, Baba1 S, Shroyer AL, Romeiser J).

Dr. James R. Taylor Jr., professor of surgery and chief of cardiothoracic surgery, has also been selected again as a **“Top Doctor”** for inclusion in *Top Doctors: New York Metro Area*. In addition, he was selected again for inclusion in ***New York Magazine’s Best Doctors***.

Colon and Rectal Surgery

Dr. Roberto Bergamaschi, professor of surgery and chief of colon and rectal surgery, in May gave the following presentations at the international conference called the Russian School of Colorectal Surgery, held at the Russian National Center of Surgery in Moscow:

- Laparoscopic proctocolectomy with ileal reservoir
- Laparoscopic surgery for rectal cancer
- SPY technology: necessity or caprice?
- Standard vs. extralevator APR: what is the difference?
- Start up in laparoscopic colorectal surgery

Dr. Bergamaschi was one of nine specialists of the invited faculty, representing (four from the USA, two from the UK, two from Italy, one from Russia). It was the eighth annual conference.

Among Dr. Bergamaschi’s current research studies as principal investigator are the following two funded clinical trials:

- Efficacy and safety of topical E-101 solution to prevent incisional infections among colorectal surgery patients (phase 3). April 2013 to January 2015. \$22,798.
- Trans-anal hemorrhoidal dearterialization (THD) vs. hemorrhoidectomy for 3rd- and 4th-degree hemorrhoids in at least three quadrants: a prospective randomized control study. October 2012 to December 2014. \$32,500.

Dr. Marvin L. Corman, professor of surgery, has been honored by **inclusion in *Who’s Who America*** for the past 15 years.

Dr. Corman’s book, *Corman’s Colon and Rectal Surgery*, the sixth edition of which was published in 2012, is currently being translated into Portuguese, Romanian, and Spanish. This reference book is often referred to as the **“bible” of the specialty**.

Dr. Paula I. Denoya, assistant professor of surgery, in March graduated from the **SBU School of Medicine’s Peer-Mentoring Program**.

Dr. William B. Smithy, assistant professor of surgery, has again been selected as a **“Top Doctor”** for inclusion in Castle Connolly’s *Top Doctors: New York Metro Area*, published in February.

Dr. Smithy in June was honored by our graduating general surgery residents who presented him with the **Attending of the Year Award**.

General Surgery

Dr. Aurora D. Pryor, professor of surgery and chief of general surgery, has again been selected as a **“Top Doctor”** for inclusion in Castle Connolly’s *America’s Top Doctors*, published in January. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation. She is also included again in Castle Connolly’s *Top Doctors*:

New York Metro Area, published in February.

Dr. Pryor will serve as **program chair of next year's annual meeting of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)**, to be held in April 2015 in Nashville, TN.

As another reflection of her national stature, Dr. Pryor will also serve as program chair of next year's annual meeting of the American Society for Metabolic and Bariatric Surgery (ASMBS), to be held in November 2015 in Los Angeles, CA.

Dr. Mark A. Talamini, professor and chairman of surgery, says he is "happy to help with very tough cases that others have given up on" to provide care for patients with **complex inflammatory bowel disease**, specifically, Crohn's disease and ulcerative colitis.

Dr. Talamini in April was visiting professor in the surgery department at the Baylor College of Medicine in Houston, TX, where he gave a lecture titled "**The Future of Surgery.**"

Also in April, Dr. Talamini served as an expert panelist for resident/fellow presentations at the SAGES meeting.

Dr. Talamini in March served as **chair of the FDA advisory committee** for a device to boost lung transplant success. The device, called the XVIVO XPS perfusion system, pumps a warm nutrient solution through lungs and monitors their function, and was recommended for a humanitarian use device exemption—the device equivalent of orphan drug status.

Dr. Talamini and colleagues, in February, presented a study titled "**Cholecystostomy Offers No Survival Benefit in Patients with Acute Acalculous Cholecystitis and Severe Sepsis or Shock**" at the annual Academic Surgical Congress, held in San Diego, CA.

In patients with acute cholecystitis, who are often critically ill and frequently deemed unfit for

surgery, percutaneous cholecystostomy is often considered the standard of care, either offering definitive treatment or serving as a bridge to cholecystectomy. However, data guiding surgical practice had been lacking.

Dr. Talamini has recently been honored by election to serve as **recorder of the Society of Surgery for the Alimentary Tract**. The society is committed to advancing the science and practice of surgery in the treatment of digestive disease. As one of the society's officers, the recorder serves a three-year term, and chairs the publications committee.

Among other duties, Dr. Talamini will oversee the publication of all scientific papers presented before the society at its annual meeting, and will serve as a member of the editorial board of the *Journal of Gastrointestinal Surgery*, the society's official journal.

Dr. Dana A. Telem, assistant professor of surgery, in March **graduated from the SBU School of Medicine's Peer-Mentoring Program**.

Dr. Telem in April received the **Career Development Award** presented at the annual SAGES meeting, held in April in Salt Lake City, UT. This competitive award, funded by the SAGES Education and Research Foundation, will help support Dr. Telem's current studies for a masters of public health (MPH) degree, plus her outcomes-based research initiatives.

In addition at the SAGES meeting, Dr. Telem had a plenary session presentation, titled "Comparison of Long-Term Mortality (>8 Years) of 7,862 Bariatric Patients to the General Population in New York State" (authors: Telem DA, Altieri M, Yang J, Zhang Q, Patterson WL, Peoples BD, Gracia G, Shroyer AL, Pryor AD).

She also had another podium presentation, titled "Hospital Admissions Greater Than 30 Days Following Bariatric Surgery: Patient and Procedure Matter"

(authors: Telem DA, Patterson WL, Peoples BD, Altieri M, Gracia G, Yang J, Zhang Q, Pryor AD).

Otolaryngology-Head and Neck Surgery

Dr. Mark F. Marzouk, assistant professor of surgery, in March **graduated from the SBU School of Medicine's Peer-Mentoring Program**.

The **Third Annual Otolaryngology Update and Alumni Day** will take place on October 18, 2014. The all-day program held at Stony Brook Medicine offers lectures presented by our faculty as well as by national visiting professors. As an accredited continuing medical education program for physicians, it provides **7 AMA PRA Category 1 Credit(s)**[™].

For more information, please call Jennifer Drasser at (631) 444-8410; or email her at Jennifer.Drasser@stonybrookmedicine.edu.

Pediatric Surgery

Dr. Thomas K. Lee, professor of surgery and chief of pediatric surgery, has again been selected as a "**Top Doctor**" for inclusion in Castle Connolly's *Top Doctors: New York Metro Area*, published in February.

Dr. Richard J. Scriven, associate professor of surgery and director of the general surgery residency, has also been selected again as a "**Top Doctor**" for inclusion in *Top Doctors: New York Metro Area*.

Dr. Scriven in March was involved with the **emergency delivery of twin premature infants** in the mother's house with the Stony Brook Fire Department, of which he is an active member. The story was featured on CBS New York News. The twin boys were taken to the neonatal intensive care unit at Stony Brook University Hospital, where they did well.

Later in March, Dr. Scriven went on another **medical mission to Ecuador** where he performed numerous procedures to help needy patients.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, professor of surgery and chief of plastic and reconstructive surgery, has been appointed **executive vice chair of surgery**. In this role, he will contribute his experience and vision to the leadership of the Department of Surgery.

Dr. Dagum has again been selected as a "**Top Doctor**" for inclusion in Castle Connolly's *America's Top Doctors*, published in January. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation.

He is also included again in Castle Connolly's *Top Doctors: New York Metro Area*, and in *New York Magazine's Best Doctors* issue published in June.



Dr. Richard J. Scriven (right) with fellow members of the Stony Brook FD.

DIVISION BRIEFS

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Dr. Dagum in May made news for his contribution to the **successful reconstruction of a Kenyan girl's face**, which required multiple procedures. Coverage appeared in the *Daily News* and on News 12 and Fios1, among other news media. The 12-year-old girl had contracted a devastating bacteria that ate away at her face, and she was flown to Long Island for pro bono care at Stony Brook Children's Hospital.

After one year in the United States and 10 reconstructive surgeries, the girl has returned home with a transformed face, a new ability to smile, and a future with promise.

Dr. Dagum in April was program co-director, with Fred Ferguson, DDS, of the dental school, of the successful **Sixteenth Annual Cleft Palate-Craniofacial Center Symposium**, which took place in the Stony Brook Health Sciences Center.

The morning-long program was designed to educate the community physicians, dentists, and numerous specialties on the importance of a team approach to the care of patients with cleft lip/palate and other defects affecting the head and/or face. It is designated for a maximum of **3 AMA PRA Category 1 Credits™**.

For information about next year's symposium, please call Kristen Santos, coordinator of the Stony Brook Cleft Palate-Craniofacial Center, at (631) 444-8167.

Dr. Dagum in March went on another **medical mission to Ecuador** where he did 19 surgeries, mostly cleft lip and palate with some burn reconstruction and congenital hand surgery.

Dr. Sami U. Khan, associate professor of surgery and director of cosmetic surgery, is one of three recipients of a 2014 Small Grant Award, announced in June, for his research study titled "**Multi-Institutional Evaluation of Predictors of Readmission after Post-Mastectomy Breast Reconstruction.**"

This multi-institutional retrospective study aims to develop a risk assessment tool in order to help reconstructive breast surgeons maximize clinical outcomes and reduce readmissions. The co-principal investigator of the study is **Dr. Tara L. Huston**, assistant professor of surgery.

Surgical Research

Dr. Robert P. Gersch, research assistant professor of surgery, won the 2014 **Award for Excellence in Biomedical Research** presented by the SBU School of Medicine.

Dr. A. Laurie W. Shroyer, professor of surgery and vice chair for research, in April gave the following presentations at the U24 meeting of the National Institute on Deafness and Other Communication Disorders on **resources for mentorship of clinician scientists in hearing and balance disorders**, held in Rockville, MD:

- Introduction to systematic reviews and meta-analyses
- Designing and implementing a research project
- Introduction to clinical outcomes assessment
- Overview: educator portfolios

Also in April, Dr. Shroyer as mentor and co-principal investigator commenced a three-year study titled "**Exploring the Impact of Post-Traumatic Stress Disorder (PTSD) upon Advanced Stage Solid Cancer Patient Outcomes.**" The study is funded by the Research Corporation of Long Island.

Dr. Shroyer in January gave the following presentation at the annual meeting of the Society of Thoracic Surgeons, held in Orlando, FL: "Off-Pump vs On-Pump Impact on Diabetic Patients' Clinical Outcomes and Costs" (authors: Shroyer AL, Hattler B, Wagner TH, et al.).

Trauma, Emergency Surgery, and Surgical Critical Care

Dr. Randeep S. Jawa, associate professor of surgery, has earned **board certification in neurocritical care** by the United Council for Neurologic Subsidiaries.

Earlier this year, Dr. Jawa received a **Presidential Citation** from the Society of Critical Care Medicine.

Dr. Jawa is one of three recipients of a 2014 Small Grant Award, announced in June, for his research study titled "**The Role of Cytokines and Vitamin D Binding Protein-Actin Complexes in Acute Muscle Injury.**"

The purpose of this study is to better understand the molecular mechanisms of the immune response to trauma, in preparation for subsequent clinical research.

Dr. Marc J. Shapiro, professor of surgery and anesthesiology, has again been selected as a "**Top Doctor**" for inclusion in Castle Connolly's *Top Doctors: New York Metro Area*, published in February.

Upper Gastrointestinal and General Oncologic Surgery

Dr. Philip Q. Bao, assistant professor of surgery, and colleagues in April published their study comparing **robot-assisted minimally invasive pancreaticoduodenectomy** for periampullary neoplasms with resection versus open surgery, in the *Journal of Gastrointestinal Surgery*.

They found that the minimally invasive technique, which may result in decreased pain, fewer wound complications, and faster recovery, is feasible with comparable technical success and outcomes to open surgery. In addition, they observed that advanced skill is required.

Vascular Surgery

Our aortic specialists are now providing **incisionless repair of abdominal aortic aneurysms (AAAs)**, using the new procedure called PEVAR.

PEVAR—percutaneous endovascular aneurysm repair—is the latest form of advanced minimally invasive treatment of AAAs. No surgical incision is used.

Dr. David S. Landau, assistant professor of surgery, in March at the Annual Family Medicine Update here at Stony Brook gave a presentation titled "**Peripheral Vascular Disease:**

Lower Extremity Occlusive Disease."

Dr. Landau in January at the International Symposium on Endovascular Therapy held in Miami, FL, gave a presentation titled "**First in Man Experience with the Revive PV Thrombectomy Device for the Revascularization of Below-the-Knee Embolic Occlusions.**"

Dr. Apostolos K. Tassiopoulos, professor of surgery and chief of vascular surgery, has again been selected as a "**Top Doctor**" for inclusion in Castle Connolly's *Top Doctors: New York Metro Area*, published in February.

Dr. Tassiopoulos also was selected for inclusion in *New York Magazine's Best Doctors* issue published in June.

The **Stony Brook Vein Center** in July was granted full **accreditation by the Intersocietal Accreditation Commission (IAC)**, which demonstrates our commitment to provide quality vein care to our patients.

Our Vein Center is among only 12 in the United States and the two in New York State to obtain IAC accreditation.

The center has opened an **additional office in Sayville, NY**. Together with the offices in East Setauket and Smithtown, this new office will expand access to our vascular services and vein care specialists.

The **Fifth Annual Venous Symposium**—directed by **Dr. Antonios P. Gasparis**, professor of surgery, and **Dr. Nicos Labropoulos**, professor of surgery—was held in March in New York, NY, and was a great success with 400-plus health professionals in attendance from around the world.

The Venous Symposium has established itself as one of the premier international vein meetings, and provides all specialists a complete program on the current knowledge and management of venous disease. Participation provides a maximum of **22.75 AMA PRA Category 1 Credits™**.

Next year's symposium will take place on April 16-18, 2015, in New York. For more information, please visit the symposium's website: www.venous-symposium.com.

Introducing John M. Hutter

Our New Department Administrator



PHOTO: JEANNE NEVILLE

We are very pleased to introduce John M. Hutter, MBA, MS, CMPE, who in April joined our leadership team as the department administrator and also the business manager of Stony Brook Surgical Associates. He had previously been our interim administrator for more than three years, and knows well how to help us succeed.

Mr. Hutter has been a healthcare executive at Stony Brook Medicine since 2008, when he joined the Department of Pathology as its senior administrative director. In that position, among other accomplishments, he created a financial plan that is a model of success.

“I am very excited and grateful to have the opportunity to be a full-time member of the Department of Surgery. I feel that along with our chairman’s leadership and the support of our amazing faculty and staff, we will become one of the leading surgical departments in the country.”

Commenting on Mr. Hutter’s appointment, Mark A. Talamini, MD, professor and chairman of surgery, says:

“John has great familiarity with the surgery department, as he was our interim administrator along with his full-time position as pathology’s administrator. This speaks to his incredible work ethic. It also gives John a huge head start in terms of familiarity with our department, and the great opportunities that lie ahead.”

Prior to Stony Brook, Mr. Hutter was director of ambulatory care (2005-06), then director of operations (2006-08) at St. Luke’s-Roosevelt Hospital in New York, NY. He had held other leadership and administrative positions at Memorial Sloan-Kettering Cancer Center, where he started his career in healthcare in 2002.

A native Long Islander, Mr. Hutter received his MBA in finance and MS in healthcare management from St. Joseph’s College in 2006. He subsequently earned board certification as a certified medical practice executive (CMPE) from the Medical Group Management Association, the nation’s leading association for medical practice executives and leaders.

Mr. Hutter is a member of the American College of Healthcare Executives, American College of Medical Practice Executives, Healthcare Financial Management Association, Medical Group Management Association, and (since March) Association of Academic Surgical Administrators.

Prior to becoming a full-time healthcare executive, Mr. Hutter was a professional musician for nearly a decade (he plays guitar, bass, drums, piano, and sings), and earned a bachelor’s degree in music education from Five Towns College.

CME CME CME CME CME

CME credit through the School of Medicine

Surgical Grand Rounds

Our Surgical Grand Rounds program—to resume in September—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.

Vascular Surgery Conference

The Vascular Surgery Conference of the Vascular Surgery Division 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 surgical residents, as well as the director of the non-invasive vascular lab and attending physicians.

For more information, please call (631) 444-2037/-2683.

Selected 2014 Publications

Continued from Page 11

- Metildi CA, Kaushal S, Luiken GA, **Talamini MA**, Hoffman RM, Bouvet M. Fluorescently labeled chimeric anti-CEA antibody improves detection and resection of human colon cancer in a patient-derived orthotopic xenograft (PDOX) nude mouse model. *J Surg Oncol* 2014;109:451-8.
- Nchimi A, Cheramy-Bien JP, Gasser TC, Namur G, Gomez P, Seidel L, Albert A, Defraigne JO, **Labropoulos N**, Sakalihan N. Multifactorial relationship between 18F-fluoro-deoxy-glucose positron emission tomography signaling and biomechanical properties in unruptured aortic aneurysms. *Circ Cardiovasc Imaging* 2014;7:82-91.
- Noorbakhsh A, Tang JA, Marcus LP, McCutcheon B, Gonda DD, Schallhorn CS, **Talamini MA**, Chang DC, Carter BS, Chen CC. Gross-total resection outcomes in an elderly population with glioblastoma: a SEER-based analysis. *J Neurosurg* 2014;120:31-9.
- Poulikidis KP, **Gasparis AP**, **Labropoulos N**. Prospective analysis of incidence, extent and chronicity of lower extremity venous thrombosis. *Phlebology* 2014;29:37-42.
- Reid CM, Kim DY, Mandel J, Smith A, **Talamini MA**, Bansal V. Impact of a third-year surgical apprenticeship model: perceptions and attitudes compared with the traditional medical student clerkship experience. *J Am Coll Surg* 2014;218:1032-7.
- Telem DA**, Rattner DW, Gee DW. Endoscopic simulator curriculum improves colonoscopy performance in novice surgical interns as demonstrated in a swine model. *Surg Endosc* 2014;28:1494-9.
- Tran Cao HS, Lopez N, Chang DC, Lowy AM, Bouvet M, Baumgartner JM, **Talamini MA**, Sicklick JK. Improved perioperative outcomes with minimally invasive distal pancreatectomy: results from a population-based analysis. *JAMA Surg* 2014;149:237-43.
- Zenati MA, Gaziano JM, Collins JF, Biswas K, Gabany JM, Quin JA, Bitondo JM, Bakaeen FG, Kelly RF, **Shroyer AL**, Bhatt DL. Choice of vein harvest technique for CABG: rationale and design of the REGROUP trial. *Clin Cardiol* 2014;37:325-30.



Stony Brook Medicine University Physicians

www.StonyBrookPhysicians.com

BARIATRIC SURGERY (631) 444-2274 (tel) (631) 444-6176 (fax)

Gerald J. Gracia, MD
Caitlin A. Halbert, DO
Aurora D. Pryor, MD
Dana A. Telem, MD

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Morad Awadallah, MD
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Apostolos K. Tassiopoulos, MD

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Please visit the **Department of Surgery** website at www.medicine.stonybrookmedicine.edu/surgery

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
24 Research Way, Suite 100
East Setauket, NY 11733
(631) 444-4666 (tel)
(631) 444-4610 (fax)

Vein Center
24 Research Way, Suite 100
East Setauket, NY 11733
and
222 Middle Country Road, Suite 209
Smithtown, NY 11787
and
160 Middle Road, Suite 3
Sayville, NY 11782
(631) 444-VEIN (8346) (tel)
(631) 444-8824 (fax)

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

Peconic Bay Office
31 Main Road
Riverhead, NY 11901
(631) 444-1820 (tel)
(631) 444-8963 (fax)

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

Eastern Suffolk Cardiology
951 Roanoke Avenue
Riverhead, NY 11901
(631) 727-7773 (tel)
(631) 727-7832 (fax)
and
676 County Road 39A
Southampton, NY 11968
(631) 283-2070 (tel)
(631) 283-5927 (fax)