

POST-OP

*News update from the
Department of Surgery*

*Stony Brook University
School of Medicine*

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Stony Brook's New Multispecialty Center Offers "One-Stop Shop" Convenience



PHOTO: KRISTY LEIBOWITZ

Stony Brook Medicine just opened its new multispecialty center in Commack that gives residents more choice and flexibility when looking for quality medical care.

Called Advanced Specialty Care, the center offers nine medical

specialties designed to meet the majority of most families' medical needs.

Stony Brook Surgical Associates, our department's clinical practice, is represented by specialists in the following areas:

- **Bariatric/Weight Loss Surgery**
- **General/Gastrointestinal Surgery**
- **Hernia Care**
- **Otolaryngology (Adult/Pediatric)**
- **Vascular/Endovascular Surgery**
- **Vein Care**

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Stony Brook Achieves ACS Verification As Adult and Pediatric Level 1 Trauma Center

The Only One in Suffolk County Providing The Most Trusted Emergency Care

The American College of Surgeons (ACS) in February formally verified Stony Brook Trauma Center as the highest-level trauma center for adults and children after a rigorous survey visit in the fall. This makes Stony Brook Suffolk County's only Adult and Pediatric Level 1 Trauma Center.

Although Stony Brook already serves as a New York State-designated regional trauma center for adults and children, as well as a regional burn center, this additional verification required us to meet quality and safety standards set by the ACS.

It further establishes Stony Brook's place in the community as the highest-level trauma center, capable of providing total care

for every aspect of injury—from prevention through rehabilitation for the most severely impacted patients.

Meeting the high standards of care set forth by the ACS proves that we are prepared to care for the most injured and most vulnerable patients at all times.

Led by our faculty members James A. Vosswinkel, MD, chief of trauma, emergency surgery, and surgical critical care, and Richard J. Scriven, MD, chief of pediatric surgery, all Stony Brook practitioners in the Trauma Center are committed, fully trained, and immediately available, providing timely care to patients when needed most.

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Our New Office in Commack Facilitates Access to Our Services

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Future plans for our own multispecialty practice include the addition of our specialists in plastic and reconstructive surgery.

Other physicians located in the Commack facility include primary and specialty care internists and pediatricians; gynecologists and obstetricians; dermatologists, orthopedists, and urologists; and neurosurgeons.

There is also a complete imaging center on-site to provide x-rays, mammograms, ultrasounds, bone densitometry, CTs, and MRIs.

With so many different specialties on-site, patients may be able to have all their outpatient medical needs met in this single, new state-of-the-art facility.

For busy families in the area, Advanced Specialty Care means that, in a single building, patients can expect to receive the high level of expertise and compassionate care Stony Brook Medicine physicians are known to provide.

If surgery or other specialty care is needed, patients can go to Stony Brook University Hospital without any disruption in the continuity of their care.

“Clearly, this is no ordinary doctors’ office,” says Reuven Pasternak, MD, chief executive officer of Stony Brook University Hospital.

“As its name implies, Advanced Specialty Care connects consumers to Stony Brook Medicine’s primary care doctors and specialists, who provide access to cutting-edge research, clinical trials, and advanced technology, as part of Suffolk County’s only academic medical center.”

CONVENIENT LOCATION & PLENTY OF PARKING

Advanced Specialty Care is located at 500 Commack Road in Commack.

Stony Brook Medicine is occupying over 110,000 square feet of space in the new state-of-the-art ambulatory care facility, allowing room for expansion as additional services are added.

The location is just minutes away from the Long Island Expressway, Sunken Meadow Parkway (Sagtikos), and Northern State Parkway.

For consultations/appointments with our specialists at Advanced Specialty Care, please call (631) 444-4545.

Stony Brook Achieves ACS Verification As Adult and Pediatric Level 1 Trauma Center

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PHOTO: JOHN GRIFFIN

Comprehensive, excellent trauma care can save lives. Meeting the high standards of care set forth by the ACS proves that we are prepared to care for the most injured and most vulnerable patients at all times.

What distinguishes a Level 1 Trauma Center from other levels of trauma care has a lot to do with 24/7 access to in-house, board-certified, critical care specialists, and trauma surgeons.

What distinguishes a Level 1 Trauma Center from other levels of trauma care? One key difference is having 24/7 access to in-house, board-certified, critical care specialists, and trauma surgeons.

Having this in-house expertise available around the clock means immediate treatment of all types of traumatic and complex injuries.

What’s more, Stony Brook University Hospital has 20 operating rooms, plus CT scanners and MRI machines right in the Emergency Department, with ready access to blood products through its blood bank.

Another differentiating feature of Level 1 Trauma Centers is enhanced outreach and teaching programs. Stony Brook Trauma Center focuses on injury prevention by

offering a number of special programs designed to keep community members safe.

These programs include teddy bear clinics, senior falls prevention programs, traffic violator education programs, and courses that teach bleeding control for the injured.

We also provide sports safety clinics, teen driving initiatives, Safe Kids “Safety Games,” parent information sessions, and more to organizations in the community—all free of charge.

During the verification process, the ACS evaluates whether a facility meets criteria put forth in its Committee on Trauma’s manual, *Resources for Optimal Care of the Injured Patient*. Administered by the Verification, Review, and Consultation Program (VRC), the verification process is designed to help hospitals improve trauma care.

After the completion of a pre-review questionnaire, the VRC visits the site and compiles a report of its findings. If successful, the trauma center receives a certificate of verification that is valid for three years. The ACS created its VRC Program in 1987, and today more than 400 trauma centers have achieved the ACS verification seal of approval.

The team is leading the way with research on the care of trauma patients and continues to shine with top quality scores as compared to hundreds of other trauma centers nationwide.

Stony Brook’s participation in the national quality program, TQIP® (Trauma Quality Improvement Program), provides evidence that patients who were seriously injured and then treated in our trauma center were less likely to die or to develop a major complication.

Life-threatening injuries, as a result of vehicular accidents, falls, or other trauma, are the leading cause of death for all Americans under age 45.

Chairman's Message

Quality. The word is everywhere today in the healthcare environment. A central feature of many healthcare financing discussions includes the concept of moving from pay for episodes of care (the common "fee for service" model) to pay for quality. Both the government and private insurers have grasped this concept.

Now in many healthcare environments, including Stony Brook, some element of pay depends upon demonstrating quality.

This concept brings many questions: How is quality measured? What are the implications for patient care and for physicians? Are all of the implications positive? And what is quality healthcare anyway?

While many definitions exist, one definition is "having a high degree of excellence." I particularly like this definition, as it fits with our department motto, "Excellence and Innovation."

At Stony Brook Surgery, we believe this is how we must distinguish ourselves, and our faculty have worked hard to that end.

In this edition of POST-OP, our Level 1 Trauma designation (new for New York trauma centers) is a clear reflection of excellence. The TCAR procedure being performed by our vascular surgeons, described here, is an example of excellence and innovation applied directly to improve patient care. These are but a few of many examples in our department.

How can quality in healthcare be measured? This is a more challenging question. Simply looking at the curriculum vitae and the programmatic development of our faculty surgeons, the quality of our group is clearly obvious. The faculty profiles on our website show this, as well.

One key measurement tool for departments of surgery is the National Surgical Quality Improvement Program (NSQIP). This program measures patient outcomes by a set of independent nurses according to criteria set by the American College of Surgeons.

The results are risk adjusted, according to how healthy or not a given patient is when they undergo an operation.

The results are then compared to other hospitals across the country. I am proud to say that Stony Brook Surgery has been a part of this program since 2006, not long after its inception.



PHOTO: JEANNE NEVILLE

Dr. Mark A. Talamini

Today, led by Dr. Apostolos Tassiopoulos and others in the department, we are putting particular emphasis on understanding and maximizing the elements and results of our Stony Brook NSQIP data.

This work is a partnership between our department and the medical center, with particular assistance from our IT group.

The result is that our faculty are increasingly being certain of executing national best practices, and documenting critical elements of care. It is a process of continual critical evaluation and improvement cycles, leading to increasingly excellent patient care.

At Stony Brook, our faculty believe they have two jobs: providing excellent and innovative patient care, and always thinking about how the team can do it even better the next time.

"Excellence and Innovation." That is the Stony Brook Surgery way.

Mark A. Talamini, MD

*Professor and Chairman of Surgery
Chief, Surgical Services, Stony Brook Medicine*

Selected Recent Publications*

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- Almassi GH, **Shroyer AL**, Bakaeen FG. A victory for all Halstedians: evidence supporting cardiac surgical residents training. *J Thorac Cardiovasc Surg* 2016;151:1215-6.
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- Altieri MS, **Pryor AD**. Diagnosis and management of bleeding small bowel tumors. In: **Pryor AD**, Pappas TN, Branch MS, editors. *Gastrointestinal Bleeding: A Practical Approach to Diagnosis and Management*. 2nd ed. New York: Springer, 2016: 89-102.
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- Bekelis K, Gottlieb D, **Labropoulos N**, Su Y, Tjoumakaris S, Jabbour P, MacKenzie TA. The impact of hybrid neurosurgeons on the outcomes of endovascular coiling for unruptured cerebral aneurysms. *J Neurosurg* 2017;126:29-35.
- Bianco F, Romano G, Tsarkov P, Stanojevic G, Shroyer K, Giuratrabocchetta S, **Bergamaschi R**; International Rectal Cancer Study Group. Extralevator with vertical rectus abdominis myocutaneous flap vs. non-extralevator abdominoperineal excision for rectal cancer: the RELAPe randomized controlled trial. *Colorectal Dis* 2017;19:148-57.

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* The names of faculty authors appear in boldface.

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Introducing New Faculty

We are very pleased to introduce the following new members of the faculty of the Department of Surgery:



Dr. Sidrah M. Ahmad
Pediatric Otolaryngologist

Sidrah M. Ahmad, MD, joins us as assistant professor of surgery in the Otolaryngology-Head and Neck Surgery Division. She comes to Stony Brook from her fellowship training at the Children's Hospital of Michigan/Wayne State University in Detroit. She has a special interest in pediatric airway reconstruction, among other areas. She received her MD from Drexel University in 2010, and did her ENT residency training at Temple University. Her clinical expertise/interests include:

- Airway reconstruction
- Difficult airway management and endoscopy
- Minimally invasive balloon sinuplasty offering relief for chronic sinusitis
- Pediatric sinus surgery
- Pediatric voice disorders
- Hearing loss
- Management of all other diseases of the ear, nose, and throat in children and adolescents



Dr. Salvatore Docimo Jr.
General & Bariatric Surgeon

Salvatore Docimo Jr., DO, MS, joins us as assistant professor of surgery in the Division of Bariatric, Foregut, and Advanced Gastrointestinal Surgery. He will practice on our bariatric and general surgery service, as well as on our exigent general surgery (XGS) service. He comes to Stony Brook from his fellowship training in minimally invasive and bariatric surgery at the Penn State Hershey Medical Center. He did his general surgery residency training at Lutheran Medical Center in Brooklyn, followed by a surgical critical care fellowship. He received his DO from New York College of Osteopathic Medicine in 2009. There, he also earned his MS in neuromusculoskeletal medicine in 2007. His clinical expertise/interests include:

- Endoscopic treatments for obesity
- Endoscopic bariatric revisional procedures
- Orbera non-surgical weight loss balloon system
- Bariatric surgery
- Minimally invasive surgery
- Hernias
- Complex abdominal wall reconstruction
- Achalasia
- Gastroesophageal reflux disease (GERD)
- Dysphagia
- Robotic surgery
- Obesity



Dr. Polikseni Eksarko
Intensivist & Trauma/General Surgeon

Polikseni Eksarko, MD, joins us as assistant professor of surgery in the Trauma, Emergency Surgery, and Surgical Critical Care Division. Already a member of our family, she just completed her fellowship in surgical critical care here in our department. She did her residency training in general surgery at Brooklyn Hospital Center in Brooklyn. She received her MD from St. George's University in Grenada in 2010. Her clinical expertise/interests include:

- Pre- and post-operative critical care of surgical patients
- Surgical management of injured patients—all aspects of traumatology
- Basic and advanced minimally invasive and laparoscopic surgery
- Management of diseases involving the liver, spleen, upper/lower gastrointestinal systems
- Hernia repairs
- Surgical treatment of benign soft-tissue tumors
- Tracheostomy and tracheotomy



Dr. Raudel Garcia
Phlebologist

Raudel Garcia, MD, joins us as instructor of surgery in the Vascular and Endovascular Surgery Division. He is this year's phlebology fellow. He comes to Stony Brook from the New York Medical College Family Medicine Residency at Hoboken University Medical Center in New Jersey, where since 2014 he was on the faculty as an instructor, following his residency training in family medicine there. He received his MD from the Instituto Superior de Ciencias Medicas in Havana, Cuba, in 1994, and went on to complete his residency training in general surgery there in 1998. His clinical expertise/interests include:

- Venous diseases and syndromes
- Chronic venous disorder
- Chronic venous insufficiency
- Venous obstruction
- Pelvic venous congestion
- Lymphedema
- Venous tumors
- Venous thromboembolism



Dr. Nabeel R. Obeid
General & Bariatric Surgeon

Nabeel R. Obeid, MD, joins us as instructor of surgery in the Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division. He is this year's fellow in minimally invasive and bariatric surgery. He comes to Stony Brook from NYU where he just completed his training in general surgery. He received his MD from the University of Michigan in 2010. In 2013-14 he was a research fellow in the Bariatric Surgery Division at NYU, studying clinical outcomes. He gained media attention for his oral presentation at the 2014 American Society for Metabolic and Bariatric Surgery ObesityWeek, titled "Long-Term Outcomes in Roux-en-Y Gastric Bypass Patients: 10-13 Year Data." His clinical expertise/interests include:

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



Dr. Samer Sbayi
General & Hernia Surgeon

Samer Sbayi, MD, joins us as assistant professor of surgery in the Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division. He will serve as clinical director of our exigent general surgery (XGS) service. He comes to Stony Brook from Shouldice Hospital in Ontario, where he practiced as a hernia specialist. Previously, he served as chief of surgery at Penobscot Valley Hospital in Lincoln, ME, from 2010 to 2014. He received his MD from the Universidad Tecnológica de Santiago in the Dominican Republic in 1998. He completed his residency training in general surgery at Seton Hall University in 2007, and completed his fellowship training in advanced laparoendoscopic surgery at the University of Texas. His clinical expertise/interests include:

- Shouldice hernia repair
- Emergency general surgery
- Colonoscopy and endoscopy
- Feeding tubes
- Port-a-catheter
- Hernia repairs: laparoscopic, open, and mesh-free
- Advanced minimally invasive and laparoscopic surgery
- Management of diseases involving the liver, spleen, upper/lower gastrointestinal systems
- Treatment of benign and malignant soft-tissue tumors
- Single-site laparoscopic surgery



Dr. Konstantinos
General & Bariatric Surgeon

Konstantinos Spaniolas, MD, joins us as associate professor of surgery in the Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division. In addition to his clinical practice, he will direct our Surgical Outcomes Analysis Research (SOAR) Collaborative. He comes to Stony Brook from East Carolina University where since 2013 he had a faculty position in the Division of Advanced Laparoscopic, Gastrointestinal, and Endocrine Surgery. He received his MD from the University of Athens in 2004. He then spent two years as a research fellow at Massachusetts General Hospital (Harvard) and went on to do his residency training in general surgery at the University of Rochester. He completed his fellowship training in minimally invasive and bariatric surgery at Dartmouth-Hitchcock Medical Center. His clinical expertise/interests include:

- Achalasia
- Bariatric surgery: gastric bypass, sleeve gastrectomy, and revisional surgery
- Dysphagia
- Esophageal diseases
- Gallbladder disease
- Gastroesophageal reflux disease (GERD)
- Hernias
- Laparoscopic adrenalectomy
- Laparoscopic splenectomy
- Minimally invasive surgery
- Obesity



Stony Brook Medicine

*If you need surgery,
why should you
consider an academic
medical center?*

The answer is clear: to be in the place where the newest and the best surgery is being developed, practiced, and taught. And to be cared for by a team of the brightest, most engaged minds in medicine. This is what patients get at Stony Brook Medicine, where we are committed to innovation. Our team is always asking, How can surgery be better?

The physicians and other healthcare professionals of Stony Brook Surgical Associates—the clinical practice of the Department of Surgery—provide comprehensive care for both adults and children with a wide variety of problems requiring surgery.

In keeping with Stony Brook Medicine's mission of excellence in patient care, we offer specialized surgical services with several clinical programs and facilities unique in our region.

For our multiple practice locations and the phone numbers to call for appointments/consultations with our physicians, please see centerfold.

Comprehensive Hernia Center Established to Benefit Patients

*Offering Surgical Experience Plus
Multidisciplinary Team Approach*



PHOTO: JOHN GRIFFIN

Hernia Center co-directors (l to r) Drs. Andrew T. Bates, Sami U. Khan, and Michael F. Paccione lead a team of more than 15 general/gastrointestinal, minimally invasive, and reconstructive plastic surgeons.

Hernias are a common health problem, with more than one million hernia repairs performed each year in the United States. Approximately 800,000 are done to fix hernias in the groin, and the rest are for other types of hernias in the abdomen.

Our newly established comprehensive Hernia Center—distinguished by Stony Brook Medicine’s multidisciplinary approach to patient care—offers a wide range of options to diagnose and treat most types of hernias.

Our experienced hernia experts work together as a team to design the best treatment plan possible so patients can get back quickly to their normal lives and daily activities.

A hernia occurs when there is a weakness, or opening, in the muscle and connective tissue

that surround the belly area. Patients may feel a slight bulge, discomfort, or pressure as organs push out through this weakness.

However, many patients may have this opening/weakness even if organs aren’t actively pushing through. Over time, this bulge or area of weakness can grow in size. Occasionally, intestine can become trapped in the hernia, which requires emergency medical attention.

Some hernias are *inguinal*, which means they develop in the groin area. Another type is *ventral* hernias, which can start anywhere on the front of the belly wall. Some patients have *incisional* hernias, occurring at the incision site of a previous surgery or hernia repair.

Andrew T. Bates, MD, assistant professor of surgery and co-director of the Hernia Center, says: “There are several

different ways to treat hernias effectively today. Our surgeons provide all of them for our patients.

“Our hernia surgeons work together with plastic surgeons and pain management specialists, so they can collaborate on the most suitable, individualized treatment plus follow-up care that helps patients recover with minimal pain and complications.”

Hernia repairs done by experienced surgeons provide the best results with low recurrence rates and minimal post-op pain.

Some of our procedures use a mesh patch, made of synthetic or natural material, to close the gap where the hernia protrudes. Suturing the patient’s own tissue back together, without the mesh spatch, is another option. We also do hernia repairs that are minimally invasive, using the latest technology to limit surgical incisions and, thereby, speed recovery.

Reconstructive plastic surgeon Sami U. Khan, MD, associate professor of surgery and co-director of the Hernia Center, adds, “The multidisciplinary collaborative approach we use allows us to offer our patients the most comprehensive clinical expertise for repair of everything from simple hernias to the most complex abdominal wall reconstructions.”

“We encourage people to consult us with any questions or concerns they might have about hernia surgery and recovery, before their condition becomes an emergency,” says Dr. Bates. “Our surgeons can help patients decide which of our many hernia repair options is the right choice for them.”

Although “the first fix is the best fix,” we are also highly skilled at treating patients who have a recurring hernia after having surgery somewhere else.

Emphasizing one of the benefits of our multidisciplinary team approach, Michael F. Paccione, MD, assistant professor of surgery and co-director of the Hernia Center, notes, “For patients who experience chronic groin pain after inguinal hernia repair—and it is estimated that at least 10% of patients have this problem—our pain management specialists provide a range of solutions.”

Patients can see our hernia specialists at our Suffolk County offices in Centereach, East Setauket, Smithtown, and Commack. Every location offers a team approach, from experienced experts sharing their expertise and skills to deliver the most effective treatment.

For consultations/appointments with our hernia specialists, please call (631) 638-0054.

Offering Less Invasive Carotid Artery Surgery, First on Long Island

New Procedure Reverses Blood Flow To Help Reduce Risk of Stroke

Every year, more than 300,000 people in the U.S. are diagnosed with blockages in their carotid arteries, which can lead to a dangerous stroke.

A potential complication of both surgery (carotid endarterectomy, or CEA) and stenting for stroke prevention in patients with carotid artery disease is a stroke occurring during the procedure itself. Studies have shown a higher risk of stroke during conventional stenting as compared to surgery.

Now, there is a new, safer procedure to clear the carotid arteries.

Leading the way in patient care in our region, our Vascular and Endovascular Surgery Division in October treated the first patients on Long Island with the new minimally invasive transcatheter carotid artery revascularization (TCAR) procedure.

The TCAR procedure offers patients a safer method of carotid stenting through a small incision at the base of the neck and direct carotid artery access along with neuro-protective flow reversal during delivery of the stent.

The first TCAR procedures at Stony Brook Medicine were performed by Apostolos K. Tassiopoulos, MD, professor of surgery and chief of vascular and endovascular surgery, Angela A. Kokkosis, MD, assistant professor of surgery, who is the division's director of carotid interventions, and George J. Koullias, MD, PhD, assistant professor surgery.

Commenting on the surgery, Dr. Tassiopoulos says: "At the Stony Brook Vascular Center we treat all aspects of vascular disease frequently including high-risk patients that are turned away by other physicians and hospitals.

"Offering this new minimally invasive treatment option for our patients with carotid artery blockage is advancing patient care here by dramatically reducing the risk of stroke and heart attack during and after carotid interventions.

"In contrast to conventional carotid endarterectomy surgery, TCAR requires a smaller incision resulting in decreased risk for nerve damage and a faster recovery time. With its ingenious flow-reversal system, TCAR also has been shown to



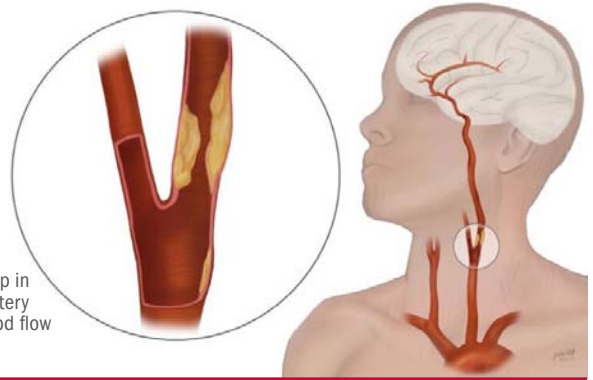
(l to r) Drs. Apostolos K. Tassiopoulos, Angela A. Kokkosis, and George J. Koullias.

TCAR not only obviates the need to navigate catheters through the aortic arch (a step linked to stroke during carotid stenting through the groin), but also prevents fragments of plaque released during stenting from travelling with the bloodstream to the brain and causing small or bigger strokes.

have fewer stroke complications compared to carotid stenting performed through the groin."

ABOUT THE PROCEDURE

TCAR uses a special transcatheter neuro-protection system (NPS), and is designed to reduce the risk of stroke during the insertion of the stent.



Plaque buildup in the carotid artery impeding blood flow to the brain.

The novel NPS device allows the surgeon to directly access the common carotid artery in the neck and initiate high-rate temporary blood flow reversal to protect the brain from stroke while delivering and implanting the stent.

The TCAR procedure is performed through a small incision at the neckline just above the clavicle. This incision is much smaller than a typical CEA incision.

The surgeon places a tube directly into the carotid artery and connects it to the NPS that directs blood flow away from the brain, to protect against plaque that may come loose reaching the brain.

The patient's blood flows through the NPS, and any material is captured in a filter outside the body. The filtered blood is then returned through a second tube in the patient's upper leg. After the stent is placed successfully, flow reversal is turned off; then blood flow resumes in its normal direction.

For consultations/appointments with our vascular surgeons, please call (631) 638-1670.

Results of the ROADSTER Trial

"[Our report] presents the 30-day results of the Safety and Efficacy Study for Reverse Flow Used During Carotid Artery Stenting Procedure (ROADSTER) multicenter trial and evaluates the safety and efficacy of ENROUTE Transcarotid NPS (Silk Road Medical Inc, Sunnyvale, Calif), a novel transcatheter neuroprotection system that provides direct surgical common carotid access and cerebral embolic protection via high-rate flow reversal during carotid artery stenting (CAS). . . . The results of the ROADSTER trial demonstrate that the use of the ENROUTE Transcarotid NPS is safe and effective at preventing stroke during CAS. The overall stroke rate of 1.4% is the lowest reported to date for any prospective, multicenter clinical trial of CAS."—Kwolek CJ, Jaff MR, Leal JI, et al. Results of the ROADSTER multicenter trial of transcatheter stenting with dynamic flow reversal. *Journal of Vascular Surgery* 2015;62:1227-34.

Selected Recent Publications

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Celio AC, Kasten KR, Pofahl WE 2nd, Pories WJ, Spaniolas K. Causes of readmission after laparoscopic and open ventral hernia repair: identifying failed discharges and opportunities for action. *Surgery* 2016;160:413-7.

Celio AC, Wu Q, Kasten KR, Manwaring ML, Pories WJ, Spaniolas K. Comparative effectiveness of Roux-en-Y gastric bypass and sleeve gastrectomy in super obese patients. *Surg Endosc* 2017;31:317-23.

Chatterjee S, Tripathi B, Virk HU, Ahmed M, Bavishi C, Krishnamoorthy P, Sardar P, Giri J, Omidvari K, Chikwe J. Does surgical repair of moderate ischemic mitral regurgitation improve survival? A systematic review. *Curr Cardiol Rep* 2016;18:22.

Chikwe J. Niche generation. *J Thorac Cardiovasc Surg* 2016;151:640-1.

Streamlining Delivery Of Acute Care Surgery

Advancing Patient-Centered Care By Avoiding Hospital Stays

Prompt diagnosis and treatment of acute appendicitis are necessary to provide optimal patient care. Our establishment of the exigent general surgery (XGS) service, in 2014, has led to continued advances in surgical throughput and streamlined care.

With the coordinated efforts of the XGS service, the Emergency Department (ED), and the Ambulatory Surgery Center (ASC) located on the campus of Stony Brook Medicine, a new model of innovation has just been successfully achieved.

Two days before Christmas, a young female patient who presented with symptoms of acute appendicitis was worked up in the ED.

The latest success resulted from emergency medicine, surgery, and anesthesiology physicians and ED and ASC staff all working together to advance patient care.

Rather than waiting to treat her as an add-on in the inpatient area, she was transferred by ambulance to the ASC where her procedure was rapidly done with discharge home that same day.

This process allowed for earlier surgical intervention, did not disrupt the elective schedule, and did not result in the patient having to wait for admission to a bed needed by someone else with more acute needs.

The XGS service is now under the direction of Samer Sbayi, MD, assistant professor of surgery, who joined our faculty last September. His initiative led to the advance in patient-centered care described here.

The perioperative team at Stony Brook University Hospital has been working to develop expanded operating room capacity and processes. The partnership of clinical and administrative leadership has in recent years seen considerable success in expanded hours, staffing, and facilities expansion.

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Continued from Page 7

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Continued on Page 15



Providing Colorectal Surgery Services On the East End of Long Island

*Operating at Eastern Long Island Hospital
In the Village of Greenport*

Two of our colorectal surgeons, Roberto Bergamaschi, MD, PhD, professor of surgery, and Paula I. Denoya, MD, associate professor of surgery, have recently joined the medical staff at Eastern Long Island Hospital (ELIH) in Greenport,

Patients on Eastern Long Island who require the expertise of trained colorectal surgeons can receive all the care they need close to home.

Dr. Bergamaschi was one of the first colorectal surgeons in the United States to master laparoscopic colorectal surgery, and he offers several

options for patients undergoing surgery for colorectal cancers.

In addition, Dr. Bergamaschi is one of the few colorectal surgeons in the country who can perform a minimally

invasive procedure known as *intracorporeal laparoscopic colorectal surgery*, which requires extensive and highly specialized training because it takes place entirely inside the body.

“Though both conventional open surgery and laparoscopic-assisted surgery are safe and common procedures, there is less bleeding, less risk of infection, less pain, and less scarring for the patient who undergoes the intracorporeal laparoscopic procedure,” Dr. Bergamaschi says.

“Dr. Bergamaschi is internationally recognized for his expertise in laparoscopic surgery for colorectal diseases. We are very fortunate to have a surgeon of this caliber available to our patients on the East End of Long Island,” Paul J. Connor, III, president/CEO of ELIH, says.

Dr. Bergamaschi is a leader in our one-year residency program in colorectal surgery, and trains surgeons to perform intracorporeal laparoscopic surgery, as well as other colorectal surgical procedures.

Dr. Bergamaschi received his MD from the University of Milan, Italy, and his PhD from the University of Bergen, Norway, in the field of colorectal cancer.

Dr. Bergamaschi holds board certifications from several countries, including Italy, Denmark, France, and Norway. He is a fellow of the Royal College of Surgeons in London and a fellow of the American Society of Colon and Rectal Surgeons, as well as the American College of Surgeons.

ELIH CEO welcomes the addition to its medical staff of Stony Brook Medicine colorectal surgeons for their high level of surgical expertise.

Dr. Denoya, who joined our faculty in 2009, is a graduate of New York University and received her MD from the Mount Sinai School of Medicine. She subsequently completed a fellowship in colorectal surgery at the Cleveland Clinic of Florida. She is board certified by both the American Board of Surgery and the American Board of Colon and Rectal Surgery.

Dr. Denoya’s practice comprises all aspects of colon and rectal surgery, along with anal surgery and pelvic floor dysfunction. Her interests include minimally invasive surgery, colorectal cancer, Crohn’s disease and ulcerative colitis, diverticulitis, reoperative surgery, fecal incontinence, and anorectal reconstruction.

Eastern Long Island Hospital in Greenport—an independent hospital affiliated with Stony Brook Medicine—is a 90-bed, full service, community hospital committed to delivering excellence in patient care and meeting all the health needs of the North Fork and Shelter Island. Established in 1905, it is Suffolk County’s first voluntary hospital.

Dr. Denoya is the recipient of several awards from the Mount Sinai School of Medicine, including the Eugene W. Friedman MD Award for Clinical Excellence.

In addition to her clinical duties and responsibilities at Stony Brook Medicine, Dr. Denoya is the program director of our colorectal surgery residency program, training surgeons to become colorectal specialists. Our program is fully accredited by the American Board of Colon and Rectal Surgery, which confers board certification in the field of colon and rectal surgery.

“Dr. Denoya is a wonderful addition to the surgical team,” Mr. Connor says. “A surgeon with this specialty will provide a high level of surgical expertise for the patients we serve.”

“I am excited about joining the medical staff at ELIH,” says Dr. Denoya. “It will be my pleasure to meet and care for patients on the East End of Long Island.”

Dr. Denoya works closely with Dr. Bergamaschi. Both are part of a subspecialty group that will be providing colorectal surgical care on the North Fork.

For consultations/appointments with Dr. Bergamaschi and Dr. Denoya, please call (631) 444-1825.



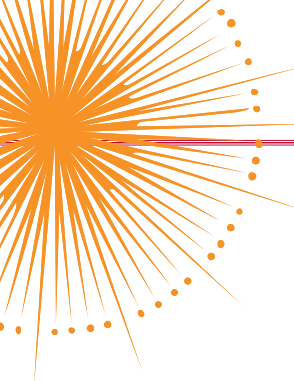
Dr. Roberto Bergamaschi and Dr. Paula I. Denoya

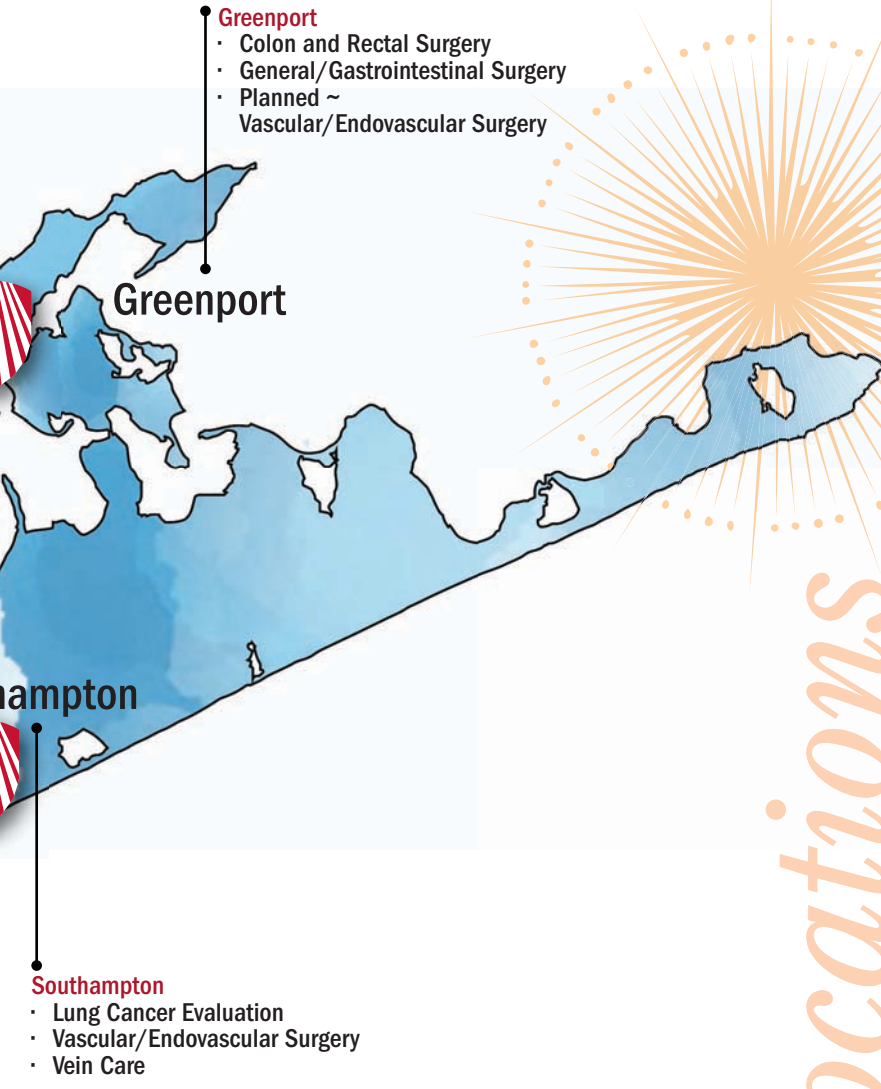
NY, where—in addition to their practices at Stony Brook University Hospital and Stony Brook Cancer Center—they will provide a full range of colon and rectal surgery services to the community of Eastern Long Island.

An international leader in the field of colorectal surgery, Dr. Bergamaschi joined our faculty in 2008 and later that year became the founding chief of our Colon and Rectal Surgery Division.

Dr. Bergamaschi specializes in the treatment of diseases associated with a wide range of colorectal disorders, including abscesses, bowel obstructions, polyps, colitis, diverticulitis, hemorrhoids, colon cancer, constipation, incontinence, Crohn’s disease, rectal cancer, and anal cancer.

PHOTOS: JEANNE NEVILLE





- Greenport**
- Colon and Rectal Surgery
 - General/Gastrointestinal Surgery
 - Planned ~ Vascular/Endovascular Surgery

Greenport

Southampton

- Southampton**
- Lung Cancer Evaluation
 - Vascular/Endovascular Surgery
 - Vein Care

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Practice Locations

Stony Brook Surgical Associates

Heart Institute
University Hospital
Level 5
101 Nicolls Road
Stony Brook, NY 11794
(631) 444-6590 (tel)
(631) 444-8963 (fax)

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 and Cosmetic
Surgery Center**
24 Research Way
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(631) 444-4610 (fax)

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(631) 638-0050 (fax)
~ **Weight Loss**
(631) 444-BARI (2274) (tel)
(631) 444-6176 (fax)

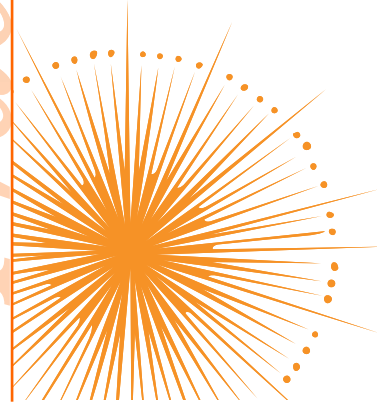
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Center for Vein Care**
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Suite 102
Commack, NY 11725
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Suite 209
Smithtown, NY 11787
and
160 Middle Road
Suite 3
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Riverhead, NY 11901
and
225 West Montauk Highway
Hampton Bays, NY 11946
and
240 Meeting House Lane
The Schenck Building
Southampton, NY 11968
and
676 County Road 39A
Southampton, NY 11968
~ **Vascular Center**
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(631) 638-1691 (fax)
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(800) 345-VEIN (8346) (tel)
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500 Commack Road
Suite 102
Commack, NY 11725

Smithtown Office
222 Middle Country Road
Suite 209
Smithtown, NY 11787
(631) 638-2800 (tel)
(631) 638-2830 (fax)

Greenport Surgery Office
Eastern Long Island Hospital
201 Manor Place
Greenport NY 11944
(631) 477-5386 (tel)
(631) 477-0025 (fax)

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



Weight Loss Center Reaccredited As Comprehensive Center for Adolescents

First in Our Community to Gain Both Adolescent and Adult MBSAQIP Accreditations



The Stony Brook Bariatric and Metabolic Weight Loss Center in October received its renewed accreditation as a Comprehensive Center for Adolescents from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery.

This is good news, as the percentage of children with obesity in the United States has more than tripled since the 1970s. Today, about one in five school-aged children (ages 6-19) has obesity.

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

Our Bariatric and Metabolic Weight Loss Center was the first MBSAQIP-accredited comprehensive bariatric center in our community.

Aurora D. Pryor, MD, professor of surgery and chief of bariatric, foregut, and advanced gastrointestinal surgery, who is the center's director, says:

"With the renewal of both adolescent and adult MBSAQIP accreditations, the Stony Brook Bariatric and Metabolic Weight Loss Center has been recognized for excellence in the comprehensive delivery of care for obesity and the metabolic syndrome, for adolescents and adult patients alike.

"As noted during the recent accreditation visit, our center has been outperforming the national average in terms of safety and patient risk. This is a testament to our multidisciplinary approach to patient safety and commitment to excellent patient- and family-centered care."

Our center has been outperforming the national average in terms of safety and patient risk.

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.

ABOUT CHILDHOOD OBESITY

Childhood obesity is growing at an epidemic rate, along with that of adults. More than one-third (36.5%) of U.S. adults have obesity, according to the Centers for Disease Control. Nationwide, 23.9 million children ages 2 to 19 are overweight or obese; 33.0% of boys and 30.4% of girls.

Childhood obesity is a condition where excess body fat negatively affects a child's health or well-being. As methods to determine body fat directly are difficult, the diagnosis of obesity is often based on body mass index, known as BMI.

Since 1980, the childhood obesity rates (ages 2 to 19) have tripled—with the rates of obese 6- to 11-year-olds more than doubling (from 7% to 17.5%) and rates of obese adolescents (ages 12 to 19) quadrupling from 5% to 20.5%.

One out of every six adolescents ages 12 to 19 is overweight, and one out of every three is at risk.

In Suffolk County alone, there are more than 5,000 obese students in middle and high school.

Commenting on obesity in adolescents and the benefit of bariatric surgery, Konstantinos Spaniolas, MD, associate professor of surgery and new member of our bariatric team, says:

"Obesity and associated diseases (metabolic, psychologic, orthopedic, etc.) have a deleterious effect in adolescents with severe future cardiovascular risks. It is likely that an early intervention in this age group can disrupt the progression of disease, and lead to long-lasting benefit.

"Recent published evidence demonstrates profound and sustained weight loss in adolescents that is maintained at least three years after metabolic surgery. Importantly, 95% of adolescents with type 2 diabetes experience lasting remission at three years."

Obesity most commonly begins between the ages of 5 and 6, or during adolescence. Studies have shown that a child who is obese between the ages of 10 and 13 has an 80% chance of becoming an obese adult.

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.

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.

In 2014, Stony Brook Medicine was first granted full accreditation as a comprehensive bariatric facility by the MBSAQIP, then a newly established program of the American College of Surgeons and American Society of Metabolic and Bariatric Surgery.

Every member of our large multidisciplinary team is committed to our program, and this commitment is the key of our success. We are all extremely proud of the work we do, and proud of this ongoing recognition by the MBSAQIP.

For consultations/appointments with our bariatric specialists, please call (631) 444-BARI (2274).

Individualized assessment and care are crucial for the long-term success of weight loss treatment. At Stony Brook Medicine, our bariatric specialists welcome any pediatric/adolescent patient over the age of 13 for evaluation.

With the close involvement of specialized pediatricians, dieticians, and psychologists, a thorough assessment of patient and family allows for proper guidance.

We offer the full gamut of weight loss options, and many patients will be successful with lifestyle and behavioral modification alone. Bariatric surgery or other interventions are sometimes offered to further assist with weight loss and control of co-existing medical problems.

In the News: Our Trauma Chief And His Team with Jets and Life-Saving Lessons

Making a Difference by Saving Lives Of Both Heroes and Ordinary People

December saw our trauma chief James A. Vosswinkel, MD, and his team at Stony Brook Trauma Center receiving major media attention that resulted in two remarkable, far-reaching news stories. We proudly retell them here:



Dr. Vosswinkel with Officers Guerrero (l) and Collins (r).



Dr. Vosswinkel as seen on CBS News.

“Doc, Surgery Team Who Saved Cops Score Touchdown with Jets” is the headline of the story published in *Newsday*, Long Island’s regional newspaper.

The story details how two Suffolk police officers who survived grave injuries thanks to Dr. Vosswinkel and his team surprised him to express their gratitude in a way that left him “completely overwhelmed.”

Their gratitude included his being with the NY Jets. A long-time serious Jets fans, Dr. Vosswinkel would co-captain the coin toss when the Jets play their rivals, the Indianapolis Colts, the following Monday.

“This is not about me,” Dr. Vosswinkel is quoted as saying. “It is a team here, a team that really cares about

the patients—I may be the guy that’s most visible, but it’s about everybody.”

Dr. Vosswinkel and our trauma team treated Det. Nicholas Guerrero, who had suffered a severe head injury after he was struck by a hit-and-run driver in 2014, and Emergency Services Section Officer Mark Collins, who was shot in the throat and hip while apprehending a suspect in 2015.

The Jets have honored first responders, from police to EMTs and doctors, at games for several years. After the Jets invited the two police officers, they asked if Dr. Vosswinkel might be included.

And so he was, along with 20 members of his team, who ran out through the tunnel onto the field on game night.

“Ordinary People Trained to Save Lives in Shootings, Attacks” is the headline of the story published by the Associated Press.

The story opens with an unfortunate picture of our times: “It’s become a hallmark of terror attacks and school shootings: the fateful minutes or hours when the wounded are hunkered down, waiting for the violence to play out and for help to arrive.”

Dr. Vosswinkel and his team are featured for spearheading training in life-saving techniques for school districts and colleges across the country.

At a training session at University Hospital, they brought in fake body parts with blood spurting from the wounds to show staffers from our local Three Village Central School District how to tie tourniquets and pack open wounds with whatever they have.

“Seconds matter. It really can be minutes when you can lose your life,” Dr. Vosswinkel, who led the training, is quoted as saying.

Teachers learned to apply tourniquets in case a student is shot in the arms or legs—using T-shirts, belts, or shoe strings, if necessary—and to stick anything they can to pack wounds in the torso.

“I don’t care if you stick Kleenex in there, pack it up,” Dr. Vosswinkel said.

“We want the average person, even if they are injured themselves, to be able to perform these potentially life-saving medical skills.”



ALUMNI NEWS

Since 1975 when our first graduating residents entered the profession of surgery, 230 physicians have completed their residency training in general surgery at Stony Brook. The alumni of this residency program and our other residency and 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.

Dr. Carlos A. Garberoglio ('86) is professor of surgery at Loma Linda University where he practices general surgery and surgical oncology. His clinical interests are malignancies of the breast, malignancies of the gastrointestinal system, melanoma, hepatobiliary and pancreatic malignancy, and sarcomas. Recent publications include:

- Bonev V, De Paz Villanueva CC, Solomon N, Senthil M, Reeves ME, **Garberoglio C**, Lum SS. Is sentinel lymph node dissection necessary in all patients with ductal carcinoma in situ undergoing total mastectomy? *Am Surg* 2016;82:982-4.
- Luca F, Valvo M, Guerra-Cogorno M, Simo D, Blesa-Sierra E, Biffi R, **Garberoglio C**. Functional results of robotic total intersphincteric resection with hand-sewn coloanal anastomosis. *Eur J Surg Oncol* 2016;42:841-7.
- Maroney S, Chavez de Paz C, Duldulao M, Kim T, Reeves ME, Kazanjian KK, Solomon N, **Garberoglio C**. Complications of diverting ileostomy after low anterior resection for rectal carcinoma. *Am Surg* 2016;82:1033-7.
- Pairawan SS, Cody D, Kim H, Hughes MK, Solomon N, Senthil M, **Garberoglio C**, Lum S. Outcomes of nipple-sparing mastectomy: role of anatomic measurements. *Am Surg* 2016;82:944-8.
- Pairawan SS, Cora C, Olaya W, Deisch J, Garberoglio R, Solomon N, Senthil M, **Garberoglio C**, Lum SS. Percutaneous sentinel node biopsy in breast cancer: results of a phase 1 study. *Ann Surg Oncol* 2016;23:3330-6.

Dr. Patris S. Marandi ('96) has for two decades been practicing in Everett, WA, specializing in advanced laparoscopic, robotic, cancer/oncology, gastrointestinal, breast, and colorectal surgery.

Dr. Paul A. Mancuso ('03) joined the medical team at Center for Colon & Rectal Surgery in 2014 from Dr. P. Phillips Hospital in Orlando, FL, where he served as a colorectal surgeon and as the director of minimally invasive surgery and chair of the robotics steering committee. Prior to that time, he was a private practice colon and rectal surgeon in Orlando for five years, and was on the teaching faculty of the colorectal surgery residency and fellowship programs at Orlando Regional Medical Center. He has established a solid reputation as one of Central Florida's leading colorectal surgeons specializing in robotic and minimally invasive techniques. He holds a teaching appointment as assistant professor of surgery at Florida State University and assistant professor of medicine at the University of Central Florida.

Dr. Mark A. Gelfand ('05), plastic surgeon and hand surgeon, who joined our faculty in 2008 following his plastic surgery fellowship at UCLA and his hand surgery fellowship at Stony Brook, left us in the fall to join a group practice in Portland, OR, called Legacy Reconstructive Surgery.

Dr. Michelle Azu ('08), Memorial-Sloan Kettering Cancer Center-trained breast surgical oncologist, in August 2016 joined Columbia

University's Department of Surgery as assistant professor of surgery. She has a leadership position as director of breast surgical services and associate director of the breast disease management team at New York-Presbyterian/Lawrence Hospital in Bronxville, NY. Previously, she was director of breast surgery at Chilton Medical Center (Atlantic Health System) in Pompton Plains, NJ. Prior to joining Chilton, she was an assistant professor, in both the Department of Epidemiology and the Department of Surgery at UMDNJ-Robert Wood Johnson Medical School. She currently holds an academic appointment as adjunct assistant professor of epidemiology at Rutgers School of Public Health.

Dr. Dhaval T. Patel ('12) is currently a staff clinician in the Endocrine Oncology Branch of the National Cancer Institute, where he conducts research to identify diagnostic and prognostic markers for endocrine tumors. He is considered a rising star in the field of endocrine surgery, and has presented his work at both national and international conferences. Among his many recent publications are:

- Assadipour Y, Sadowski SM, Alimchandani M, Quezado M, Steinberg SM, Nilubol N, **Patel D**, Prodanov T, Pacak K, Kebebew E. SDHB mutation status and tumor size but not tumor grade are important predictors of clinical outcome in pheochromocytoma and abdominal paraganglioma. *Surgery* 2017;161:230-9.

- Babic B, Keutgen X, Nockel P, Miettinen M, Millo C, Herscovitch P, **Patel D**, Nilubol N, Cochran C, Gorden P, Kebebew E. Insulinoma due to multiple pancreatic microadenoma localized by multimodal imaging. *J Clin Endocrinol Metab* 2016;101:3559-63.
- Babic B, **Patel D**, Aufforth R, Assadipour Y, Sadowski SM, Quezado M, Nilubol N, Prodanov T, Pacak K, Kebebew E. Pediatric patients with pheochromocytoma and paraganglioma should have routine preoperative genetic testing for common susceptibility genes in addition to imaging to detect extra-adrenal and metastatic tumors. *Surgery* 2017;161:220-7.
- Nilubol N, **Patel D**, Kebebew E. Does Lymphadenectomy improve survival in patients with adrenocortical carcinoma? A population-based study. *World J Surg* 2016;40:697-705.
- **Patel D**, Gara SK, Ellis RJ, Boufraquech M, Nilubol N, Millo C, Stratakis CA, Kebebew E. FDG PET/CT scan and functional adrenal tumors: a pilot study for lateralization. *World J Surg* 2016;40:683-9.
- Satoh K, Sadowski SM, Dieckmann W, Quezado M, Nilubol N, Kebebew E, **Patel D**. (18)F-FDG PET/CT volumetric parameters are associated with tumor grade and metastasis in pancreatic neuroendocrine tumors in von Hippel-Lindau disease. *Ann Surg Oncol* 2016;23(Suppl 5):714-21.



In Memoriam

Dr. Geza Victor Loranth ('90) of Summerville, SC, died in August 2015 at the age of 64.

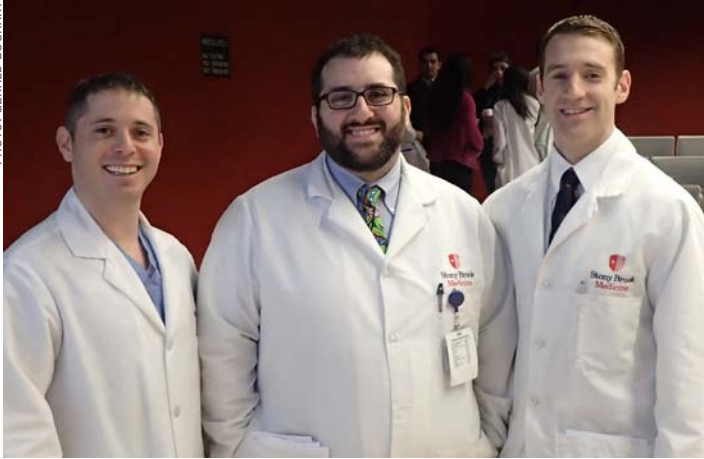
{ ALUMNI NEWS SUBMISSIONS }

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

Testing Our Residents' Knowledge By Playing "Surgical Jeopardy"

Increasing Surgical Knowledge In a Fun Kind of Way

PHOTO: GERALD BUSHART



Winners (l to r) Drs. Andrew Rabenstein, William Gioia, and Gabriel Klein.

In January, our faculty and our residents (surgeons in training) faced off in our Ninth Annual Surgical Jeopardy Game—modeled in format after the popular TV show and in content by the game created by the American College of Surgeons (ACS) to test and increase surgeons' knowledge.

Be it questions on "The Skin Game" (plastic surgery), "Pressure" (surgical critical care), or "A Stitch in Time" (surgical history), the competition was intense.

The final resident team won the game in a close match with faculty.

Our Jeopardy game encourages studying by adding some excitement to the undertaking, and highlights the importance of surgical knowledge.

In an age where technical advancements are constantly improving surgical techniques, knowledge is paramount for performing surgery.

Residency program director Richard J. Scriven, MD, associate professor of surgery,

hosted the event, and associate director Angela A. Kokkosis, MD, assistant professor of surgery, served as the judge.

In total, five teams competed. In "round one," three teams of residents played against each other for a spot in Final Jeopardy.

The winning resident team was then pitted against an "all-star" team (residents selected based on their board exam scores) and the faculty team consisting of Jerry A. Rubano, MD, assistant professor of surgery, Daniel N. Rutigliano, DO, assistant professor of surgery and course director of fourth-year medical student education, and Nicholas Sikalas, MD, assistant professor of surgery.

The winning resident team of William Gioia, DO (PGY-5), Gabriel Klein, MD, (PGY-3), and Andrew Rabenstein, MD, NDP (PGY-1), was victorious in the Final Jeopardy round. Each of them will receive a surgical textbook.

The ACS has held Surgical Jeopardy at its Annual Clinical Congress since 2008. The game tests general and specialty surgery knowledge of residents from around the country, and has been a great success. Many ACS chapters across the country now include Jeopardy as part of their annual continuing education meetings.

Selected Recent Publications

Continued from Page 8

Obeid NR, Pryor AD. Is the adjustable gastric band dead? *Ann Surg* 2017;265:446-7.

Petersen RP, **Pryor AD.** The unstable patient with obscure gastrointestinal bleeding: surgical and nonsurgical management. In: **Pryor AD, Pappas TN, Branch MS,** editors. *Gastrointestinal Bleeding: A Practical Approach to Diagnosis and Management*. 2nd ed. New York: Springer, 2016: 211-18.

Pisano P Jr, **Mazzola JG, Tassiopoulos A, Romanos GE.** Electrosurgery and ultrasonics on patients with implantable cardiac devices: evidence of side effects in the dental practice. *Quintessence Int* 2016;47:151-60.

Pryor AD, Pappas TN, Branch MS, editors. *Gastrointestinal Bleeding: A Practical Approach to Diagnosis and Management*. 2nd ed. New York: Springer, 2016.

Raptis A, Xenos M, Georgakarakos E, Kouvelos G, Giannoukas A, **Labropoulos N, Matsagkas M.** Comparison of physiological and post-endovascular aneurysm repair infrarenal blood flow. *Comput Methods Biomech Biomed Engin* 2017;20:242-9.

Sandoval S, Relan P, Thode HC Jr, Singer AJ. Which burn outcomes do patients anticipate as most likely to be important. *J Burn Care Res* 2016;37:e515-8. See spotlight on Page 19.

Shroyer AL, Lu WH, Chandran L. Drivers of dashboard development (3-D): a curricular continuous quality improvement approach. *Acad Med* 2016;91:517-21.

Singer AJ, Relan P, Beto L, Jones-Koliski L, **Sandoval S, Clark RA.** Infrared thermal imaging has the potential to reduce unnecessary surgery and delays to necessary surgery in burn patients. *J Burn Care Res* 2016;37:350-5.

Sippey M, Kasten KR, Chapman WH, Pories WJ, **Spaniolas K.** 30-day readmissions after sleeve gastrectomy versus Roux-en-Y gastric bypass. *Surg Obes Relat Dis* 2016;12:991-6.

Sippey M, **Spaniolas K, Manwaring ML, Pofahl WE, Kasten KR.** Surgical resident involvement differentially affects patient outcomes in laparoscopic and open colectomy for malignancy. *Am J Surg* 2016;211:1026-34.

Spaniolas K, Kasten KR, Celio A, Bur-russ MB, Pories WJ. Postoperative follow-up after bariatric surgery: effect on weight loss. *Obes Surg* 2016;26:900-3.

Spaniolas K, Kasten KR, Sippey ME, et al. Pulmonary embolism and gastrointestinal leak following bariatric surgery: when do major complications occur? *Surg Obes Relat Dis* 2016;12:379-83.

Spaniolas K, Pories WJ. Comment on Sjöholm et al. Weight change-adjusted effects of gastric bypass surgery on glucose metabolism: 2- and 10-year results from the Swedish Obese Subjects (SOS) study. *Diabetes Care* 2016;39:e83-4.

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Double Jeopardy Round

The Skin Game	Pass the Pepto	Pressure	That's my baby	You wanna put that where?	A Stitch in Time
<u>\$200</u>	<u>\$200</u>	<u>\$200</u>	<u>\$200</u>	<u>\$200</u>	<u>\$200</u>
<u>\$400</u>	<u>\$400</u>	<u>\$400</u>	<u>\$400</u>	<u>\$400</u>	<u>\$400</u>
<u>\$600</u>	<u>\$600</u>	<u>\$600</u>	<u>\$600</u>	<u>\$600</u>	<u>\$600</u>
<u>\$800</u>	<u>\$800</u>	<u>\$800</u>	<u>\$800</u>	<u>\$800</u>	<u>\$800</u>
<u>\$1000</u>	<u>\$1000</u>	<u>\$1000</u>	<u>\$1000</u>	<u>\$1000</u>	<u>\$1000</u>

Final

DIVISION BRIEFS

Bariatric, Foregut, and Advanced Gastrointestinal Surgery

Dr. Aurora D. Pryor, professor of surgery and vice chair for clinical affairs, and chief of bariatric, foregut, and advanced gastrointestinal surgery, in September published the second edition of her textbook, *Gastrointestinal Bleeding: A Practical Approach to Diagnosis and Management*, published by Springer.

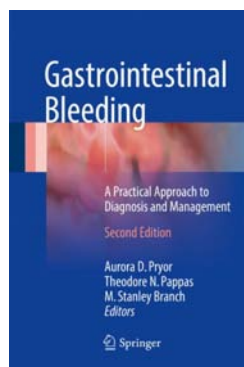
This edition (the first was published in 2010) includes updated and new chapters focusing on the newest advances in imaging and interventional modalities in the care of patients with gastrointestinal bleeding, as well as highly practical presentations of typical patients seen in clinical practice.

Dr. Pryor in September co-directed the two-day professional **Women's Leadership in Surgery Conference** held in New York.

This unique conference, sponsored by Ethicon, was developed to bring together a carefully selected faculty of renowned female surgeons to discuss proven career strategies with surgical professionals from across the country.

Serving as co-director with Dr. Pryor was former faculty member Dr. Dana A. Telem who last summer joined the faculty at the University of Michigan.

Dr. Pryor gave three presentations at this conference: "How I



Built My Network of Sponsors and Mentors"; "Family Planning"; and "Home/Life Balance."

At **ObesityWeek 2016**, the annual conference of the American Society for Metabolic & Bariatric Surgery and the Obesity Society, which took place in New Orleans on October 31 through November 4, Dr. Pryor gave the following three:

- A 6-month swallowable balloon system results in sustainable weight loss at 1 year: results from a prospective, randomized sham-controlled trial
- Conversion of band to sleeve gastrectomy
- Endoscopic stenting (video lecture)

Recently received research grants include:

- Baronova 2016 (\$689,688). Endoscopic treatment for weight reduction in patients with obesity using the transpyloric shuttle; FDA trial of weight loss with endoscopically placed device. Site principal investigator.
- Obalon 2016 (\$313,952). SMART Continued Access Research Study; FDA trial for optimization of weight loss with transoral intragastric balloon. National co-principal investigator.

As a national leader, Dr. Pryor has recently been appointed to the American Board of Surgery's **Gastrointestinal Surgery Advisory Council**, and also elected **second vice president of the Fellowship Council**, the organization that maintains quality standards of post-residency training

programs in minimally invasive surgery, bariatric surgery, and other gastrointestinal surgical specialties.

Dr. Konstantinos Spaniolas, associate professor of surgery, is pleased to announce that the Bariatric and Metabolic Weight Loss Center has started a new, free monthly informational **Weight Loss Seminar** open to the public.

"This is a way for our experienced weight loss surgeons to present information about a new and innovative approach to weight loss," says Dr. Spaniolas. "These seminars take place on the **second Monday of every month** in the lobby conference room at Stony Brook University Hospital." For more information, please call (631) 444-BARI (2274).

An active scholar as well as clinician, Dr. Spaniolas in November gave the following two oral presentations at the **ObesityWeek 2016** conference in New Orleans:

- Comparative effectiveness of sleeve gastrectomy and gastric bypass in the elderly population (authors: Celio A, Hopper L, Brinkley J, Guyton RL, Kasten KR, Pories WJ, Spaniolas K).
- Effect of close postoperative follow-up on comorbidity improvement in bariatric surgery (authors: Schroeder A, Celio A, Kasten KR, Pories WJ, Spaniolas K).

At the annual **Clinical Congress of the American College of Surgeons** held in Washington in October, Dr. Spaniolas gave the following two oral presentations:

- Effect of resident involvement in laparoscopic colectomy for malignancy: a propensity matched analysis (authors: Celio AC, Spaniolas K, Kasten KR).
- Propensity matched analysis of robotic and laparoscopic gastric bypass safety (authors: Celio AC, Kasten KR, Pories WJ, Spaniolas K).

Dr. Mark A. Talamini, professor and chairman of surgery, and chief of surgical services at Stony Brook Medicine, in March was honored by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) as the 2017 recipient of the **SAGES Distinguished Service Award** presented by the SAGES Education and Research Foundation at the society's annual meeting in Houston, TX.

A past president of SAGES (2008-09), Dr. Talamini has served the society in multiple capacities since the 1990s. He currently is a member of the Board of Governors Executive Committee. He has served as a member of the Telemedicine Ad Hoc Committee, member and co-chair of the Program Committee, chair of the Technology Committee, and chair of the Finance Committee, among other leadership roles.

In addition, Dr. Talamini has served since 2009 as **editor-in-chief of Surgical Endoscopy**, the official journal of SAGES and the European Association for Endoscopic Surgery. This monthly peer-reviewed journal covers the surgical aspects of interventional endoscopy, ultrasound, and other techniques in gastroenterology, obstetrics, gynecology, and urology.

Surgical Endoscopy affords the international surgical community a focal point for the exchange of information on practice, theory, and research in various medical and surgical disciplines.

The mission of SAGES, which was established in 1981, is to improve quality patient care through education, research, innovation, and leadership, principally in gastrointestinal and endoscopic minimally invasive surgery.

Breast Surgery

Dr. Brian J. O’Hea, associate professor of surgery and chief of breast surgery, is now using the new patient-centered technology called **SCOUT—a radar localization system that makes breast cancer surgery easier for women** and more efficient for healthcare providers.

The first medical device to use radar in human tissue, SCOUT is an innovative tool for localizing and directing the removal of non-palpable breast lesions. It uses radar for a radiation-free and wire-free solution designed to aid surgeons during a lumpectomy breast-conserving procedure.

Traditionally, lumpectomy procedures involve wire localization—inserting a wire into the breast on the day of surgery. For many women, this leads to discomfort, increased anxiety, and reduced satisfaction. There is also a risk that the wire could move resulting in re-excisions and a less than pleasing cosmetic result.

Instead of wires, the SCOUT localization system involves a small reflector that is placed into the breast up to 30 days before surgery. SCOUT, then, detects the reflector using its unique radar signal.

Using SCOUT, Dr. O’Hea can precisely target the cancer-affected tissue, which can mean **more successful surgeries and better outcomes for women**. He currently is using it only on small percentage of patients to determine its long-term sustainability. SCOUT received FDA clearance in December 2014, and additional clearance last August.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of the Lung Cancer Evaluation Center, is pleased to announce the **opening of the Lung Cancer Evaluation Center’s new clinic at Southampton Hospital** in Southampton. For consultations/appointments, the phone number to call is (631) 444-2981.

Dr. Bilfinger in January presented the following study at the annual meeting of the Society of Thoracic Surgeons held in Houston: **“Geographic Variations in Lung Cancer Lobectomy Outcomes: The STS General Thoracic Surgery Database”** (authors: Shroyer AL, Qin JA, Grof J, Grau-Sepulveda MV, Kosinski AS, Yerokun B, Mitchell JD, Bilfinger TV).

Colon and Rectal Surgery

Dr. Roberto Bergamaschi, professor of surgery, and **Dr. Paula I. Denoya**, associate professor of surgery, now provide care for patients in Greenport; see page 9 for details.

Dr. Marvin L. Corman, professor of surgery, is pleased to report that his textbook, ***Corman’s Colon and Rectal Surgery***, now in its sixth edition and established for more than 30 years as “the gold standard in its discipline” (*JAMA*), is now available in Spanish and Portuguese translations. It has previously been published in Turkish and Chinese translations.

At approximately 1600 pages, the textbook presents a monumental task for translators—as monumental as the achievement of the work itself in English.

Otolaryngology-Head and Neck Surgery

Dr. Melissa M. Mortensen, assistant professor of surgery, in February was interviewed by Jay Oliver on LI News Radio 103.9 FM, and provided advice on **how to maintain voice health**. Visit our blog to hear her.

Dr. Ghassan J. Samara, associate professor of surgery and leader of Stony Brook Cancer Center’s head and neck, thyroid oncology team, in September received notice of *Laryngoscope’s* acceptance of his article, **“Trends and the Utilization of Transoral Robotic Surgery with Neck Dissection in New York State”** (authors: Frenkel CH, Yang J, Zhang M, Regenbogen E, Telem DA, Samara GJ).

The study reported in the article, done with Stony Brook colleagues, found that when **robotic surgery as a minimally invasive alternative** to open surgical resection of oropharyngeal cancer is done with neck dissection, it not only benefits patients but is a cost-effective strategy.

Transoral robotic surgery is associated with less postoperative speech and swallowing dysfunction and less cosmetic deformity.

Dr. Samara was the **first physician on Long Island to use a robotic surgical system** to perform surgery on patients with ear, nose, and throat conditions. The first case was done in March 2011.

Pediatric Surgery

Dr. Richard J. Scriven, associate professor of surgery and director of the general surgery residency, in November received the 2016 **service award from**



Dr. Richard J. Scriven (r) receiving Blanca’s House service award from Dr. Stephen Coccaro.

Blanca’s House for “support, commitment, and dedication to the vision and mission” (i.e., medical missions).

Blanca’s House is a Long Island-based organization of volunteer healthcare professionals who provide free medical treatment to people without access to good healthcare.

Not only has Dr. Scriven gone on multiple missions for Blanca’s House in Latin America to provide surgery, he serves as a member of its board of directors.

Dr. Scriven in October was on a **five-day mission in Ecuador** to provide general surgery including hernia repairs and laparoscopic gallbladder removals.

The **Fifth Annual Cedric J. Priebe Jr., MD, Endowed Pediatric Surgery Lectureship** featured Joseph P. Vacanti, MD, professor of surgery, Harvard University, and chief of pediatric surgery, emeritus, at Massachusetts General Hospital, whose lecture for Surgical Grand Rounds in November was titled **“The History, Present, and Future of Tissue Engineering and Regenerative Medicine.”**

Dr. Vacanti also participated in a two-hour case discussion of pediatric surgical cases with our medical students and surgical residents.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, professor of surgery and orthopaedics, executive vice chair of surgery, and chief of plastic and reconstructive surgery, in January went on a seven-day **medical mission in Honduras** to provide plastic surgery including repairs of cleft lips/palates, burn scars, and congenital anomalies.



Dr. Alexander B. Dagum with patient and her family in hospital in San Pedro de Sula, Honduras.

The mission was sponsored by Blanca's House. Dr. Dagum serves on its board of directors.

Two of our general surgery residents, **Dr. Carl Dickler** and **Dr. Syed Karim**, one of our vascular surgery residents, **Dr. Spyridon Monastiriotis**, and our plastic surgery chief resident/fellow, **Dr. J. Gilbert Fernandez**, went on the mission with Dr. Dagum.

The experience these residents gained on this mission cannot be replicated. Their flexibility as physicians was reinforced, and their ability to adapt to a variety of surgical situations was both **tested and made stronger**.

Dr. Dagum in October gave the following presentation at the Triennial International Federation of Societies for Surgery of the Hand and International Federation of Societies for Hand Therapy Joint Meeting held in Buenos Aires, Argentina: "**An Anatomical Feasibility Study on the Use of the Hypoglossal and Hemi Hypoglossal Nerve as a Donor Motor Nerve for Free Functioning Muscle Transfer in Upper Extremity Reconstruction**" (authors: Dagum AB, Guillen F, Lu YH).

Surgical Oncology

Dr. Joseph Kim, associate professor of surgery, has been selected for listing in the **New York Super Doctors** insert of the *New York Times* to be published in May.

Offering hope when hope is needed most, Dr. Kim continues to treat patients who come to Stony Brook from around the world for his **cytoreductive surgery and HIPEC** for abdominal tumors.

Dr. Aaron R. Sasson, professor of surgery and chief of surgical oncology, in September presented at the 2016 Long Island Gastrointestinal Cancer Symposium's CME program titled "**Collaborative Multidisciplinary Approach Improves Patient Outcomes.**"

Surgical Research

Dr. A. Laurie W. Shroyer, professor of surgery and vice chair for research, in October gave the following two lectures at the American Association for Thoracic Surgery Clinical Trials Course held in Chicago: "**Ethics of Clinical Trials**" and "**How to Design a Randomized Clinical Trial.**"

Trauma, Emergency Surgery, and Surgical Critical Care

Dr. Steven Sandoval, assistant professor of surgery and medical director of the Suffolk County Volunteer Firefighters Burn Center, in November was honored at the annual awards dinner of *Long Island Business News*, representing the year's winner for "**Long Island's Best Burn Center**"; namely, our Suffolk County Volunteer Firefighters Burn Center at Stony Brook Medicine.

Vascular and Endovascular Surgery

Dr. Valerie A. Brunetti, assistant professor surgery, has been appointed University Hospital **site director of the podiatry residency** recently established at the Northport VA Medical Center.

Dr. Angela A. Kokkosis, assistant professor of surgery, has been appointed **director of carotid interventions** in her division. She is spearheading the adoption of new innovative treatments for carotid disease.

Dr. Shang A. Loh, assistant professor of surgery and director of the vascular surgery residency, has started a **vascular clinic in Commack** every other Friday afternoon at 1-4 pm.

Dr. Loh in January presented at the Leipzig Interventional Course (LINC) meeting held in Leipzig, Germany, where he gave a talk titled "**Coverage of the Left Subclavian Artery Is Not Necessary to Achieve Aortic Healing in Grade 2-3 Traumatic Aortic Injuries.**"

LINC is an interdisciplinary live course designed to provide a global platform that allows for discussion of vascular patients

by integrating colleagues of different specialties who are performing endovascular interventions.

The Eighth Annual Venous Symposium—directed by **Dr. Antonios P. Gasparis**, professor of surgery, and **Dr. Nicos Labropoulos**, professor of surgery—will take place in April in New York, NY.

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 24 AMA PRA Category 1 Credits™.

For more information, please visit the symposium's website: www.venous-symposium.com.

Selected Recent Publications

Continued from Page 15

- Spaniolas K**, Pories WJ. Surgery for type 2 diabetes: the case for Roux-en-Y gastric bypass. *Surg Obes Relat Dis* 2016;12:1220-4.
- Telem DA, Yang J, Altieri M, **Talamini M**, Zhang Q, **Pryor AD**. Hospital charge and health-care quality in bariatric surgery. *Am Surg* 2017;83:170-5.
- Ventarola DJ, **Labropoulos NN**, **Landau DS**, **Tassiopoulos AK**, **Loh SA**. Tibioperoneal trunk aneurysm resulting in compartment syndrome with associated aneurysms of the popliteal and dorsalis pedis arteries. *Ann Vasc Surg* 2016;35:207.e11-6.
- Whellan DJ, McCarey MM, Taylor BS, Rosengart TK, Wallace AS, **Shroyer AL**, Gammie JS, Peterson ED. Trends in robotic-assisted coronary artery bypass grafts: a study of the Society of Thoracic Surgeons Adult Cardiac Surgery Database, 2006 to 2012. *Ann Thorac Surg* 2016;102:140-6.
- Wu AR, Garry J, **Labropoulos N**. Incidence of pulmonary embolism in patients with isolated calf deep vein thrombosis. *J Vasc Surg Venous Lymphat Disord* 2017;5:274-9.
- Yelika SB, Abbas SK, **Bergamaschi R**. Do not snare rectal polyps. *Tech Coloproctol* 2016;20:797-8.
- Zheng R, Altieri MS, Yang J, Chen H, **Pryor AD**, **Bates A**, **Talamini MA**, Telem DA. Long-term incidence of contralateral primary hernia repair following unilateral inguinal hernia repair in a cohort of 32,834 patients. *Surg Endosc* 2017;31:817-22.

SPOTLIGHT ON RESEARCH

Which Burn Outcomes Do Patients Anticipate as Most Likely to Be Important

Burn therapies should focus on achieving outcomes that are most important to patients. The authors wanted to discover which outcomes newly burned patients would anticipate as most important to them and explored the association between demographic/burn characteristics and patient preferences.

The authors surveyed 753 of 776 patients seen by our burn service from 2008 to 2013 during the initial encounter. Patients were asked to rate the anticipated importance of several burn outcomes including cosmetic appearance, resumption of normal function, and the lack of pain/itching on a four-item Likert scale (not important, somewhat important, important, and extremely important).

The association between demographic and burn characteristics with patients' views on the importance of various outcomes was explored with chi-square and nonparametric tests. Patient mean (SD) age was 30 (22) years, 58% were males, 69% were white.



Dr. Steven Sandoval

Overall, function was extremely important to 96% of patients, lack of pain/itching was extremely important to 85% of patients, and cosmesis was extremely important to 59% of patients. Cosmesis was extremely important to more females than males (69 vs 52%; $P < .001$) and the mean age of patients in whom cosmesis was extremely important was lower than those in whom it was not (25 vs 40; $P < .001$).

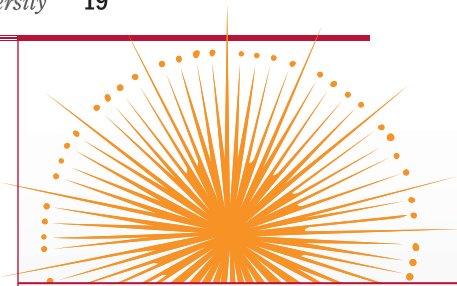
Cosmesis was more commonly extremely important in patients with head/neck than extremity burns (67 vs 57%; $P < .001$). Levels of importance for function and lack of pain/itching did not differ by gender, age, TBSA, or burn location.

Thus, return to normal function and lack of pain and itching appear to be more commonly very important to burn patients than the cosmetic appearance of their burns. Cosmesis was of greater importance to younger patients, female patients, and those with head/neck burns.

—Steven Sandoval, MD, assistant professor of surgery and medical director of the Suffolk County Volunteer Firefighters Burn Center, and colleagues Pryanka Relan, MD, Henry C. Thode Jr., PhD, and Adam J. Singer, MD, of the Stony Brook Department of Emergency Medicine, in *Journal of Burn Care & Research* (2016).



The Suffolk County Volunteer Firefighters Burn Center at Stony Brook Medicine is the only designated burn care facility for the more than 1.5 million Suffolk County residents. The center coordinates burn services throughout the region, and conducts training and research in burn care.



Patient Update

We receive grateful patient letters all the time. Here's a recent one from a heart surgery patient who was cared for by Joanna Chikwe, MD, chief of cardiothoracic surgery and co-director of the Stony Brook University Heart Institute.

To all my friends in the Heart Institute:

Saying "thank you" just doesn't seem to cut it for me. I walked into your Institute on September 30 for a catheterization test, not knowing what was causing my chest discomfort. A severe blockage was discovered and I was operated on by Dr. Chikwe and her incredible staff on Monday, Oct. 3, and was able to leave on Thursday, Oct. 6, due mainly to & because of the unbelievable care I received at every stage.

From the first moment I entered the hospital, the nurses, aides, doctors, administration people were all professional, kind, and caring. I actually felt the "love." This is kind of silly to say, but having gone through a serious situation, I actually had a good time.

You all made me feel very cared for, which made me happy. And a special shout out to my ICU nurses—you were incredible.

May God bless you all as He did me with your care.

Warmest regards,

Bob McLaughlin



Stony Brook Medicine

Stony Brook Surgical Associates

SEE PATIENT UPDATE ON PAGE 19.

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