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Number 7

POST Op

News Update from the Department of Surgery

UNIVERSITY HOSPITAL AND MEDICAL CENTER AT STONY BROOK

Introducing Dr. Irvin B. Krukenkamp

Our New Chief Of Cardiothoracic Surgery

We are very pleased to introduce Irvin B. Krukenkamp, MD, who has joined our faculty as professor of surgery and chief of cardiothoracic surgery. Coming to Stony Brook from Harvard University and Medical School, Dr. Krukenkamp is a prominent cardiothoracic surgeon whose clinical and research programs will further distinguish University Hospital and Medical Center.

At Harvard, Dr. Krukenkamp was singularly the busiest of 44 open heart surgeons in the Boston metropolitan area—with Massachusetts Health Data Consortium surgical mortality in the top 10% for the entire state.

Now at Stony Brook for nearly a year, Dr. Krukenkamp's practice has already been well received by the local medical community, and it will certainly contribute to maintaining our cardiac program's recent ranking in the top group of the NYS Department of Health's listing of hospitals statewide that are licensed to perform heart bypass surgery.

Among his principal duties here are directing our Division of Cardiothoracic Surgery, and also co-directing the newly formed Heart Hospital.

Dr. Irvin B. Krukenkamp (third from left) at the bedside of patient recovering from successful bypass surgery.

Performing the only open heart surgery in Suffolk County, Dr. Krukenkamp and his team of cardiothoracic surgeons are specialists in high-risk and tertiary care types of surgical intervention, providing consultation and surgical care for patients with advanced forms of heart, lung, and mediastinal disease.

Dr. Krukenkamp received his MD from the University of Maryland in 1982, and completed his residency training in general surgery at the University of Illinois in 1989. He then went on to complete a three-year clinical/research fellowship in cardiothoracic surgery at Harvard (Deaconess Hospital), after which he joined Harvard's surgical faculty in 1992.

In addition to all aspects of adult heart surgery, Dr. Krukenkamp's special clinical interests include coronary and valve surgery in the octogenarian; and operative management and myocardial protection of the profoundly dysfunctional heart.

Not only is Dr. Krukenkamp an active clinician, he is an active researcher as well. He is now setting up his laboratory in the Department. His research interests include myocardial mechanics and energetics; myocardial protection by cardioplegia; and new endogenous myoprotective strategies utilizing preconditioning. He has already established relationships with Stony Brook's departments of mechanical engineering and biomedical engineering and the Center for Molecular Cardiology.

He is currently the principal investigator or co-investigator of three

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Our Minimally Invasive Heart Surgery Is Truly State of the Art

The Department's heart surgeons are pioneering the latest approaches to the surgical treatment of cardiac disease with state-of-the-art minimally invasive heart surgery. Our activity in this exciting new clinical area adds further distinction to our cardiothoracic service.

Minimally invasive heart surgery is performed without opening the chest, as in conventional open heart surgery. Instead of a large incision down the center of the chest and through the breastbone, minimally invasive surgery is performed through a small incision, and thus generally results in fewer complications, less pain after surgery, quicker recovery time, smaller scars and lower cost.

Minimally invasive approaches are applied to surgical coronary revascularization, heart valve replacement, and certain forms of aortic aneurysm repair.

Among the new-style heart operations we now perform is minimally invasive direct coronary artery bypass (MIDCAB) surgery. Compared with standard techniques, this procedure offers a less invasive surgical approach for bypassing blocked coronary arteries. Not only is the incision much smaller, the heart is not stopped during the repair, as in conventional bypass surgery.

MIDCAB "beating heart" surgery dramatically reduces the trauma, complications, recovery time and costs associated with standard open heart surgery in which the patient's ribcage is divided, the heart stopped and the patient is put on a heart-lung machine.

The strict definition of a MIDCAB procedure is coronary bypass surgery done *without* sternotomy (whereby the breastbone is split, the ribcage pried apart, and the operation performed through a 12- to 15-inch incision down the middle of the chest), *without* cardioplegia (whereby the heart is stopped), and *without* cardiopulmonary bypass (whereby the stopped heart's work is taken over by a heart-lung machine).

Frank C. Seifert, MD, associate professor of surgery, who is quite accomplished in alternative arterial conduit bypass grafting, has been assigned to lead the cardiothoracic surgery division in minimally invasive heart surgery, including MIDCAB and valve surgery through mini-sternotomy.

Commenting on our pioneering use of MIDCAB, Dr. Seifert explains: "MIDCAB surgery has now been offered at University Hospital for the past year. We have performed nearly 100 operations, and the response from the medical community has been enthusiastic."

"Patients likewise are very positive about the surgery, and benefit greatly from the shortened recovery period," adds Dr. Seifert. "Last fall we initiated multi-vessel MIDCAB surgery, as we continue to expand the indications for this procedure in selected patients with triple-vessel coronary artery disease."

MIDCAB and More

Other minimally invasive techniques such as "mini-valve" surgery are being pioneered at Stony Brook. Aortic valves can now be replaced through a 3-inch incision with conventional bypass. Patients recover quickly and are sent home pain-free, fully functional within 48 hours of their operation.

The development of such techniques as MIDCAB and mini-valve surgery has expanded our surgical armamentarium and allowed extrapolation to more complicated aneurysm surgery and also ventricular remodeling (the new "Batista operation" for congestive heart failure).

Minimally invasive techniques are playing an increasing role in cardiac surgery. Patients need to be aware, however, that no single minimally invasive technique is applicable to all cases, and that at present more traditional surgery may be indicated.

With the breadth of experience and availability of new techniques at Stony Brook's University Hospital and Medical Center, our strength is the ability to provide individual patients with the most appropriate surgery for their condition.

For more information about minimally invasive heart surgery at Stony Brook, please call (516) 444-1820 to arrange for a consultation/ appointment with one of our cardiothoracic surgeons.

STONY BROOK

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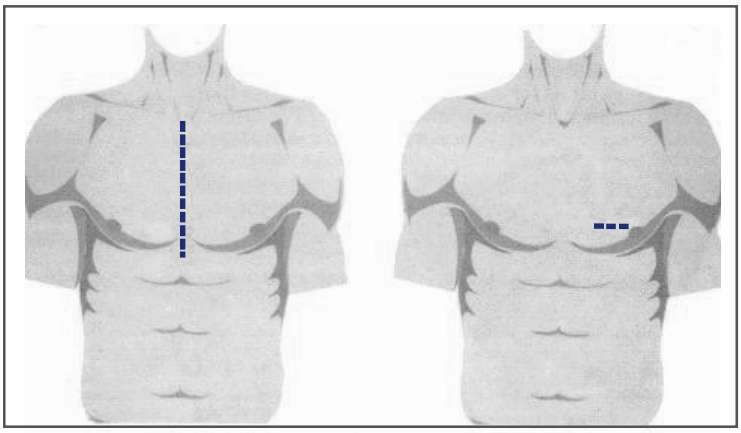

Incision lines of traditional open heart surgery (left) and new MIDCAB surgery (right).

MIDCAB "BEATING HEART" SURGERY

TRADITIONAL VERSUS MINIMAL SURGERY

The new MIDCAB (**M**inimally **I**nvasive **D**irect **C**oronary **A**rtery **B**ypass) procedure enables surgeons to access and bypass diseased arteries using the internal mammary artery or other suitable vascular grafts. The procedure is performed through a 3- to 4-inch incision between the fourth and fifth ribs, exposing the surface of the beating heart.

Under the surgeon's direct vision, the healthy artery is grafted directly onto the coronary artery while the heart continues beating.

Our cardiothoracic surgery team uses a special MIDCAB system that holds a small area of the beating heart motionless so the surgeon can place sutures with precision. This procedure stabilizes the area with pressure on either side of the artery to be bypassed, and it eliminates the need to stop the heart and route the blood through a heart-lung machine.

In contrast to traditional coronary artery bypass graft (CABG) surgery, which involves a 12- to 15-inch lengthwise incision through the ribcage, MIDCAB surgery takes half the time, costs about half as much, and requires an average hospital stay of only three days versus seven days.

Moreover, most patients usually recuperate in 10 to 14 days compared with the six to eight weeks for traditional CABG.

The healing and recovery time is much shorter because the trauma to both soft tissue (skin and muscle) and hard tissue (bone) is greatly reduced. But the major advantage to the patient is avoidance of the heart-lung machine and cardiac arrest, as the chemical and cellular response to these manipulations account for most of the risk and the delayed recovery with traditional CABG.

Operative complications such as stroke, heart attack, and multiple organ dysfunction are also dramatically reduced.

MIDCAB is currently being used in patients with single-vessel coronary disease who are not candidates for angioplasty or stent procedures and in patients who have failed these cardiologic procedures (about one third of the patients).

MIDCAB has also been used to treat patients who are at too high a risk for traditional CABG, such as patients with poor ventricular function or previous bypass surgery. Recently, it has been extended to patients with multi-vessel coronary artery disease.

DIVISION BRIEFS

Cardiothoracic Surgery

Dr. Allison McLarty (above), assistant professor of surgery, joined our faculty in July 1997, coming to us from a three-year clinical fellowship in cardiothoracic surgery at the Mayo Clinic. Dr. McLarty's clinical practice encompasses general thoracic surgery and adult cardiac surgery. Areas of particular interest include minimally invasive surgery, mitral valve repair, and the new surgical treatment for arrhythmias called the "maze" procedure.

Dr. Thomas Bilfinger, associate professor of surgery and chief of thoracic surgery, reports that we will continue to evaluate patients with emphysema for **lung volume reduction surgery** despite HCFA's current policy of not reimbursing these cases. This new procedure for severe emphysema has been shown to provide significant improvement in lung function; nonetheless, Medicare continues to withhold payment for it. Lung reduction surgery offers patients with advanced pulmonary disease an alternative to lung transplantation.

General/Gastrointestinal Surgery

Dr. Gary Gecelter, assistant professor of surgery, is pleased to announce his current use of the newly developed **flexible laparoscope**, which further enhances his ability to provide the latest in minimally invasive videoscopic surgery. Among the

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Research Focus

Improving Cancer Surgery Metabolically

Dr. Peter J. Garlick, professor of surgery and director of surgical research, is now conducting a basic science study titled "Metabolic Implications of Dietary Arginine Supplements," for which he recently received funding from the National Cancer Institute in collaboration with the Office of Dietary Supplements (National Institutes of Health).

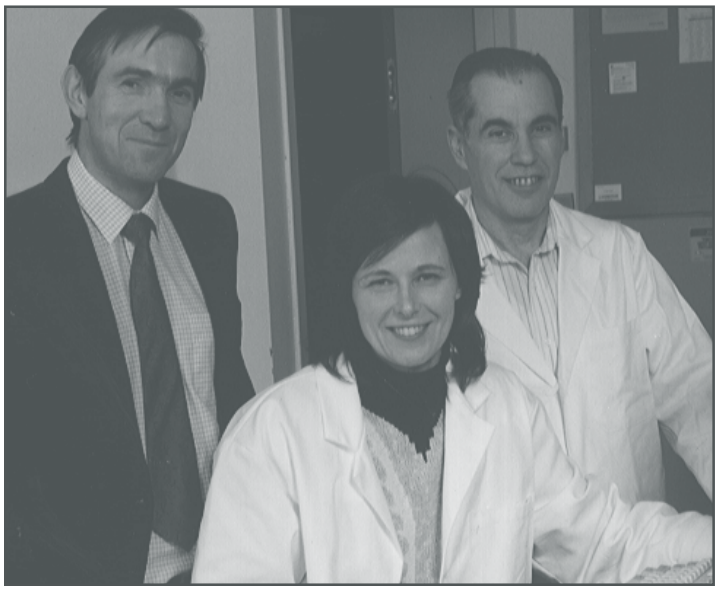
The aim of this research is to better understand how the protein metabolism of cancer patients responds to treatment with arginine, an amino acid found in body protein and a normal constituent of foods.

Which types of patients might benefit from postoperative arginine supplements?

Dietary supplements of arginine have been shown to have a variety of potentially beneficial effects in both animals and humans, including stimulation of the body's defenses (the immune system), improvement in wound healing and faster recovery from surgery. Also, an inhibition of tumor growth has been demonstrated in animal studies.

However, Dr. Garlick's work in human cancer patients indicates that arginine might stimulate, rather than inhibit, the growth of some tumors. This suggests that arginine might be safe to use after surgery for some types of cancer, to take advantage of its beneficial effects on recovery, but not with others.

His new NCI/NIH grant will support studies of how brief periods of arginine treatment influence protein synthesis and new cell production in a range of tissues obtained from patients during surgery. The results will indicate which types of patients might benefit from postoperative arginine supplements.



(From left to right) Dr. Peter J. Garlick and colleague Dr. Margaret A. McNurlan with mass spectrometrist George A. Casella

CANCER AND PROTEIN METABOLISM

In patients with cancer, there is a nutritional competition between the tumor and the host tissues. Dr. Garlick's current research involves evaluating this competition by measuring — with stable isotopes (non-radioactive) and gas chromatography-mass spectroscopy—the rate of protein synthesis in the tumor and in host tissues such as muscle.

Earlier work showed that tumor protein synthesis is elevated by feeding the patient, implying that the growth of the tumor is sensitive to the nutrients provided to the host. Subsequent experiments demonstrated that provision of intravenous nutrition with a modified amino acid composition blunted this effect, suggesting that nutritional modulation of tumor growth is feasible.

Arginine's stimulatory effect could potentially be used to sensitize the tumor to chemotherapy, but before this can be evaluated it will be necessary to examine the effects of arginine on a wider range of human tumors and also on normal host tissues.

Bio Note

Dr. Garlick joined our faculty in 1993, coming to Stony Brook from the Rowett Research Institute in Aberdeen, Scotland, where for a decade he was head of the clinical metabolism group. There he also served as program coordinator of the control of nutrient utilization unit.

He received his BA (natural sciences/biochemistry) in 1967 from Cambridge University and his PhD (biochemistry/nutrition) in 1972 from London University. He subsequently held several research positions, including appointments at St. Mary's Hospital (medical research council) in London, the London School of Hygiene and Tropical Medicine (human nutrition department), and the University of Wisconsin-Madison (nutritional sciences department).

He has to date published more than 150 peer-reviewed articles and a "citation classic" book, in addition to numerous symposium papers, book chapters, and research abstracts. In recent years, he has also served on the editorial board of the *American Journal of Physiology*, *Biochemical Journal*, and *Journal of Parenteral and Enteral Nutrition*.

DIVISION BRIEFS
(Continued from Page 3)

cutting-edge laparoscopic procedures he performs are splenectomy, inguinal hernia repair, and hiatal hernia repair for gastroesophageal reflux (heartburn) disease.

Transplantation

Dr. Felix Rapaport, SUNY distinguished professor (surgery), has been credited for accomplishing the **world's longest surviving cadaver-kidney transplant**—now going on 31 years! This transplant statistic appears in *Clinical Transplants, 1997* (UCLA Tissue Typing Laboratory) by J. Michael Cecka and Paul I. Terasaki. The original transplant surgery Dr. Rapaport performed took place in 1967, when the patient was 19 years old.

Trauma/Critical Care

Dr. Thomas Smith (above), assistant professor of surgery, joined our faculty in November 1997, coming to us from Jacobi Medical Center in the Bronx. Previously, he had worked at the University of Maryland's world-renowned Shock Trauma Center in Baltimore, after completing fellowships there in trauma, surgical critical care, and EMS systems. Dr. Smith's special interests include trauma ultrasonography, intra-abdominal hypertension, ergonomics, re-engineering, and practice parameters.

Meet Our Pediatric Otolaryngologist

Dr. Monte has established a strong clinical program in pediatric otolaryngology, and adds an important dimension to our multi-specialty otolaryngology-head and neck service.

Since her arrival in the fall of 1996, Denise C. Monte, MD, has established a strong clinical program in pediatric otolaryngology. She joined our faculty as an assistant professor of surgery in the Division of Otolaryngology-Head and Neck Surgery, and her pediatric expertise adds an important dimension to our multi-specialty otolaryngology-head and neck service.

Dr. Monte received her MD from the State University of New York Health Science Center at Syracuse in 1991, and completed her residency training in otolaryngology-head and neck surgery at the Albany Medical College in 1996.

She did fellowship work in rhinology/sinus surgery at the University of Pennsylvania in Philadelphia and Shadyside Hospital in Pittsburgh during the summer of 1996.

Dr. Monte's clinical practice encompasses not only pediatric otolaryngology, but also adult/pediatric rhinology and endocrine surgery. Areas of particular interest include pediatric airway management, endoscopic sinus surgery, and endocrine (thyroid) surgery.

"Dr. Monte has already become an invaluable member of our staff, diagnosing particularly rare conditions and treating particularly difficult airway problems in the pediatric population," says Dr. Arnold Katz, professor and chief of otolaryngology-head and neck surgery.

Her research interests are clinical and include comparison of blood loss and postoperative outcome using powered instrumentation versus traditional techniques in adenoidectomy; evaluation of the efficacy of topical tobramycin nasal irrigations after sinus surgery in patients with cystic fibrosis; evaluation of the accuracy of image-guided techniques in endoscopic sinus surgery; and long-term outcome in pediatric patients undergoing adenotonsillectomy for obstructive sleep apnea.

Dr. Monte is also involved in a collaborative effort with University Hospital's allergy specialists in studying the role of CD40 in the inflammatory response in allergic rhinitis/sinusitis and nasal polyposis.

For consultations/appointments with Dr. Monte, please call (516) 444-4122.

DR. KRUKENKAMP *(Continued from Page 1)*

NIH-funded studies focusing on myocardial protection in the senescent heart; the electrophysiology of potassium channel opening; and the mechanics of ischemic myocardial preconditioning. He has authored or co-authored more than 100 publications, and lectures nationally and internationally on these topics.

Dr. Krukenkamp is a member of the Executive Council of the National American Heart Association, and a long-standing member of an NIH study section on cardiac research.

For consultations/appointments with Dr. Krukenkamp, please call (516) 444-1820.

Alumni News

Since the class of 1975 entered the profession of surgery, 124 physicians have completed their residency training in general surgery at Stony Brook. The alumni of our residency program now practice surgery throughout the United States, as well as in numerous other countries around the world.

Dr. Walter W.K. King ('80) is professor of surgery and chief of head and neck/plastic and reconstructive surgery at the Chinese University of Hong Kong, and an attending at the Prince of Wales Hospital. Among his numerous recent journal publications are:

- **King WW**. A valuable international bridge to the rehabilitation of burn patients with facial disfigurement [editorial]. *Burns* 1997;23:v-vi.
- **King WW**, Lam PK, Liew CT, Ho WS, Li AK. Evaluation of artificial skin (Integra) in a rodent model. *Burns* 1997;23 Suppl 1:S30-2.
- King AD, Ahuja AT, **King WW**, Metreweli C. The role of ultrasound in the diagnosis of a large, rapidly growing, thyroid mass. *Postgrad Med J* 1997;412-4.
- Chow LT, Metreweli C, **King WW**, Tang NL, Allen PW. Histological changes of parathyroid adenoma after percutaneous injection of ethanol. *Histopathology* 1997;30:87-9.

In addition, he has in the past year given numerous presentations at regional, national, and international meetings held in Hong Kong, Bandung (Indonesia), Acapulco, Tokyo, and New York. Among the topics of invited lectures are:

- Surgery for nasopharyngeal cancer
- Trauma to the head and neck region
- Breast cancer and breast reconstruction
- Biological dressings in burn wound management
- Prognostic determinants in Hong Kong Chinese
- Nutritional support of the hospitalized patient

And for an internationally televised presentation by satellite in the program "Moving with the Sun: Chinese Telemedicine '97," he spoke about cutaneous laser surgery.

Dr. Mark E. Mausner ('84) is the founder and president of the Surgery Center of Chevy Chase—the largest free-standing multi-specialty surgery center in the mid-Atlantic states—which just opened this March. He and his associates have formed a fine physician/plastic surgery group called Premier Plastic Surgeons, which serves the Maryland-Washington, DC-Virginia area. Dr. Mausner has for the past year served as president of the National Capital Society of Plastic Surgeons, an 87-member organization of plastic surgeons in that area—it is the regional component of the American Society of Plastic and Reconstructive Surgeons. For the past six years, Dr. Mausner's company, BioCare, has trained and certified nurses, enterostomal therapists, physical therapists and primary care physicians in wound care and sharp debridement skills throughout the USA.

Dr. Aaron H. Chevinsky ('88) is an attending surgical oncologist (since 1990) at the Morristown Memorial Hospital, in Morristown, NJ.

Dr. Cliff P. Connery ('89), a member of the Cardiothoracic Surgery Division at St. Luke's-Roosevelt Hospital Center in New York, recently gave three presentations:

- Median sternotomy for pulmonary resection in patients with complications of tuberculosis
- Late complication of tuberculosis pericarditis
- Minimally invasive cardiac surgery

The first two were at the International Congress of Thoracic Surgery in Athens, Greece, and the third was at the Annual Nursing Conference of the American Heart Association, in New York.

Dr. Richard W. Golub ('90), an assistant professor of surgery at SUNY-Brooklyn, recently became chairman of the Young Surgeons Committee of the Brooklyn/Long Island Chapter of the American College of Surgeons, as well as a fellow of the New York Society of Colon and Rectal Surgeons. He is director of the Section of Colon and Rectal Surgery of the SUNY-Health Science Center in Brooklyn, as well as director of the Surgical Endoscopy Suite of the University Hospital of Brooklyn. Among his recent publications are:

- Golub R, **Golub RW**, Cantu R Jr, Stein HD. A multivariate analysis of factors contributing to leakage of intestinal anastomoses. *J Am Coll Surg* 1997;184:364-72.
- **Golub RW**. Single-day oral sodium phosphate preparation for colonoscopy. *Gastrointest Endosc* 1996;44:635-6.
- Maccabee PJ, Lipitz ME, Desudchit T, **Golub RW**, et al. A new method using neuromagnetic stimulation to measure conduction time within the cauda equina. *Electroencephalogr Clin Neurophysiol* 1996;101:153-66.
- Pons RK, Kerner BA, Wise WE, Khanduja KS, **Golub RW**, et al. Acute hemorrhoidal disease: is urgent hemorrhoidectomy warranted? *Contemp Surg* 1996;49:33-4.

Recent presentations at national meetings include:

- Shin CK, **Golub RW**, Golub R, El-Tamer M, Wait RB. Colorectal cancer in a young urban population. American College of Gastroenterology, Chicago, 1997.
- Golub R, **Golub RW**, Cantu R, Stein HD. A multivariate analysis of factors contributing to leakage of intestinal anastomoses. American College of Surgeons, San Francisco, 1996.
- **Golub RW**, Grose E, Maccabee PJ. A new test to measure anorectal neurologic function using neuromagnetic stimulation. American Society of Colon and Rectal Surgeons, Seattle, 1996.

Dr. John J. Doski ('93) this past July started a two-year fellowship in pediatric surgery at the Children's Medical Center in Dallas, with an appointment as clinical instructor in surgery at the University of Texas Southwestern Medical Center. In October 1996, he was admitted into Fellowship of the American College of Surgeons. His recent appointments include aerospace medical examiner of the Federal Aviation Administration. Last year he published a couple papers:

- **Doski JJ**, Butler TJ, Louder DS, et al. Outcome of infants requiring cardiopulmonary resuscitation before extracorporeal membrane oxygenation. *J Pediatr Surg* 1997;32;1318-21.
- Butler TJ, Sodoma LJ, **Doski JJ**, et al. Heparin-associated thrombocytopenia and thrombosis as the cause of a fatal thrombus on extracorporeal membrane oxygenation. *J Pediatr Surg* 1997;32:768-71.

In March of last year, he gave a couple presentations on advanced pediatric laparoscopy and on testing and utilization of an improved ECMO transport system, at the Annual Uniformed Services Pediatric Seminar sponsored by the American Academy of Pediatrics and the Annual Symposium on ECMO sponsored by the Children's National Medical Center, respectively.

Dr. Andrew N. Zeniou ('94), who last October was admitted into Fellowship of the American College of Surgeons, has joined Dr. Nicholas Craig in the practice of general surgery at Mather Memorial Hospital and St. Charles Hospital, in Port Jefferson, NY.

*Some Recent Publications**

Bilfinger TV, Hartman AR, Liu Y, Magazine HJ, **Stefano GB**. Nitric oxide in homograft vein function—reply. *Ann Thorac Surg* 1997;64:1524-5.

Christensen VB, Tonnesen E, Sorensen IJ, **Bilfinger TV**, Sanchez RG, **Stefano GB**. Effects of anaesthesia based on high versus low doses of opiates in the cytokine and acute-phase protein responses in patients undergoing cardiac surgery. *Acta Anaesthesiol Scand* 1998;42;63-70.

Dilmanian FA, Wu XY, Ren B, Button TM, Chapman LD, Dobbs JM, Huang X, Nickoloff EL, Parsons EC, **Petersen MJ**, Thomlinson WC, Zhong Z. CT with monochromatic synchrotron x rays and its potential in clinical research. *SPIE* 1997;3149:25-32.

Essen P, **McNurlan MA**, Gamrin L, Hunter K, Calder AG, **Garlick PJ**, Wernerman J. Tissue protein synthesis rates in critically ill patients. *Crit Care Med* 1998;26:92-100.

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Garlick PJ, **McNurlan MA**, Bark T, Lang CH, Gelato MC. Hormonal regulation of protein metabolism in relation to nutrition and disease. *J Nutr* 1998;128:356S-359S.

Green RM, Cao P, **Ricotta JJ**, Ascher E. Transcranial Doppler monitoring during carotid endarterectomy: is it appropriate for selecting patients in need of a shunt? *J Vasc Surg* 1997;26:979-80.

Harris LM, Curl GR, Booth FV, Hassett JM, Leney G, **Ricotta JJ**. Screening for asymptomatic deep vein thrombosis in surgical intensive care patients. *J Vasc Surg* 1997;26:764-9.

Horimoto H, **Krukenkamp IB**, Saltman AE, Gaudette GR, Levitsky S. The L-arginine-nitric oxide pathway is involved in the preconditioning response of rabbit hearts treated with nicorandil. *Circulation* 1997;96:I-688.

Laquaglia MP, Ehrlich PL, Grosfeld JL, **Priebe CJ Jr**. Improved long-term survival with preoperative chemotherapy for hepatoblastoma—discussion. *J Pediatr Surg* 1997;32:1002-3.

Lawson WE, Cohn PF, Hui JC, Burger L, Guo T, **Soroff HS**. Enhanced external counterpulsation: U.S. clinical research. *Cardiovasc Rev Rep* 1997;18:25-9.

McNurlan MA, **Garlick PJ**, Steigbigel RT, et al. Responsiveness of muscle protein synthesis to growth hormone administration in HIV-infected individuals declines with severity of disease. *J Clin Invest* 1997;100:2125-32.

Panetta TF, Forsyth EA, Depippo P, **Ricotta JJ**, Sidawy AN. Proliferation and extracellular matrix production by human infragenicular smooth muscle cells in response to interleukin-1-beta—discussion. *J Vasc Surg* 1997;26:1007-8.

Petersen MJ, McBee CM, **Bilfinger T**, **Kvilekval KH**, Arnold TE, **Ricotta JJ**, **Giron F**. Determinants of morbidity and mortality after combined carotid endarterectomy and open heart surgery. *Stroke* 1998;29:269.

Rapaport FT. The past, present, and future of organ retrieval, preservation, and sharing for transplantation—a summation. *Transplant Proc* 1997;29:3691-92.

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Tonnesen E, Christensen VB, **Bilfinger TV**, Sanchez RG, **Stefano GB**. Endogenous morphine levels increase following cardiac surgery as part of the anti-inflammatory response. *Int J Cardiol* 1998;62:191-7.

* **The names of faculty authors appear in boldface.**

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http://www.uhmc.sunysb.edu/surgery

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*(516) 723-5000 for our specialists also at the Life Care Center in Hampton Bays: **breast care • general/gastrointestinal surgery • pediatric surgery • vascular surgery***

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