SleepTalker: the Stony Brook Anesthesiology Newsletter

Volume 9 Anniversary Issue | Stony Brook, NY | November 2004

SBU Anesthesiology – The First 25 Years

Because 2004 marks the end of the first quarter century of our department, we asked several of the pioneers to share some recollections of the early days. Here is what they had to say.

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The Department of Anesthesiology at Stony Brook – Conception, Birth and Infancy

Paul Poppers

Invited to write a precis of the founding of, and early events in, the Department of Anesthesiology at Stony Brook University Medical Center, now more than 25 years ago, I could not but accede. That such summary would be incomplete, and occasionally go beyond the events of the very beginning, seemed evident to me. Equally clear would be the personal nature of the story that follows. For which I offer my apology. But then, this is not an official history of the department. What I hope to do is highlight some of the trials and tribulations of creating an academic and clinical department *de novo,* and almost *ex nihilo*.

At the time of my appointment at Stony Brook University on June 1, 1979 I had been for five years Professor and Vice Chairman of Anesthesiology at NYU. Earlier, I had spent 15 formative years at Columbia Presbyterian Medical Center. These included an anesthesia residency, an NIH post-doctoral research fellowship in neurophysiology, and a tenured faculty appointment in the College of Physicians and Surgeons.

At the end of 1978, I received a letter from Stony Brook University, asking about my interest in the chair in anesthesiology, a department that was to be operational by January 1980. In response to my hesitant and vaguely positive reaction, the Search Committee invited me for two visits during the winter of 1979. After the committee made its recommendation to the Dean, Dr. Marvin Kuschner, I was asked to come once more to Stony Brook to meet Dr. Kuschner for the first time. The topic of discussion was what it would take for me to accept the chairmanship. He began by offering the funding for six positions at $50,000 each, and office space on a quarter of the 14th floor of the HSC tower. In subsequent negotiations, Dr. Kuschner ultimately agreed to 12 funded positions, office and research space on the 4th floor, anesthesia space in the obstetrical suite, directorship of the recovery room, and the principle of establishing an anesthesia intensive care unit next to the operating room. He indicated, however, that a medical director of the O.R., a surgeon, had already and specifically been recruited at that time.

Upon mutual agreement, the appointment became effective on June 1, 1979, but from April onward I voluntarily spent one or two days a week in Stony Brook. By July, temporary space in the Dean's office area with desk and chair was made available to me. It had no telephone. Shortly thereafter, I recruited a secretary. Her desk was located down the hall; I had to walk over there to speak with her. This is how it started: the bare essentials!

First and foremost was staff recruitment. Initially there came Gerald Wolf, very experienced clinically and administratively, and Maria Lagade, an excellent pediatric anesthesiologist. She became a pillar of support to me and the department. There were also some disappointments, but they were more than offset by successes. One of the successes was Bharathi Scott who patiently swallowed her own disappointment when the start of the cardiac surgery program was repeatedly delayed. Another early recruit was Anthony Matkovich, as Assistant to the Chairman and departmental administrator, the backbone of our growing office staff.

From day one, the anesthesia service at the Northport Veterans Administration Medical Center became fully incorporated. Their four anesthesiology attendings, three nurse anesthetists and their clinical activity were our responsibility. Twice per week I conducted teaching conferences and had administrative meetings at the VA. But Stony Brook remained as the focus of my attention.

Instrumentation was a critical issue. I had my own ideas as to what an anesthesia machine should be; none of the then existing types met my requirements. I consulted with engineers of the North American Drager Company and the result was the Narkomed II machine. After extensive efforts, we persuaded the administration at SUNY Albany to allow purchase of the machines. In the same rubric was the matter of patient monitoring. Ultimately, the Dean appointed me chair of the medical school's physiological monitoring committee. After many meetings and site visits in the USA and Europe, the committee selected the latest and most advanced system. It was not easy to convince the administration of SUNY Central, as well as the Governor's Office, that the project merited the expenditure of $12 million. It was computer-supported, covered all ICU beds, the obstetrical suite, the AICU and all operating rooms. What's more, it enabled

us to collect and publish the data for several research projects. Physicians and administrators from all over the world came to see it.

Finally, we were ready. April 1980 saw the culmination of much hard work on the part of administration, nurses and doctors: one or two simple operations a few days a week! Soon thereafter the schedule took off. And then in June obstetrical deliveries were performed, three in the first week.

There was, from the beginning, a strong emphasis on teaching. Conferences at the Northport VA began in July 1979, and shortly thereafter also at Stony Brook. The monthly Visiting Professors Program was initiated in January 1980. Dean Kushner appointed me to the Curriculum Committee; this immediately led to my giving an annual series of pharmacology lectures and, later, to senior student rotations in OR and OB suite.

An increased workload for the department became possible with the vigorous recruitment of additional attending staff, many from our own residency training program. Among the early additions were Farrokh Maneksha, who started the pain service, Ellen Steinberg, who directed obstetric anesthesia, Roger Brett, Walter Backus, and Steven Vitkun. They, and subsequent recruits, performed yeomen's work on behalf of the department and institution - with splendid results.

Residency training was an absolutely essential component of our teaching commitment. I had made it a precondition to Dean Kuschner prior to accepting my appointment that there had to be a financially and administratively supported anesthesiology residency program. Following a preliminary inspection of the department in May 1980, we received permission from the Graduate Medical Education Council to initiate residency training. This was done in July 1981.

Initially we could not offer subspecialty training due to the paucity of patients for cardiac, thoracic and pediatric surgery. Our first residents performed their PGY III extramural rotations at New York University Medical Center. We also made two novel initiatives. We made it mandatory that a three-year residency following a preliminary Post Graduate Year I was the minimum acceptable anesthesia training. Secondly, we insisted that the residency include three months of intensive care medicine rotation in the University Hospital's ICU's. We initiated these reforms 6-8 years before they became mandated by the ABA and the RRC.

The Dean was well aware of our intention to initiate and support basic and clinical research. Laboratory space and equipment were secured. The recruitment of Roger Brett upon his completion of an anesthesiology residency at the MGH was a major coup. Roger also held a Ph.D. in Pharmacology. In January 1981, he

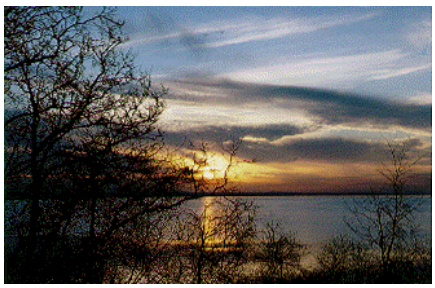
founded our first research laboratory. The accomplishments of Roger and his colleagues and technicians have been outstanding and have merited extramural support grants. Roger's early death was a blow to the department, and to science in general.

The 10th anniversary of our department was celebrated in September 1989 with a splendid one-day symposium and subsequent gala dinner. The theme of the symposium was changes in the practice of medicine as we approached the 21st century. In addition to several members of the department, leading professors in anesthesiology, surgery, medicine and computer science from the US and Europe made insightful contributions.

I must confess that my mind was preoccupied with other matters during those presentations. The first signs of attack on our specialty had become evident, and I wondered whether we would be able to survive, as an academically oriented clinical department of anesthesiology, for another ten years. Nonetheless we overcame the damaging assaults from federal, state and county authorities, medical committees advisory to the federal congress, third-party payers, the press (The Wall Street Journal in particular) and – worst of all – our own American Society of Anesthesiologists with its notorious and fallacious Abt manpower report. That we did survive is largely due to the efforts and support of all departmental faculty. Fortunately the environment has greatly improved in the last few years.

I have attempted to highlight some of the many challenges encountered and overcome, in founding a department that would endure and flourish. For such a goal, twenty-five years are but a very short time span. It is encouraging and patently evident that the Department of Anesthesiology at Stony Brook under its present leadership will continue on an upward course, to the benefit of its patients, the hospital and the medical school.

PER ARDUA AD ASTRA: With strenuous Efforts, Forward to the Stars!



SleepTalker

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A Tribute

Maria Lagade

I have seen SB Anesthesia grow like a tree
From seedling to a rooted mark of wonder
Being a part from the start
Is a real challenge
Branching out to all possible specialties
Pruned to bud and bloom
As the mighty wind blows
Some leaves fall and wander

25 years have gone by…
Setting up a strong foundation for the 21st century
I see more years of potential to grow and fly
Like a bird aiming high
Though at times it wavers and falters
It continues to soar
Only to rise up even more

Countless years more to come…
SB Anesthesia continues to grow
Like an orchestra with the conductor
All players partake big or small
Together, not one soul to be ignored
To produce a masterpiece
A Mecca on the eastern isle
One day to be world-renowned.

Long Live SB Anesthesia!

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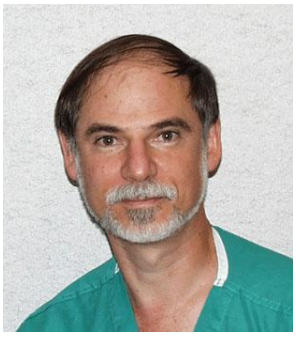
My First Day at Stony Brook

Bob Katz

My first day at Stony Brook was July 1, 1983, a very hot and humid Friday. I showed up, filled out some paperwork, was given a tour of the OR and was told to come back on Monday. At the time, Lynn and I were in the process of buying a house in Stony Brook, but we were still a month away from moving in and were living with my parents in Syosset. Lynn arrived to drive me home, with Erica (now a freshman at Stony Brook Medical School) sitting in a baby seat, pacifier in her mouth, clutching a baby blanket.



At the corner of Stony Brook Road and Route 347 there is now a Sushi restaurant but in 1983, this was a Haagen Dazs store. Lynn suggested that we stop for some ice cream, and while I was in the store, an ambulance collided with a cadillac on the corner. I gave the ice cream to Lynn and ran over. The ambulance driver was sitting in the road, holding her ankle and crying, obviously alive. An elderly lady was semi-conscious in the driver's seat of the cadillac, with an elderly man lying face down across her lap, the back of his neck mottled, unmoving. A cop helped me drag him out of the car, and while I was trying to determine if he was alive, two EMT's showed up in a new ambulance. We bundled the patient into the ambulance and I pumped on his chest while one of the EMT's ventilated him with an AMBU bag all the way back to the ER at Stony Brook. Farrokh Maneksha, who I had met for the first time that morning, was waiting to intubate the patient. He looked at me and said, "Where did you come from?" A few minutes later, Lynn and Erica showed up and we proceeded on our way. I never got my ice cream, but it was a memorable first day.

The OR suite has not changed very much since 1983. Room 18 was an anesthesia lounge back then. The back corner of the OR, next to what is now the conference room, was Dr. Popper's office. Next to the Chairman's office was the Coordinator's office. We ran four OR's most days, and finished between noon and 1 PM. I was the eighth attending and the third member of the cardiac team, after Dr. Scott and Ed Teller. Most weeks, there was one cardiac case, sometimes two. There were no cardiac cases at night, and we had no requirement for heart call, but somebody suggested that there might be an emergency some night and maybe we should be ready. I was asked to make up a heart call schedule and the three of us rotated, one week at a time. Only one attending took call in the OR each night, and this attending covered OB as well. We were allowed to take call from home.

Stony Brook has grown steadily since those days, and is obviously still growing. The current expansion plans will propel us into the forefront of medicine in the new century and it's sometimes difficult to believe how sleepy the place was, not so many years ago.

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Cardiac Anesthesia: The Early Days

Bharathi Scott

When I joined the department twenty odd years ago, the cardiac surgery program had not yet begun. However, Dr. Poppers assured me that I would be assigned to “big” cases until then. So my first “big” case was a radical nephrectomy in a patient with severe cardiac disease. I was really excited and wanted to get ready. I asked the “appropriate people” how I would go about setting up for an arterial line and a Swan Ganz catheter. Everyone looked at me as if I were speaking French!! Finally, I managed to find all the necessary equipment with help of our AICU nurses. Then, they informed me that the ONLY way I could zero these transducers was by using a mercury manometer!! That is what their policy said. Needless to say I was totally confused because I had done my cardiac fellowship in an extremely busy institution and had not done any of these things!! To make a long story short, finally I did do the case and patient did fine. I soon realized that in Stony Brook, unlike most institutions, there are a lot of policies to follow otherwise; if you don’t, you will never get anything done. Remember, this was 20 years ago!! Obviously I must have gotten used to it because I am still here.

As promised, the cardiac surgery program began a year later. The first case was finally booked. Team members had gone over our individual responsibilities several times. We even had dry runs operating on dogs! There was a lot of excitement in the air and all I remember was that room one was filled with a lot of very “important” people. I was very nervous getting ready for the case. I believe I arrived at my usual 0630 time for a 0800 start and had 2 attending anesthesiologists assisting me with the case along with Dr. Poppers. After the arterial line and Swan Ganz catheter were in place, we realized that these expensive monitors (which had been purchased before I arrived) had so much glare that we could hardly see anything!! Finally, I opted to do the whole case using a transport monitor. Everything went well. At that time there was no CTICU. We managed these patients in the back half of AICU. We have come a long way since that first case in February of 1983. I felt honored that I had this opportunity to take care of the first cardiac surgery patient here at Stony Brook.

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On Being a Resident in the 1980s

Steve Vitkun

I first came to the Department of Anesthesiology for an interview for residency in 1981. I met with Dr. Poppers. At that time, he had an office in the back of the operating room - it was adjacent to our current "OR conference room" and has now become a part of the ER for the CT scan area. Dr. Poppers also had an office in the Health Sciences Center. There were about 5 attendings at that time and a few nurse anesthetists. When I started, I was one of 5 residents.

I started as a resident doing a clinical base year in medicine in 1982 and became an anesthesia resident in 1983. At that time there was a real motive to arrive early to set up your room - there were only 5 functional operating rooms and as I recall only 3 of them had automated blood pressure machines. So, if you did not get an automated BP machine, you took manual blood pressures. The "in thing" for anesthesia residents at the time was to have a molded earpiece for use with an esophageal stethoscope or precordial stethoscope. The latest/greatest inhalational anesthetic was isoflurane and muscle relaxants included curare and pancuronium. There were no pulse oximeters or end tidal carbon dioxide monitors yet. They came out a few years later.

Some of the real "senior attending staff" - those who were my attendings when I was a resident included Drs. Lagade, Scott, Gage, Backus, Maneksha and Katz. John Fallon was here as well. The office staff included Tony Matkovich (who I just spoke with recently and he is doing well) as well as Georgia (who is now retired and I believe has moved to Georgia or Carolina) and Debbie, who no one has seemed to keep contact with.

Over the years the Department has grown significantly and many people in different capacities have come and gone. I believe we have grown and evolved over the first 25 years, not only in size but in scope as well. We provide service at the Breast Center, the Ambulatory Surgery Center, out of OR service at the Hospital as well as Acute and Chronic Pain management all of which were not as evolved or as organized as they are today. Best Wishes to everyone for success in the next 25!

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Sleep Talker, the Stony Brook Anesthesiology Newsletter is published by the Department of Anesthesiology, University at Stony Brook, Stony Brook, NY. Peter S.A. Glass, MB, ChB, Chairman. James P. Dilger, Ph.D., editor.