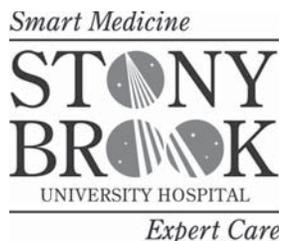
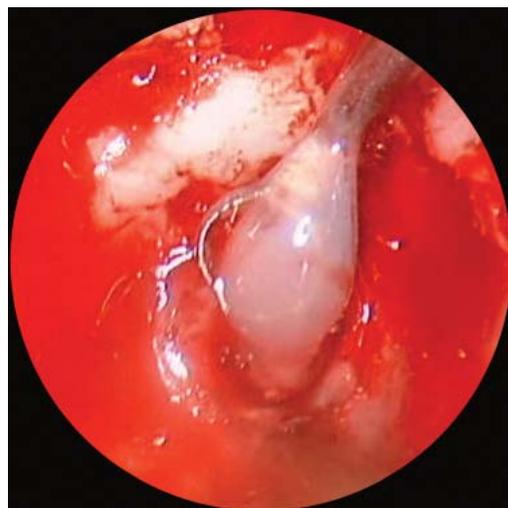


POST-OP



Performing Minimally Invasive Endoscopic Surgery For Removing Pituitary Gland Tumors



Endoscopic view showing removal of pituitary tumor approached via nasal passage and sinus cavity without use of any facial incision.

In this issue . . .

Introducing Our New Faculty:

- Colon and Rectal Surgeon
- Head and Neck Oncologic Surgeon
- Surgical Oncologist and Breast Surgeon
- Traumatologist, Intensivist, and General Surgeon

Minimally Invasive Laparoscopic Surgery For Colon Cancer

New Anorectal Physiology Laboratory Established

Saving Lives With Another Remarkable Surgery

Residency Update & Alumni News

Division Briefs— And More!

In March, Ghassan J. Samara, MD, assistant professor of surgery (otolaryngology-head and neck surgery), and Frederick Gutman, MD, assistant professor of neurosurgery, performed together what is believed to be Suffolk County's first minimally invasive endoscopic operation to treat a pituitary tumor.

Using this new hi-tech approach, Drs. Samara and Gutman successfully removed the tumor, preserved the gland, and repaired a cerebral spinal fluid leak in a patient who quickly recovered from the operation.

Soon after performing this multidisciplinary surgery, Drs. Samara and Gutman did two more successful endoscopic operations to remove pituitary tumors. Additional patients are scheduled for this leading-edge care that offers them considerable advantages over conventional surgery, such as faster recovery, less pain, and no cosmetic problems.

The video camera at the tip of the endoscope gives surgeons a better view of the brain and enables them not only to look around corners and make a full visual assessment, but also to remove the entire tumor in most cases.

Commenting on the advent of endoscopic pituitary tumor removal, Dr. Samara says, "We've been using the same endoscopic techniques in sinus surgery for years, and these techniques have been progressing to allow us to treat nasal and eye problems; this was the next logical progression."

[continued on Page 2](#)

Introducing "Refer a Patient" Our New Web-Based Referral System

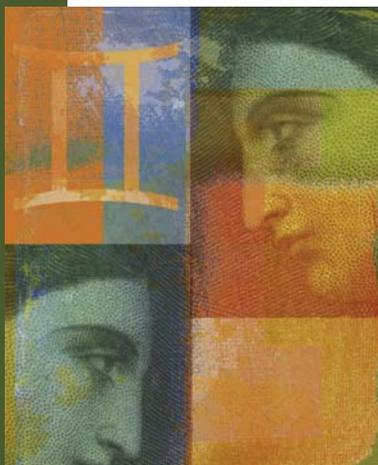
We are very pleased to introduce an exciting new service called "Refer a Patient," now available to community physicians. This web-based communication service enables physicians to send and receive electronic referrals

and requests for consultation, and further strengthens our referral relationships.

"Refer a Patient" has been developed by University Physicians at Stony Brook (UPSB), an affiliate of the physician practices of the full-time faculty at Stony Brook's School of Medicine. UPSB supports our surgical practice, Stony Brook Surgical Associates, PC.

As UPSB-affiliated physicians, we are committed to maintaining strong ties with community physicians and other healthcare providers, particularly those with whom we share patients. We recognize that good communication is an essential ingredient of strong referral relationships.

[continued on Page 7](#)



Minimally Invasive Endoscopic Surgery

continued from Page 1

The pituitary gland, sometimes called the master gland because it controls the functioning of several other endocrine glands, is a small, pea-sized endocrine gland at the base of the brain. Located about 3-4 inches behind the top of the nose, it produces several different hormones that are important in the function of the body.

Although tumors of the pituitary gland are generally benign and do not spread to the rest of the body, they can create multiple functional problems, including blindness and pressure on the brain.

In the past, pituitary tumors were removed using approaches either through the nose or by making a large incision under the upper lip and connecting it into the nose. Then a large retractor would be placed in the nose to keep it wide open for the surgery to be performed with a microscope.

These older approaches have the side effect of causing a cosmetic change in the appearance of the nose or leading to difficulties in breathing through the nose. Not only that, the scarring that develops under the lip after conventional surgery may cause difficulties with eating and other problems.

WHAT IT IS

Now the start-of-the-art approach to the pituitary gland is the endoscopic

approach. Instead of the large incisions or the approaches through the nose, a thin flexible endoscope—just over 1/8 inch in thickness—is placed through the nose to open the sphenoid sinus (the sinus in front of the pituitary gland).

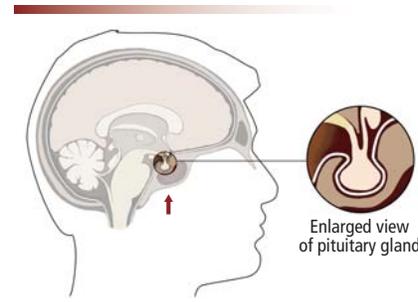
A computer is used to track the location of the instruments and to give the surgical team an extra margin of safety in locating and opening the sphenoid sinus.

Instruments are used through both nostrils and the tumor is removed under the magnified view of the endoscope. One of the advantages of this approach is the ability to place an angled endoscope within the tumor cavity and to see areas behind ledges not always possible with the conventional approaches using a microscope.

The minimally invasive surgery generally takes 1-2 hours—versus 3-4 hours with the older approaches. The patient generally has much less pain and discomfort. Most patients can go home in a couple of days post-op.

The endoscopic approach also avoids the use of the Mayfield head-holder (pins placed in the head to keep it still), as well as the use of x-rays and radiation during surgery, which were required in the past with the older operations.

Our use of minimally invasive endoscopic surgery for removing pituitary gland tumors further reflects our commitment to excellence in patient care at Stony Brook.



The photograph on page 1 was taken inside the sinus cavity (arrow) adjacent to the pituitary gland.

Copyright © 2005
Nucleus Medical Art,
All rights reserved.
www.nucleusinc.com

Benefits of Endoscopic Surgery For Removing Pituitary Gland Tumors

- Elimination of cosmetic problems
- No incisions in nose or under lip
- Less pain or discomfort after surgery
- Post-op nasal packing generally not needed
- No need for placement of head-holder pins
- Significantly shorter procedure duration
- No need for placing large retractor in nose
- Reduced likelihood of scarring in nose
- No radiation used during the procedure
- Better view of tumor cavity for surgeons

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

POST-OP is published by the Department of Surgery
University Hospital and Health Sciences Center
Stony Brook University, Stony Brook, New York

Editor-in-Chief

John J. Ricotta, MD

Writer/Editor

Jonathan Cohen, PhD

Contributing Editor

Andrew E. Toga, FACHE

Advisory Board

Alexander B. Dagum, MD

Martin S. Karpeh, Jr., MD

Arnold E. Katz, MD

Irvin B. Krukenkamp, MD

Margaret A. McNurlan, PhD

Cedric J. Priebe, Jr., MD

Marc J. Shapiro, MD

All correspondence should be sent to:

Dr. Jonathan Cohen
Writer/Editor, POST-OP
Department of Surgery
Health Sciences Center T19
Stony Brook, NY 11794-8191

Minimally Invasive Laparoscopic Surgery for Colon Cancer

A New Option

Open colectomy is the standard form of surgery for colon cancer patients, but laparoscopically assisted colectomy is gaining momentum as an alternative that is just as effective but is less invasive, leading to a quicker post-operation recovery time. Patients undergoing laparoscopic surgery for colon cancer may also experience less pain post-surgery than those who have conventional open colectomy.

For colorectal surgeon David E. Rivadeneira, MD, assistant professor of surgery (surgical oncology), these are significant reasons for patients to consider the procedure as an alternative to open colectomy. When he joined our faculty in 2003, he brought ten years of laparoscopic surgery experience to his new practice at Stony Brook. Since then, many of Dr. Rivadeneira's colon and rectal cancer patients have opted for the procedure, and he reports that results in these patients have been extremely favorable.

Abdominal incisions for traditional colectomy can be as long as 10 to 12 inches, but with laparoscopic surgery, each small incision is usually less than 1 inch. This approach helps to minimize patient trauma and enhance recovery for most patients.

The laparoscope, a lighted viewing tube that is inserted into the abdominal cavity, has been effectively used for years for gallbladder removal, during appendectomies and other procedures.

The laparoscope is connected to a video camera for viewing. In laparoscopically assisted colon cancer surgery, several small incisions—usually less than 1 inch—are made in the abdomen, and the lighted laparoscope is inserted into one of them to guide the surgery. The effectiveness of laparoscopic surgery for removing parts or the entire colon continues to be debated, but recent evidence indicates that it is a viable option for some patients.

A MULTI-INSTITUTIONAL FIVE-YEAR STUDY

In May 2004, it was reported in the *New England Journal of Medicine* that after nearly five years of follow-up in hundreds of patients who had either conventional (open colectomy) or laparoscopic surgery for colon cancer, patients who

had laparoscopic colectomy recovered more quickly and had a shorter duration of pain medications. Patients who had open colectomy had a median hospital recovery time of six days and took pain medications for a median of four days. Patients who had laparoscopic colectomy had a median hospital recovery time of five days and took pain medications for three days.

A total of 872 patients at 48 institutions in the United States and Canada participated in the study. Individuals were randomly assigned to receive open colectomy or laparoscopic colectomy. The median follow-up time was 4.4 years.

Survival rates were similar in both groups after three years (86% for laparoscopic, 85% for conventional), as was the cancer recurrence rate (16% for laparoscopic, 18% for conventional). The principal investigators of the multi-institutional study concluded that because recurrence rates were similar between both groups—thereby validating the effectiveness of the procedure to remove cancerous colon tissue—the laparoscopic approach is an acceptable alternative to open colectomy for colon cancer.



Dr. David E. Rivadeneira

Dr. Rivadeneira believes that the study results clearly indicate that laparoscopic colectomy is an acceptable alternative to open colectomy and that it may even have some advantages over conventional surgery for many patients. Last year he directed an educational program for surgeons who seek to gain expertise in laparoscopic procedures for colon and rectal surgery. The workshops, sponsored by Stony Brook University's School of Medicine, are one-day courses for surgeons on the Stony Brook faculty as well as surgeons in the greater Long Island community.

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

INTRODUCING NEW FACULTY



MEDIA SERVICES | STONY BROOK UNIVERSITY

Dr. Michael F. Paccione

Traumatologist, Intensivist, and General Surgeon

Michael F. Paccione, MD, DDS, has joined our Division of General Surgery, Trauma, Surgical Critical Care, and Burns as assistant professor of surgery. He comes to Stony Brook from Westchester Medical Center in Valhalla, NY, where he recently completed his training in general surgery and surgical critical care.

Dr. Paccione's practice in general surgery will include management of diseases of the gastrointestinal and endocrine systems; treatment of soft tissue disease, including hernias; and surgical treatment of cancers. He is skilled at both conventional and minimally invasive laparoscopic surgery.

As a member of our trauma/surgical critical care team, Dr. Paccione will be responsible for the surgical management of injured patients—all aspects of traumatology; and the pre- and post-operative critical care of adult surgical patients.

Dr. Paccione's research experience has included both clinical and basic science research. He is currently interested in wound healing and tissue manipulation using customized appliances.

Dr. Paccione received his medical doctorate from New York Medical College in 1995. His dental doctorate (1990) is from New York University College of Dentistry.



MEDIA SERVICES | STONY BROOK UNIVERSITY

Dr. Colette R.J. Pameijer

Surgical Oncologist and Breast Surgeon

Colette R.J. Pameijer, MD, has joined our Division of Surgical Oncology as assistant professor of surgery. She comes to Stony Brook from City of Hope National Medical Center, Duarte, CA, a National Cancer Institute-designated Comprehensive Cancer Center, where she recently completed her fellowship training in surgical oncology.

As a surgical oncologist, Dr. Pameijer will focus on the management of all patients with cancer. She has a special interest in treating soft tissue tumors, particularly melanoma, sarcoma, and breast cancer. She is also interested in the management of patients with advanced malignancies and in palliative surgery.

At City of Hope, in addition to her clinical training, Dr. Pameijer carried out research in cellular therapy, mainly in designing T-cells to target cancer. She will continue this work at Stony Brook.

Dr. Pameijer received her medical doctorate from the Medical College of Pennsylvania in Philadelphia in 1995. She completed her residency training in general surgery in 2003 at the University of Wisconsin Hospital and Clinics in Madison, following training at the Medical College of Pennsylvania-Hahnemann University Hospitals in Philadelphia.



MEDIA SERVICES | STONY BROOK UNIVERSITY

Dr. Kopal N. Patel

Head and Neck Oncologic Surgeon

Kopal N. Patel, MD, has joined our Division of Surgical Oncology as assistant professor of surgery. He comes to Stony Brook from Memorial Sloan-Kettering Cancer Center in New York, where he recently completed his fellowship training in head and neck oncologic surgery.

Board certified in general surgery, Dr. Patel will practice surgical oncology with emphasis on the management of head and neck disorders. His practice will emphasize the multidisciplinary management of complex head and neck problems, including upper aerodigestive, thyroid/parathyroid, and salivary gland tumors.

Dr. Patel's current research interests include the use of new molecular targets for aggressive thyroid cancer. He will continue this translational research and do related work on genetic profiling in the progression of thyroid cancer. Last year, he received a Young Investigator Award from the American Society of Clinical Oncology.

Dr. Patel received his medical doctorate from the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School in New Brunswick in 1996. He completed his residency training there in general surgery in 2002, and then went to do his fellowship training at Sloan-Kettering.



Dr. William B. Smithy

Colon and Rectal Surgeon

William B. Smithy, MD, has rejoined our Division of Surgical Oncology. He originally joined our faculty as clinical instructor of surgery in 1988, coming to Stony Brook from Robert Wood Johnson University Hospital, in New Brunswick, NJ, where he completed his fellowship training in colon and rectal surgery.

Board certified in colon and rectal surgery and general surgery, Dr. Smithy will provide a full range of consultative, diagnostic, and therapeutic services involving surgery for patients with diseases of the small bowel, colon, rectum, and anus. His operative skills include use of laparoscopic minimally invasive surgery and other minimally invasive procedures for the treatment of colorectal diseases, including cancer.

Dr. Smithy was promoted to assistant professor of surgery in 1992. In 1998, he left his full-time position at Stony Brook to go into practice private, and to serve as a member of our voluntary faculty with operating privileges at University Hospital. He has been included in recent editions of the Castle Connolly Guide, *Top Doctors: New York Metro Area*.

Dr. Smithy received his medical doctorate from Columbia University in 1981. He completed his residency training in general surgery at St. Luke's-Roosevelt Hospital Center, in New York in 1987, and then went to do his fellowship training in colon and rectal surgery at Robert Wood Johnson University Hospital.

Please call for consultations/appointments:

Dr. Paccione (631) 444-4545

Dr. Pameijer (631) 444-2565
and (631) 444-4550 (breast)

Dr. Patel (631) 444-4121

Dr. Smithy (631) 444-4545

New Anorectal Physiology Laboratory Established

The Department, together with University Hospital, has recently established our Anorectal Physiology Laboratory that offers a new service for patients and referring physicians. Located at the hospital, this fully-equipped facility enables our colorectal specialists to perform comprehensive anorectal physiology testing, and further distinguishes the quality of care provided by our colon and rectal surgery service.

Referring physicians are provided a complete, written, fully-interpreted report on the testing that has been performed on their patients. Upon request, a colon and rectal surgeon will also provide a consultation and recommendations.

Anorectal physiology is the study of the function of the anal sphincter mechanism, the anal canal, and the rectum. Indications for requesting physiologic tests include anal and urinary incontinence, pelvic floor descent, constipation that has not been responsive to conventional treatment, chronic anal infections, and anorectal pain. In addition, these tests may be used in the staging of anal and rectal tumors, as well as in the follow-up for cancer recurrence.

Our Anorectal Physiology Laboratory is equipped with state-of-the-art technology. It has advanced ultrasound imaging systems that are not widely available in Suffolk County. The anal manometry and pudendal nerve terminal motor latency testing, described below, is performed on the newest Medtronic Encompass diagnostic program.

DIAGNOSTICS

The Anorectal Physiology Laboratory offers a range of diagnostic tests that provide important information about the function and anatomy of the anus and rectum. These studies typically take 5-15 minutes to complete. A description of each test follows, with attention to why the test is done, how it is accomplished, and what information is obtained:

Anal Manometry

Anal manometry measures the resting and squeeze pressures in the anal canal in instances of loss of bowel control. Anorectal reflexes and sensation are tested during the same examination. A narrow, flexible tube is inserted into the anus and rectum. Once the tube is in place, a small balloon at the tip of the tube may be expanded. This test shows how tight the anal sphincter is during rest and squeeze. It also measures the sensitivity and function of the rectum.

Pudendal Nerve Terminal Motor Latency Testing

Pudendal nerve terminal motor latency testing measures the delay between an electrical impulse and the muscle contraction. It assesses the functioning of the pudendal nerves, and is useful in evaluating patients with incontinence, constipation, and rectal prolapse. The procedure involves the placement of a gloved finger into the anus. On the glove is a stimulating electrode. Several electrical impulses are delivered and the nerve conduction is determined. Occasionally one may sense the impulse for a few seconds, but any discomfort is very mild.

About Our Colon and Rectal Surgery Service

Our colon and rectal surgeons are trained to provide the most sophisticated care for patients with a wide range of diseases and disorders of the small bowel, colon, rectum, and anus. These include colon, rectal, and anal cancer, diverticulitis, familial polyposis, ulcerative colitis, Crohn's disease, ileoanal reservoir (J-pouch), colon polyps, incontinence, prolapse, anorectal abscess, fistula, fissure, and hemorrhoids.

Our physicians have expertise in the use of minimally invasive surgery (laparoscopy) and other minimally invasive procedures for the treatment of colorectal diseases, including cancer. They are skilled at performing sphincter-sparing surgery in the treatment of rectal cancer, which spares patients the inconvenience and emotional burden of a colostomy bag. They are also committed to performing colon cancer screening, and perform colonoscopy, among other diagnostic tests.

For the management of fecal incontinence, treatment options include the new Secca procedure, artificial anal sphincter, and muscle transplant. Our colon and rectal surgery service is supported by our state-of-the-art Anorectal Physiology Laboratory.

Anal Ultrasonography

Anal ultrasonography (ultrasound) evaluates the structure of the sphincter muscle and surrounding tissue. Ultrasound is a very useful tool for imaging the anatomy of the internal and external anal sphincters. It is not an x-ray, so there is no radiation exposure. A narrow wand-like probe the size of an index finger is inserted into the anal canal and the rectum. This instrument, which is attached to a computer and video screen, emits sound waves. Using sound waves produced by the probe, images are captured on the screen.

Ultrasound-guided biopsy of suspicious lesions can be performed during this testing. The patient may feel vibration from the probe during the examination, but it should not cause any physical discomfort.

Rectal Ultrasonography

With rectal ultrasound, a rigid instrument is inserted gently into the rectum. The ultrasound probe, with a deflated balloon on the end, is inserted through the scope. The balloon is then inflated and cross-sectional images of the rectum are taken. This test helps to evaluate rectal

masses and aids in determining the appropriateness of various surgical alternatives.

Biofeedback

Biofeedback is an important component of treating pelvic floor syndromes and urinary or fecal incontinence, thereby providing patients with specific information about the pelvic muscles. With small sensors placed on the muscles being monitored, biofeedback equipment can detect the electrical activity of these muscles. Once the sensors are in place, they are connected to a computer that changes the electrical activity of the muscles into a signal that can be seen or heard on the computer screen.

Electro-Galvanic Stimulation

Unlike the procedures described above, electro-galvanic stimulation (EGS) is not a test, but a treatment for rectal pain. The physician inserts a probe into the rectum to stimulate the muscle that may be in spasm. The procedure takes about 1 hour. Usually three to six treatments are required. This is the one procedure done in our laboratory that is sometimes moderately uncomfortable.

For appointments, please call (631) 444-2565.

Saving Lives with Another Remarkable Surgery



MEDIA SERVICES | STONY BROOK UNIVERSITY

Dr. Frank C. Seifert (left) with Roseann Errante and her husband, Joseph, at news conference following her successful emergency heart surgery hailed as a “medical miracle.”

Frank C. Seifert, MD, clinical associate professor of surgery, made news in August for his contribution to a rare combination of surgeries that saved a pregnant mother and her premature triplets. The case is being hailed as a “medical miracle.”

The mother had developed a life-threatening aortic dissection, a tear in the inner lining of the main artery leading from the heart. Dual emergency operations were performed in the same operating room: a cesarean section to deliver the triplets followed by open-heart surgery, to save her babies’ lives and then her own.

Dr. Seifert led the cardiac team that repaired the mother’s heart. At the news conference held at University Hospital, he said, “We felt, given the crisis we faced, we needed to save as much time as possible. Without question, this was a life-saving surgery.”

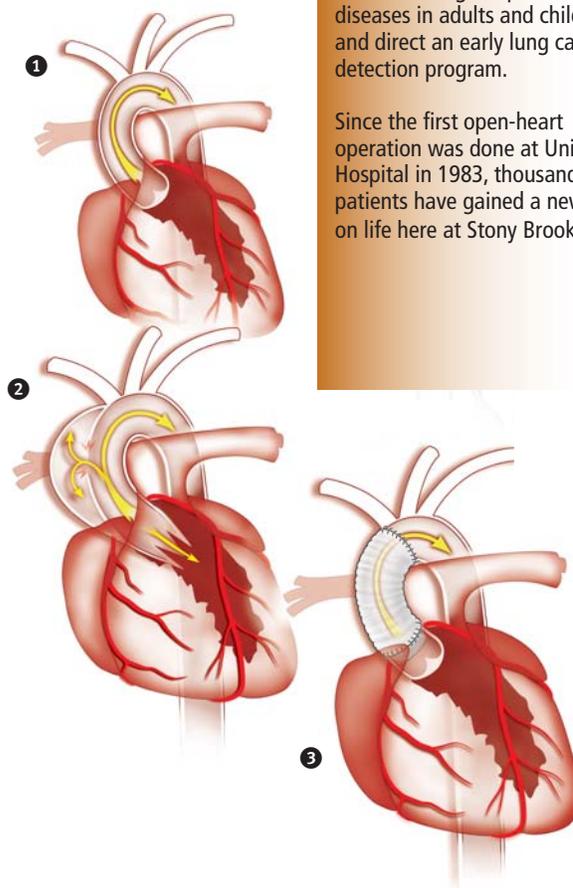
Commenting on the success, Bruce Schroffel, director and CEO of the hospital, said, “This is an extraordinary and remarkable example of what makes our hospital unique in the region. It demonstrates the capabilities we possess in handling these very specialized cases and, most importantly, in saving lives.”

Aortic dissection itself is rare. What made this case so unusual was the presence of triplets, and the need to deliver them immediately.

As Dr. Seifert explained in the *New York Times*, the heart surgery required that the mother’s body had to be cooled and her heart stopped for 90 minutes. These conditions could have been fatal to the triplets. Therefore, they had to be delivered first.

1) A normal heart—arrows indicate direction of blood flow. 2) Aortic dissection suffered by our patient, showing bulge that damages heart valve. 3) The repaired heart with grafted plastic tube that replaces the torn aorta.

IMAGES CREATED BY MEDIA SERVICES | STONY BROOK UNIVERSITY



Cardiothoracic Surgery Service at Stony Brook

The cardiothoracic surgery service at Stony Brook University Hospital is the only service of its kind in Suffolk County. Approximately 750 open-heart operations—for both adult and pediatric patients—are performed each year.

Minimally invasive heart surgery is also performed, often resulting in significantly faster recovery for the patient.

Our cardiothoracic team specializes in high-risk and tertiary care types of surgical intervention for patients in all age groups, newborn to adult.

Our surgeons provide consultation and surgical care for patients with advanced forms of heart, lung, and mediastinal disease.

Our cardiac surgeons manage University Hospital’s Cardiovascular Intensive Care Unit, which can provide postoperative care for the highest-risk patients.

Our thoracic specialists treat an extensive range of pulmonary diseases in adults and children, and direct an early lung cancer detection program.

Since the first open-heart operation was done at University Hospital in 1983, thousands of patients have gained a new lease on life here at Stony Brook.

Some Recent Publications*

- Baram D, Degene A, Amin M, **Bilfinger T**, Smaildone G. A case of hypercapnic respiratory failure. *Chest* 2004;126:1994-9.
- Baughman SM, Bishoff JT, Zimmerman MK, Carter MR, Kerby JD, **Watkins KT**. Case report: serial percutaneous cholangioscopy with laser ablation for the management of locally recurrent biliary intraductal papillary mucinous tumor. *J Gastrointest Surg* 2005;9:215-8.
- Botchkina GI**, Kim RH, Botchkina IL, Kirshenbaum A, Frischer Z, Adler HL. Noninvasive detection of prostate cancer by quantitative analysis of telomerase activity. *Clin Cancer Res* 2005;11:3243-9.
- Chen Q, Scott BH, **Bilfinger TV**, Petrie J, Glass PS. Pulseless electrical activity after induction of anesthesia: a witnessed cardiac rupture. *J Cardiothorac Vasc Anesth* 2004;18:767-8.
- D'Angelica M, Gonen M, Brennan MF, Turnbull AD, Bains M, **Karpeh MS**. Patterns of initial recurrence in completely resected gastric adenocarcinoma. *Ann Surg* 2004;240:808-16.
- Darras FS, **Malinowski K**, Frischer Z, Moss V, **Waltzer WC**. Successful prednisone-free renal transplantation with Campath-1H induction under either tacrolimus or cyclosporine based maintenance immunosuppression. *Am J Transplant* 2005;5(Suppl 11):415.
- Darras FS, Nord E, **Malinowski K**, **Waltzer W**. Successful prednisone-free renal transplantation with Campath-1H induction under either tacrolimus or cyclosporine based maintenance immunosuppression. *J Urol* 2005;173:417.
- Doblas M, Gutierrez R, Fontcuberta J, Orgaz A, **Criado E**. Posterior bilateral thoracodorsal sympathectomy: surgical technique. *Ann Vasc Surg* 2004;18:766-9.
- Gasparis AP**, Santana D, Blewett C, Bohannon WT, Silva MB Jr. Endoluminal retrieval of a dislodged umbilical vein catheter—a case report. *Vasc Endovascular Surg* 2004;38:583-6.
- Han M, **Criado E**. Renal artery stenosis and aneurysms associated with neurofibromatosis. *J Vasc Surg* 2005;41:539-43.
- Kadkade P**, Planksy T, Bent JP, Prasad M. Radiology quiz case 2. Heterotopic gastrointestinal cyst of the oral cavity. *Arch Otolaryngol Head Neck Surg* 2004;130:373, 374-5.
- Ko CY, **Corman ML**. Management of hemorrhage during pelvic surgery. In: Fazio VW, Church JM, Delaney CP, editors. *Current Therapy in Colon and Rectal Surgery*. 2nd ed. Philadelphia: Elsevier Mosby, 2005: 535-6.
- Lipke M, Schulsinger D, Sheynkin Y, Frischer Z, **Waltzer W**. Endoscopic treatment of bladder calculi in post-renal transplant patients: a 10-year experience. *J Endourol* 2004;18:787-90.
- Lo CH**, Doblas M, **Criado E**. Advantages and indications of transcervical carotid artery stenting with carotid flow reversal. *J Cardiovasc Surg (Torino)* 2005;46:229-39.
- Maitra SR**, Bhaduri S, Chen E, **Shapiro MJ**. Role of chemically modified tetracycline on TNF-alpha and mitogen-activated protein kinases in sepsis. *Shock* 2004;22:478-81.
- Maitra SR**, **Shapiro MJ**, Bhaduri S, El-Maghrabi MR. Effect of chemically modified tetracycline on transforming growth factor-beta1 and caspase-3 activation in liver of septic rats. *Crit Care Med* 2005;33:1577-81.
- Mynarcik D, Wei LX, Komaroff E, Ferris R, **McNurlan M**, Gelato M. Loss of

Refer a Patient

continued from Page 1

In today's managed care environment, physicians know that obtaining and tracking referrals for patients is extremely important, affecting patient care, payment, and patient satisfaction.

To aid in communication, UPSB developed "Refer a Patient." It is a secure, HIPAA-compliant, web-based application that enables physicians and their staff to communicate with us about referrals.

Given today's hectic practice environment, the application has been designed to save staff time, aid in ensuring continuity of care, and offer a useful database for managing referral information.

Commenting on the usefulness of "Refer a Patient," Kathleen Volpe, office manager of our Surgical Care Center in East Setauket, says, "It works really well. It's easy to use, reliable, and enables me to make better use of my time. We contact the referred patients when it is a good time for us to do so—and in a busy practice, that helps a lot!"

Now in its second year, with nearly all the clinical practices at Stony Brook utilizing this electronic feature, UPSB is working to offer this free service to community physicians. Currently, hundreds of electronic referrals are transmitted each month with outstanding results.

"Refer a Patient" is absolutely free and requires only that referring physicians have an Internet connection in their offices.

Physicians who would like more information and/or a no-obligation, in-office demonstration should call the UPSB Practice Development office at (631) 444-9830.



Refer a Patient, a new web-based service for community physicians that streamlines the referral process:

- Is free, simple, and easy to use
- Is secure—with SSL 128-bit encryption
- Gives physicians the confidence that referrals are handled properly and that patients' care remains a priority
- Helps office staff better manage their time by reducing telephone disruption: staff can call and schedule patient appointments at times that work best for them
- Builds a database of referrals easily accessible for future reference
- Is HIPAA compliant

- subcutaneous adipose tissue in HIV-associated lipodystrophy is not due to accelerated apoptosis. *J Acquir Immune Defic Syndr* 2005;38:53-6.
- Mynarcik D, Wei LX, Komaroff E, Ferris R, **McNurlan M**, Gelato M. Chronic loss of subcutaneous adipose tissue in HIV-associated lipodystrophy may not be associated with accelerated apoptosis. *J Acquir Immune Defic Syndr* 2005;38:367-71.
- Pameijer CR**, Mahvi DM, Stewart JA, Weber SM. Bowel obstruction in patients with metastatic cancer: does intervention influence outcome? *Int J Gastrointest Cancer* 2005;35:127-34.
- Parisien CJ, **Corman ML**. The Secca procedure for the treatment of fecal incontinence: definitive therapy or short-term solution. *Clin Colon Rectal Surg* 2005;18:42-5.
- Patel KN**, Shah JP. Neck dissection: past, present, future. *Surg Oncol Clin N Am* 2005;14:461-77.
- Patel KN**, Shaha AR. Locally advanced thyroid cancer. *Curr Opin Otolaryngol Head Neck Surg* 2005;13:112-6.
- Peeters KC, Kattan MW, Hartgrink HH, Kraneberg EK, **Karpeh MS**, Brennan MF, van de Velde CJ. Validation of a nomogram for predicting disease-specific survival after an R0 resection for gastric carcinoma. *Cancer* 2005;103:702-7.
- Rehman J, Sundaram CP, Khan SA, Venkatesh R, **Waltzer WC**. Instrumentation for laparoscopic renal surgery—padron endoscopic exposing retractor (PEER) and endoholder: point of technique. *Surg Laparosc Endosc Percutan Tech* 2005;15:18-21.

- Ricotta JJ**, Wall LP, Blackstone E. The influence of concurrent carotid endarterectomy on coronary bypass: a case-controlled study. *J Vasc Surg* 2005;41:397-402.
- Sachs S, **Bilfinger TV**, Komaroff E, Franceschi D. Increased standardized uptake value in the primary lesion predicts nodal or distant metastases at presentation in lung cancer. *Clin Lung Cancer* 2005;6:310-3.
- Scott BH, **Seifert FC**, Grimson R, Glass PS. Resource utilization in on- and off-pump coronary artery surgery: factors influencing postoperative length of stay—an experience of 1,746 consecutive patients undergoing fast-track cardiac anesthesia. *J Cardiothorac Vasc Anesth* 2005;19:26-31.
- Senagore AJ, Singer M, Abcarian H, Fleshman J, **Corman M**, Waxner S, Nivatvongs S; Procedure for Prolapse and Hemorrhoids (PPH) Multicenter Study Group. A prospective, randomized, controlled multicenter trial comparing stapled hemorrhoidectomy and Ferguson hemorrhoidectomy: perioperative and one-year results. *Dis Colon Rectum* 2004;47:1824-36.
- Shabtai M, **Waltzer WC**, Ayalon A, Rosin D, Shabtai EL, Malinowski K. Enhanced non-specific binding of murine IgG antibodies to human cells' surface during acute renal allograft rejection. *IMAJ* 2004;143:823.
- Shapiro MJ**. Trauma: the golden hour, principles of assessment, and resuscitation. In: Papadakos PJ, Szalados JE, editors. *Current Critical Care*. Philadelphia: Mosby, 2005: 337-44.

- Singer AJ, Blanda M, Cronin K, LoGiudice-Khwaja M, Gulla J, Bradshaw J, **Katz A**. Comparison of nasal tampons for the treatment of epistaxis in the emergency department: a randomized controlled trial. *Ann Emerg Med* 2005;45:134-9.
- Slesarenko YA, Hurst LC, **Dagum AB**. Synovial chondromatosis of the distal radioulnar joint. *Hand Surg* 2004;9:241-3.
- Wall LP, **Gasparis A**, **Criado E**. Endovascular therapy for tracheoinnominate artery fistula: a temporizing measure. *Ann Vasc Surg* 2005;19:99-102.
- Waltzer WC**, Golightly M, Darras F, Frischer Z, Moss V, **Malinowski K**. Campath-1H effect upon the expression of differentiation and activation markers on the surface of host lymphocytes. *Am J Transplant* 2005;5(Suppl 11):415.
- Xu RL, Tang Y, Ogburn PL, **Malinowski K**, Madajewicz S, Santiago-Schwarz F, Fan Q. Implication of delayed TNF-alpha exposure on dendritic cell maturation and expansion from cryopreserved cord blood CD34+ hematopoietic progenitors. *J Immunol Methods* 2004;293:169-82.
- Zhu W, Ma Y, Bell A, Esch T, Guarna M, **Bilfinger TV**, Bianchi E, **Stefano GB**. Presence of morphine in rat amygdala: Evidence for the 3 opiate receptor subtype via nitric oxide release in limbic structures. *Med Sci Monit* 2004;10:BR433-9.

* The names of faculty authors appear in boldface.

Residency Update

Since the class of 1975 entered the profession of surgery, 168 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—and we're proud of their diverse achievements and contributions to healthcare.

Our nonpyramidal residency program fulfills the standards for professional excellence adopted by the American Board of Surgery, and leads to eligibility for board certification. As of now, six (formerly five) surgical residents are selected each year through the National Resident Matching Program.

2005 Graduating Residents

<u>Name</u>	<u>Career Direction</u>
General Surgery	
Solomon David, MD	Surgical critical care fellowship at Stony Brook U
Mark Gelfand, MD	Hand surgery fellowship at Stony Brook U
Vivek Kohli, MD	Transplantation fellowship at Mt. Sinai Medical Center, New York, NY
Frank Lunati, MD	General surgery private practice on Long Island
George Manis, MD	Vascular surgery fellowship at U of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School
Vascular Surgery	
Jaime Strachan, MD	Vascular surgery private practice in Danbury, CT
Otolaryngology	
Rodrigo Martinez, MD	Facial plastic surgery fellowship at U of New Mexico-affiliated private practice in Albuquerque, NM
Critical Care	
Eduardo Smith, MD	General surgery/critical care/trauma private practice in McKinney, TN
Baljeet Uppal, MD	Vascular surgery fellowship at U of Maryland, Baltimore, MD
Minimally Invasive Surgery	
John Wang, MD	Surgical oncology fellowship at City of Hope National Medical Center, Duarte, CA

New Chief Residents

<u>Name</u>	<u>Medical School (Grad. Year)</u>
Victor Cruz, MD	Stony Brook U ('99)
Andrew Monteleone, MD	Eastern Virginia Medical School ('01)
Alexandr Reznichenko, MD	Russia State Medical U ('86)
Brett Ruffo, MD	Ross U ('00)
Hiroshi Sogawa, MD	Shiga Medical College ('95)

Incoming Residents/All Categorical PGY-1*

<u>Name</u>	<u>Medical School (Grad. Year)</u>
Albert Kwon, MD	Brown U ('05)
Cynthia Salinas, MD	San Antonio ('05)
Breen Taira, MD	Stony Brook U ('05)
Julia Zakhaleva, MD	Temple U ('05)
Alla Zemlyak, MD	Stony Brook U ('05)

* As of July 1, 2005.

In April, the Residency Review Committee for Surgery (American Board of Surgery) again granted our residency program in general surgery **full five-year accreditation** without any citations or areas of concern. The RRC also gave the program director, Eugene P. Mohan, MD, clinical associate professor of surgery, and our institution a **commendation** for the documented efforts that ensure the program's compliance with the program requirements.

This accreditation is the highest given by the RRC and, together with the commendation for excellence, demonstrates the quality of our program, our staff, and the residents we attract to Stony Brook.

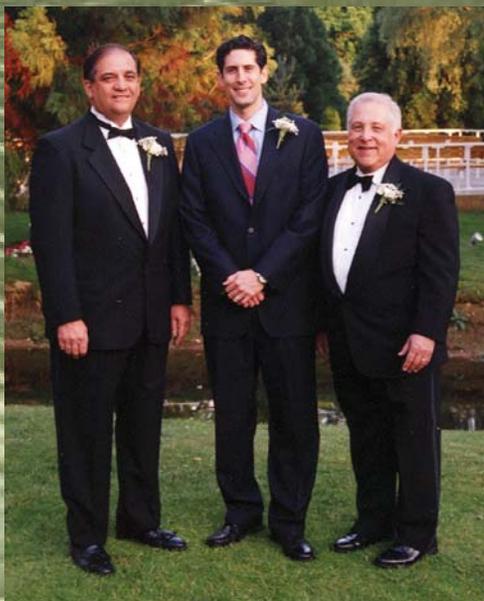
Our accredited vascular surgery residency (fellowship) was established in 1980 by our Division of Vascular Surgery, and since then, 25 vascular surgeons have been trained at Stony Brook.

Our accredited residency in otolaryngology was established in 1993 by our Division of Otolaryngology-Head and Neck Surgery, and since then, nine otolaryngology-head and neck surgeons have been trained at Stony Brook.

Our accredited residency (fellowship) in surgical critical care was established in 2000 by our Section of Trauma/Surgical Critical Care, and since then, seven surgeons have been trained in surgical critical care at Stony Brook.



Dr. John Ricotta (far left) and Dr. Eugene Mohan (far right) with our 2005 graduating chief residents (from left to right), Drs. Solomon David, Vivek Kohli, Frank Lunati, Mark Gelfand, and George Manis, at the graduation banquet held in June at Flowerfield, St. James, NY.



Our graduating otolaryngology resident (center), Dr. Rodrigo Martinez, with Dr. John Ricotta (left) and Dr. Arnold Katz (right).



Our graduating vascular surgery resident (second from right), Dr. Jaime Strachan, with (left to right) Dr. Cheng Lo, Dr. Antonios Gasparis, Dr. Enrique Criado, and (far right) Dr. John Ricotta.

Photos by Gerald Bushart, Department of Surgery.

Background image from Fritz Kahn's *Das Leben des Menschen* (The Life of Man), 1931. National Library of Medicine.

While the interior of the body is often visualized as a landscape or terrain, here the perspective is an anatomical landscape from the inside of the nostril looking out.



Our graduating critical care residents (center, left to right), Drs. Eduardo Smith and Baljeet Uppal, with Dr. John Ricotta (far left) and Dr. Marc Shapiro (far right).



Our graduating minimally invasive surgery fellow (center), Dr. John Wang, with Dr. John Ricotta (left) and Dr. John Brebbia (right).



Alumni News

Dr. Alan R. Koornick ('75) continues to practice as a vascular surgeon in Atlanta, GA, where he is chief of vascular surgery at Saint Joseph's Hospital. He is a member of a six-man group practice called the Vascular Institute of Georgia. Saint Joseph's Hospital does more vascular surgery than any other hospital in Georgia.

Dr. Darlene J. Goldstein ('79) is a heart surgeon in private practice at Mid-Atlantic Surgical Associates in Morristown, NJ. She is an active member of the Women's Heart Foundation (WHF), an international coalition of nurse executives, civic leaders, community health directors, member hospitals, partners, providers and corporate sponsors responding to the health crisis of women's heart disease by implementing an integrated model that promotes wellness, early intervention and excellence of care for women. Dr. Goldstein has been a medical advisor to WHF since 1993, and is volunteer director of WHF's Medication Safety Campaign. She is a frequent lecturer on women and heart disease.

Dr. Charles R. Dinerstein ('82) is in private practice in New Jersey, doing vascular medicine, endovascular care, and surgical revascularization. He is a clinical assistant professor of surgery in the Division of Vascular Surgery at the

Robert Wood Johnson Medical School.

Dr. Aaron H. Chevinsky ('88) has been elected to serve as president of the Morris County Medical Society. His formal inauguration took place in June. A surgical oncologist, he is chief of gastrointestinal malignancies at Morristown Memorial Hospital's Carol G. Simon Cancer Center, in Morristown, NJ.

Dr. Cliff P. Connery ('89) is chief of thoracic surgery at St. Luke's-Roosevelt Hospital Center and Beth Israel Medical Center in New York, NY. With a special interest in lung cancer and minimally invasive thoracic surgery, he recently co-authored a feasibility study on the use of robotic technology in the treatment of lung cancer. He is an assistant professor of clinical surgery at Columbia University College of Physicians and Surgeons.

Dr. Bruce E. Alper ('90) practices general surgery in Satellite Beach, FL. An active citizen of the medical community in Florida, he serves as a member of the board of directors of the Florida Surgical Society, in which he is a delegate of the Florida Medical Association.

Dr. Richard W. Golub ('90) has left SUNY Downstate Medical Center, in Brooklyn, where he was an associate professor of clinical surgery and chief of colon and rectal surgery. He now is in private practice in Sarasota, FL, specializing in colorectal and general surgery.

Dr. Jonathan P. Yunis ('90) practices general and vascular surgery in Sarasota, FL. He is a past chief of surgery at Sarasota Memorial Hospital. His specialties include hernia surgery, and he performs more than **300 hernia operations** per year. He is the first surgeon in the United States to use the new FDA-approved titanium mesh prosthesis called TiMesh, the only composite hernia mesh made with titanium. A practitioner of laparoscopic hernia repair, Dr. Yunis says, "TiMesh will allow for more laparoscopic procedures because of its ease of use and cutting-edge titanium technology."

Dr. Nabil Akkad ('95) is in private practice in Fort Smith, AR, specializing in general and vascular surgery. He currently is an investigator of sentinel node biopsy in breast cancer surgery in a clinical trial being conducted in conjunction with the Arkansas Breast Group, which is composed of physicians both from the private sector and University of Arkansas for Medical Sciences.

Dr. Ravindra K. George ('98) has recently been appointed to serve as acting chief of surgery at the Veterans Affairs Medical Center in Amarillo, TX.

Dr. Hector M. Dourron ('01) is a vascular surgeon in Georgia's Cobb County, just northwest of Atlanta. He is a member of a seven-man group practice called Vascular

Surgical Associates. His special interests are minimally invasive endovascular surgery, management of carotid disease, aortic aneurysms, and peripheral bypass grafting. Dr. Dourron completed his vascular surgery fellowship two years ago at Henry Ford Hospital in Detroit, MI. A report of basic research he conducted there has just been published:

Dourron HM, Jacobson GM, Park JL, Carretero OA, Reddy DJ, Andrzejewski T, Pagano PJ. Perivascular gene transfer of NADPH oxidase inhibitor suppresses angioplasty-induced neointimal proliferation of rat carotid artery. *Am J Physiol Heart Circ Physiol* 2005;288:H946-53.



alum info and submissions

To submit alumni news online and to find current mailing addresses of our alumni, please visit the Department's website at www.uhmc.sunysb.edu/surgery

GENERAL SURGERY ALUMNI

Please send your e-mail address—for inclusion in the Alumni Directory—to **Jonathan.Cohen@StonyBrook.edu**

Division Briefs

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of clinical surgery, has initiated a new clinical program in **radiofrequency ablation of lung cancer**—the only program of its kind in Suffolk County. A new option for cancer treatment of the lung, RFA applies thermal energy with a catheter delivery system, resulting in coagulation necrosis. Dr. Bilfinger uses it to treat small tumors (<4 cm) originating in the lung (primary lung cancer) and those that have spread to the lung (metastases).

RFA is usually considered for patients who are not surgical candidates or who desire a non-surgical option. It can be used in conjunction with chemotherapy and/or radiation therapy. RFA can treat the tumor and still preserve lung function. In certain cases the entire tumor can be ablated, potentially leaving the patient free of visible disease.

Dr. Bilfinger has made the following presentations at professional meetings:

Morphine and the heart: what do we know? [author: Bilfinger TV]. International Meeting on Endogenous Morphine, NIH/Neuroscience Institute, SUNY-Old Westbury; January 2005.

What should determine clinical intervention when PET result and clinical judgment disagree? [authors: Bilfinger TV, Sachs]. Annual Meeting of the Society of Thoracic Surgeons, Tampa, FL; January 2005.

Aggregate cost of CT screening [authors: Sachs S, Aleyas S, Bilfinger TV]. International Conference of the American Thoracic Society, San Diego, CA; May 2005.

Isolation of circulating tumor cells from the blood of patients with lung cancer [authors: Baram D, Richman PS, Sachs S, Meng HD, Bilfinger TV, Zhao Q, Yeh Y, Chen WT]. International Conference of the American Thoracic Society, San Diego, CA; May 2005.

General Surgery, Trauma, Surgical Critical Care, and Burns

Dr. Marc J. Shapiro, professor of surgery and anesthesiology, and chief of general surgery, trauma, surgical critical care, and burns, provides the following update:

With the arrival of **Dr. Kevin T. Watkins**, assistant professor of surgery, who joined our faculty last fall, came new technology that Dr. Watkins has been involved with, including the utilization of a **modality to resect and coagulate hemostatically lesions** in the liver, pancreas, and other solid tissue areas.

The arrival in July of **Dr. Michael F. Paccione** (see page 4) adds depth to an already busy and active trauma service. As a board-certified DDS, surgical intensivist, trauma surgeon, and general surgeon, Dr. Paccione has quickly demonstrated his **expertise in the multimodality approach** to the high-acuity patients that Stony Brook receives.

The arrival in July of **Dr. Steven Sandoval** and **Dr. Solomon David** as the new surgical critical care fellows has added continued depth to the SICU, whose acuity also remains extremely high. Dr. Sandoval comes from Cornell University and Dr. David finished with us at Stony Brook this past year. Both are talented young surgeons, knowledgeable and dedicated.

Recently there have been a number of patients who have received regional and national exposure due to the multidisciplinary success of our level I trauma service.

In our ER, the advantage of having many talented services to handle torso, head, spine, facial, orthopedic, and obstetrical trauma, plus the aggressive emergency department and radiology expertise, has allowed facile and coordinated care with spectacular outcomes.

Many families have expressed their appreciation to the physicians and nurses in many different forms. There appears to be an increase in patients coming to Stony Brook who are not wearing seat belts and thus being ejected from their vehicle, resulting in devastating and often lethal injury.

Our trauma service and the National Brain Foundation continue to work on educating the Long Island community on the **importance of three-point seat belt restraints** and the

importance of setting the headrest so that it abuts the back part of the head (occiput).

The **Burn Center celebrates its 20th anniversary this year**, and remains quite active in both patient care and education with its talented staff of physicians and nurses.

Dr. Alexandr Reznichenko received the 2005 David J. Kreis Jr. Award for Excellence in Trauma Surgery

at the resident graduation, held in June. Dr. Reznichenko received his MD from Russia State Medical University in 1986. After practicing urology, he started his surgical residency here in 2001. In addition to a plaque, he will be sent to the annual conference of the American College of Surgeons' Committee on Trauma, in March 2006.

The David J. Kreis Jr. Award for Excellence in Trauma Surgery is an annual award given to a senior (fourth-year) surgical resident by the Department's trauma section in honor of the late Dr. Kreis, who served with distinction on our faculty from 1986 until his untimely death in 1989. He was the founding chief of trauma care at Stony Brook.

In January, Dr. Shapiro gave a lecture titled "Billing in the ICU" at the Annual Congress of the Society of Critical Care Medicine held in Phoenix, AZ. His recent presentations with other members of the Department at professional meetings include:

Division Briefs

continued from Page 11

Adverse outcome of anticoagulation in elderly trauma patients [authors: Uppal BS, Smith E, Sajjad S, Brebbia J, Shapiro MJ]. *New York Surgical Society*, New York, NY; February 2005.

Risk factor for venous thromboembolic event in hospital trauma patient in Suffolk County, NY [authors: Sleet MC, Azu MC, McCormack JE, Huang EC, Lee TK, Shapiro MJ]. *Brooklyn and Long Island Chapter of the American College of Surgeons*; May 2005.

An active researcher, Dr. Shapiro recently received grant support and funding for the following new study:

Phase 4, randomized, double-blind, multi-center, comparator study evaluating the safety of dexmedetomidine compared with IV midazolam in ICU subjects requiring greater than 24 hours of continuous sedation.

In March, Dr. Watkins with a former colleague from the Wilford Hall Medical Center, Dr. Peter A. Learn, presented their study titled "Eliminating Pancreatic Leak in Distal Resections" at the Annual Cancer Symposium of the Society of Surgical Oncology, held in Atlanta, GA.

Otolaryngology-Head and Neck Surgery

Dr. Arnold E. Katz, professor of clinical surgery and chief of otolaryngology-head and neck surgery, in April led the Stony Brook University Hospital team at the 8th annual Revlon 5K Run/Walk for Women, held in Manhattan, aimed at raising awareness about women's cancers and also

raising funds for cancer research, counseling, and outreach programs. The Stony Brook team was made up of 39 departmental and hospital staff members.

Among Dr. Katz's recent presentations at professional meetings are:

Facial reconstruction. Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, Los Angeles, CA; September 2005.

Facial reconstruction after skin cancer resection. Annual Symposium on the Management of Challenges in Otolaryngology-Head and Neck Surgery: An American-International Perspective. Weill Medical College of Cornell University, New York, NY; June 2005.

The advancement rotation flap. Third Annual Northeast Regional Course on the Latest Techniques in Soft Tissue Surgery, American Academy of Facial Plastic and Reconstructive Surgery and the University of Medicine and Dentistry of New Jersey, Newark, NJ; April 2005.

This past spring, in keeping with his commitment to community service, Dr. Katz served on the advisory board of the Greater Port Jefferson Northern Brookhaven Fine Arts Council's Festival of Films of Faith.

Dr. Kepal N. Patel, assistant professor of surgery, who joined our faculty this summer (see page 4), has received a **2005 Catacosinos Cancer Translational Researcher Award** for his study titled "The Role of MUC1 in the Pathogenesis of Thyroid Cancer." This one-year grant of \$30,000 is awarded by the School of

Medicine, which gives special consideration to applications with obvious translational significance.

Dr. Ghassan J. Samara, assistant professor of surgery, has been awarded a two-year National Cancer Institute research grant to study alcohol as an apoptotic trigger in head and neck cancer. Dr. Samara is principal investigator. This project is funded to run from June 2005 to 2007.

In April, Dr. Samara lectured on head and neck masses in adults for the Capitol Region Otolaryngology Head and Neck Group's course on ear, nose and throat disorders for the general practitioner, held at St. Peter's Hospital in Albany.

Dr. Maisie L. Shindo, associate professor of surgery and director of head and neck oncology, has been cited as a "**doctor of excellence**" in *New York Magazine's* "How to Find the Best Doctors," published on June 13, 2005, and is also featured in the newly published first edition of the Castle Connolly Guide, *America's Top Doctors for Cancer*.

Dr. Shindo has been chosen for the **2005 American Academy of Otolaryngology-Head and Neck Surgery Distinguished Service Award**. This prestigious award is given to members in recognition of their volunteer contributions

to the academy and its foundation. Dr. Shindo was honored in Los Angeles during the opening ceremony of the AAO-HNSF annual meeting in September.

Pediatric Surgery

Our pediatric surgery team made the following presentation in May at the American Pediatric Surgical Association Annual Meeting in Phoenix, AZ:

Decompressive craniectomy in pediatric traumatic brain injury (TBI) patients with refractory elevated intracranial pressure (ICP) [authors: Rutigliano DN, Egnor MR, McCormack JE, Strong NA, Scriven RJ, Priebe CJ, Lee TK]

The actual presentation at the meeting was done by surgical resident Dr. Daniel N. Rutigliano, the first author of the report.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, associate professor of surgery and chief of plastic and reconstructive surgery, made surgical history and national news for his role as lead surgeon in the much-publicized case of hands replantation performed in February—what is believed to be the **first simultaneous reattachment of hands done in New York State**. Dr. Dagum was the lead surgeon in the 11-hour operation that involved a team of four surgeons working simultaneously, with two on

each hand. The success of the operation was featured by national news media, and Dr. Dagum appeared in a follow-up story in CNN's 360 program aired in May.

Dr. Balvant P. Arora, assistant professor of surgery, worked closely with Dr. Dagum during this historic replantation operation.

Commenting on the patient's progress in the cover story of the July 12 issue of *Newsday*, Dr. Dagum said:

"He's reaching all the milestones very well."

Dr. Dagum added that the patient will need surgery, later this year, around the scar tissue in his hands, to improve his strength and the motion in his fingers.



Reaching The Milestones

Feb 28: Patient undergoes an 11-hour operation to reattach both hands.

Mar 29: Leaves hospital to go home.

Mar 30: His first day of rehabilitation.

Apr 9: When his hands are removed from their splints, he can move his fingers with small wiggles.

Apr 21: Pins, holding his bones together, are removed because his bones have fused.

May 5: He can eat a sandwich and drink from a cup on his own. He is starting to feel sensation near his wrists and palms.

June 30: He can complete daily hygiene tasks. Sensation has progressed into the fingertip of his left pinky.

In May, Dr. Dagum spent two weeks in China doing pro bono work to help rural patients, mostly children with cleft lip/palate and other craniofacial defects. The trip was organized through the Evangelical Medical Aid Society of the Christian Medical and Dental Association in association with the Chinese Red Cross. He performed a total of 56 operations consisting of cleft lip and palate and other craniofacial defects and reconstruction for contractures and deformities from burns.

Dr. Dagum and colleagues [Martinez R, Sobanko J, Arora B, Simon M, Singer A, Zimmerman T] recently received a research grant from the Integra Life Sciences Corporation to study wound healing using Integra combined with autologous epidermal grafts, split-thickness grafts, or aerosolized keratinocytes with fibrin in swine.

The cleft lip and palate program has recently developed a website to provide information and answers to frequently asked questions about cleft lip and palate for residents of Long Island. The URL is www.uhmc.sunysb.edu/surgery/CPCF-Center.html.

Surgical Oncology Dr. Marvin L. Corman, professor of surgery, in January was a visiting professor at the Western Pennsylvania Hospital in Pittsburgh, PA, and at the Pittsburgh Society of Colon

and Rectal Surgeons. He presented two lectures at the teaching hospital—"Avoiding the Pitfalls of Anal Fistula Surgery" and "Management of Anal Incontinence"—and interacted with the residents in teaching conferences.

In February, Dr. Corman was honored as the winner of the **2004 Jack W. McElwain Award** for the paper he presented last November at the Northeastern Society of Colon and Rectal Surgeons annual meeting, titled "Secca Procedure for Fecal Incontinence." He joins a distinguished company of previous awardees of this prestigious prize in the field of colorectal surgery.

In April, Dr. Corman attended the 30th International Congress of the Mexican Society of Colon and Rectal Surgeons, held in Ixtapa, Mexico. He presented nine talks, including the Fidel Ruiz Moreno Memorial Lectureship, and was made an honorary member of the society. The Moreno Lectureship was on the local treatment of rectal cancer. The topics of his talks included: avoiding the pitfalls of hemorrhoid surgery; managing rectal prolapse—the case against laparoscopy; the value of follow-up of colorectal cancer; management of anal stenosis; the treatment of complex anal fistulas.

In June, Dr. Corman gave three lectures at the World Congress of Coloproctology and Pelvic Diseases held in



The grateful and happy patient, Arsenio Matias (seated), with surgeon Dr. Alexander B. Dagum. Standing behind them are anesthesiologists Dr. Kenneth Rosenfeld (left) and Dr. Neera Tewari.

Division Briefs

continued from Page 13

Rome. He also chaired the committee of specialists on the new stapled transanal rectal resection (STARR) procedure for outlet obstruction syndrome, to develop a position paper.

In July, Dr. Corman was a guest speaker at the Tripartite Colorectal Meeting of the Royal Dublin Society, held in Dublin. He addressed the topic of fecal incontinence as treated by radiofrequency.

Dr. Martin S. Karpel, Jr., professor of surgery and chief of surgical oncology, has been cited as a “**doctor of excellence**” in *New York Magazine’s* “How to Find the Best Doctors,” published on June 13, 2005.

Dr. Brian J. O’Hea, assistant professor of surgery and director of the Carol M. Baldwin Breast Care Center, has also been cited as a “**doctor of excellence**” in *New York Magazine’s* “How to Find the Best Doctors,” published on June 13, 2005.

Dr. David E. Rivadeneira, assistant professor of surgery, continues to serve as course director of the **hand-assisted laparoscopic colon and rectal surgery workshop**. He conducted this intensive one-day course in March and June, and will do another in December. The course is designed for general and colon/rectal surgeons and residents familiar with laparoscopic techniques, who wish to expand their skills

to laparoscopic intestinal surgery. The School of Medicine designates this course for up to eight category I credits toward the AMA Physician’s Recognition Award. Interested physicians should call (631) 444-2094.

Dr. Rivadeneira took part as faculty in similar laparoscopic workshops held this year in March and July at the Lahey Clinic in Burlington, MA. He did other laparoscopic workshops in May and June at Weill Medical College of Cornell University in New York City.

Surgical Research

Dr. Galina I. Botchkina, research assistant professor of surgery, was featured in July in a *Newsday* article with the headline “**Prostate Test Advances: Researchers at Stony Brook Are Developing an Easier and More Accurate Method of Finding Malignancies.**”

The article focused on the progress of her recently reported clinical study toward the development of a noninvasive test that accurately spots a prostate cancer-specific enzyme. This test promises a new way to diagnose the disease. The diagnostic tool relies on an enzyme called telomerase, which is known to be inactive when cancer is not present but flares when a malignancy occurs. In the case of prostate cancer, the enzyme is found in abundance in urine.

Dr. Botchkina’s study, co-authored with Stony Brook colleagues, was reported

in May in *Clinical Cancer Research* (see abstract on facing page). This study, sponsored by the U.S. Department of Defense, is one of many attempting to find more accurate methods of diagnosing common forms of cancer. Prostate cancer is one of the most common malignancies in U.S. men. The American Cancer Society estimates that 230,000 cases of the disease will be diagnosed this year and about 30,000 men will die of the disease. In *Newsday*, Dr. Botchkina is quoted as saying: “It is really important to develop new molecular tools so that we have more accurate diagnosis.”

Transplantation

Dr. Kazimierz Malinowski, research associate professor of surgery, made the following two podium presentations at the American Transplant Congress, held in May in Seattle, WA:

Campath-1H effect upon the expression of differentiation and activation markers on the surface of host lymphocytes [authors: Waltzer WC, Golightly M, Darras FS, Frischer Z, Moss V, Malinowski K]

Successful prednisone-free renal transplantation with Campath-1H induction under either tacrolimus or cyclosporine based maintenance immunosuppression [authors: Darras FS, Malinowski K, Frischer Z, Moss V, Waltzer WC]

Vascular Surgery

Dr. Antonios P. Gasparis, assistant professor of surgery, has been awarded a **2005 Sigvaris Traveling Fellowship** to visit different medical centers around the

world to learn about complex venous disorders. He will be going to the Mayo Clinic in Minnesota, the Straub Clinic & Hospital in Hawaii, and River Oaks Hospital in Mississippi. This competitive fellowship is sponsored by Sigvaris, a world leader in medical compression therapy, in conjunction with the American Venous Forum, an international consortium of venous and lymphatic specialists dedicated to improving patient care through education and information exchange.

Dr. John J. Ricotta, professor and chairman of surgery, has again been cited as a “**doctor of excellence**” in *New York Magazine’s* “How to Find the Best Doctors,” published on June 13, 2005, and is also featured in the next edition of Castle Connolly’s newly published fifth edition of *America’s Top Doctors*.

Recently, Dr. Ricotta has been a visiting professor at Dartmouth and Johns Hopkins. At Hopkins in June, he gave the I. Ridgeway Trimble Lecture, titled “The Evolution of Aortic Surgery and Its Impact on Surgical Training.”

An active member of the Association of Program Directors in Vascular Surgery, Dr. Ricotta currently serves on the committee charged with developing the vascular surgery core curriculum for vascular residents.

Noninvasive Detection of Prostate Cancer By Quantitative Analysis of Telomerase Activity

Galina I. Botchkina, PhD,¹
Roger H. Kim, MD,¹ Inna
L. Botchkina, BS,¹ Alex
Kirshenbaum, MD,² Zelik
Frischer, MD,² and Howard L.
Adler, MD²

From the Departments of
¹Surgery and ²Urology,
Stony Brook University.

Purpose: Prostate cancer is the most common male malignancy and the second leading cause of male cancer death; therefore, there is urgent necessity for noninvasive assays for early detection of prostate cancer. Obtaining prostate tumor samples surgically is problematic because the malignancy is heterogeneous and multifocal and early-stage tumors are nonpalpable. In contrast, exfoliated cells represent the cancer status of the entire gland better due to the general tendency of cancer cells to exfoliate into biological fluids. The purpose of this study was to clarify whether quantitative analysis of telomerase activity in exfoliated cells in urine could serve as a reliable molecular marker of prostate malignancy.

Experimental Design: We analyzed prospectively post-prostatic examination-exfoliated cells from the urine of 56 patients undergoing routine

prostate screening. Epithelial cells were isolated and enriched by immunomagnetic separation. Telomerase activity was analyzed by quantitative real-time PCR telomeric-repeat amplification protocol assay using Opticon MJ research instrument.

Results: We report now that all prostate cancer patients revealed high levels of telomerase activity thereby showing 100% of the assay sensitivity. In contrast, the majority of patients with clinically confirmed benign prostatic hyperplasia (BPH) did not express any telomerase activity (70% of all BPH patients), most likely presenting cancer-free cases, or expressed low levels of activity (18%). However, about 12% of BPH patients revealed high levels of telomerase activity that potentially can reflect hidden prostate cancer.

Conclusions: We suggest that the quantitative analysis of telomerase activity can be useful for the selection of prostate cancer and cancer-free cases.

Clinical Cancer Research
Vol. 11, 3243-9, May 1, 2005
© 2005 American Association
for Cancer Research

Our Electronic Physician Directory

The Department provides a physician directory as part of its website—please visit us at the following address to find information about our individual surgeons (see sample below), as well as our programs in patient care, education, research, and community service:

www.uhmc.sunysb.edu/surgery



Dr. Marc J. Shapiro

MS: University of Michigan (1975).

MD: University of Michigan (1979).

Residency Training: General Surgery, Henry Ford Hospital, Detroit, MI (1979-84).

Fellowship Training: Critical Care Medicine, University Health Center of Pittsburgh, Pittsburgh, PA (1984-85).

Board Certification: [Surgery](#); [Surgical Critical Care](#).

Specialties: Management of injured patients—all aspects of traumatology; pre- and post-operative critical care of surgical patients; treatment of the acute surgical abdomen; treatment of abdominal compartment syndrome;

resuscitation; management of single and multiple organ failure; and thoracoabdominal injuries, including lung, heart, spleen, liver, bowel, and urinary system.

Additional: Chief of General Surgery, Trauma, Surgical Critical Care, and Burns; Fellow, American College of Surgeons ([FACS](#)); Fellow, American College of Critical Care Medicine ([FCCM](#)); member, American Surgical Association, Association of Academic Surgeons, and Society of University Surgeons; see [recent publications](#).

Honors: Immediate past president, St. Louis Surgical Society; past president, American College of Surgeons, MO Chapter; past chair, Missouri Committee of Trauma (ACS); past president, McClure Surgical Society; member, EMS Division, Department of Health, Missouri and Illinois; council, Society of Critical Care Medicine; member, National Board of Medical Examiners; advisor, American Association for the Surgery of Trauma; inclusion, *Top 40 Under 40* (CBS); inclusion, *Who's Who in America* and *2000 Notable Men*, American Biographical Institute; recipient, "Attending Physician of the Year" award, 1991, 1993, St. Louis University; editorial board, *Air Medical Journal*, *Air Med*, and *New Surgery*; reviewer, *Journal of Trauma*, *Critical Care Medicine*, *Surgery*, *Annals of Surgery*, *Journal of the American College of Surgeons*, *Intensive Care Medicine*, and *Clinical Intensive Care*.

Language Spoken: English.

Consultations/Appointments: 631-444-4545.



GERALD BUSHART | DEPARTMENT OF SURGERY

Coming Up . . .

The **next issue of POST-OP**, forthcoming in the spring of 2006, will feature an update on our faculty's use of **minimally invasive surgery** for an expanding range of problems requiring surgery.



Stony Brook Surgical Associates, PC

BREAST CARE

John S. Brebbia, MD
Martyn W. Burk, MD, PhD
Martin S. Karpeh, Jr., MD
Louis T. Merriam, MD
Brian J. O'Hea, MD
Colette R.J. Pameijer, MD

BURN CARE

John S. Brebbia, MD
Marc J. Shapiro, MD
Harry S. Soroff, MD

CARDIOTHORACIC SURGERY

Thomas V. Bilfinger, MD, ScD
Irvin B. Krukenkamp, MD
Allison J. McLarty, MD
Frank C. Seifert, MD

COLON AND RECTAL SURGERY

Marvin L. Corman, MD
David E. Rivadeneira, MD
William B. Smithy, MD

GENERAL/GASTROINTESTINAL SURGERY

John S. Brebbia, MD
Louis T. Merriam, MD
Michael F. Paccione, MD
Marc J. Shapiro, MD
James A. Vosswinkel, MD
Kevin T. Watkins, MD

OTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)

Prajoy P. Kadkade, MD
Arnold E. Katz, MD
Denise C. Monte, MD
Kepal N. Patel, MD
Ghassan J. Samara, MD
Maisie L. Shindo, MD

PEDIATRIC SURGERY

Thomas K. Lee, MD
Cedric J. Priebe, Jr., MD
Richard J. Scriven, MD

PLASTIC AND RECONSTRUCTIVE SURGERY

Balvant P. Arora, MD
Duc T. Bui, MD
Alexander B. Dagum, MD
Steven M. Katz, MD

PODIATRIC SURGERY

Valerie A. Brunetti, DPM

SURGICAL ONCOLOGY

Martyn W. Burk, MD, PhD
Marvin L. Corman, MD
Martin S. Karpeh, Jr., MD
Brian J. O'Hea, MD
Colette R.J. Pameijer, MD
Kepal N. Patel, MD
David E. Rivadeneira, MD
William B. Smithy, MD

TRANSPLANTATION

John J. Ricotta, MD
Wayne C. Waltzer, MD

TRAUMA/SURGICAL CRITICAL CARE

John S. Brebbia, MD
Louis T. Merriam, MD
Michael F. Paccione, MD
Marc J. Shapiro, MD
James A. Vosswinkel, MD

VASCULAR SURGERY

Enrique Criado, MD
Antonios P. Gasparis, MD
Cheng H. Lo, MD
John J. Ricotta, MD

For consultations/appointments with our physicians, please call
(631) **444-4550** for our specialists in breast care
(631) **444-2565** for our specialists in burn care
(631) **444-1820** for our specialists in cardiothoracic surgery
(631) **444-2565** for our specialists in colon and rectal surgery
(631) **444-4545** for our specialists in general/gastrointestinal surgery
(631) **444-4121** for our specialists in otolaryngology-head and neck surgery (ENT)
(631) **444-4545** for our specialists in pediatric surgery
(631) **444-9287** for our specialists in plastic and reconstructive surgery
(631) **444-4545** for our specialists in podiatric surgery
(631) **444-2565** for our specialists in surgical oncology
(631) **444-2209** for our specialists in transplantation
(631) **444-2565** for our specialists in trauma/surgical critical care
(631) **444-2565** for our specialists in vascular surgery
(631) **723-5000** for our specialists at Stony Brook Outpatient Services in Hampton Bays: pediatric surgery

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

DEPARTMENT OF SURGERY
UNIVERSITY HOSPITAL AND
HEALTH SCIENCES CENTER
STONY BROOK UNIVERSITY
Stony Brook, NY 11794-8191

Nonprofit Organization
U.S. Postage
PAID
Stony Brook University
Permit #65