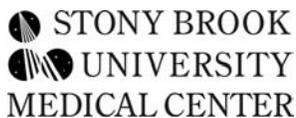


POST-OP



Our Trauma Program Shines In Health Department Report *Top-Quality Care Recognized*

In this issue . . .

Update on Our
Vein Center

Treating Chronic
Pelvic Pain With
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Reconstructive
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With Breast Cancer

Treating Chronic
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“Meeting of the Minds: Emergent
Therapies in Cardiovascular Disease
Outcomes and Evidence-Based
Medicine”

Upcoming one-day CME symposium at
Stony Brook—see page 6 for details.

Trauma care at Stony Brook University Medical Center—to which the Department’s specialists in trauma/surgical critical care contribute—received great performance scores in the latest New York State trauma system report for saving lives, demonstrating low mortality rates.

This report, published last December, was developed by the New York State Department of Health, State Trauma Advisory Committee, and SUNY Albany School of Public Health.

As the only regional (Level 1) trauma center in Suffolk County, Stony Brook treats the sickest patients. This county has one of the highest rates in the state for seriously injured patients to be treated in trauma centers.



JOHN GRIFFIN | MEDIA SERVICES

“The December 2006 report by the New York Department of Health objectively recognizes that Stony Brook excels when compared to the other trauma centers in the state,” says Marc J. Shapiro, MD, professor of surgery and anesthesiology, and chief of general surgery, trauma, critical care, and burns. “As the only Level 1, or Resource Hospital, serving the 1.5 million citizens of Suffolk County, the Medical Center receives the sickest of the sick or injured, and is prepared to handle any form of injury or multiple injuries that arrive at its doorstep.”

Previous studies have shown that patients transferred from one hospital to another with serious head injuries have particularly poor outcomes. Yet the state’s trauma report shows our results are better than average, even with a large number of our patients coming in as transfers from other hospitals.

Two types of mortality were examined for the trauma report: inpatient mortality and in-hospital mortality (inpatient mortality or death in the emergency department).

Celebrating Heart Surgery at Stony Brook *Proclamation of the Suffolk County Legislature*

At the special celebration that took place in February at Stony Brook University Medical Center—held on the eve of the day of hearts—the multidisciplinary team of our heart surgery program gathered with former patients, as Suffolk

County Legislator Vivian Vilorio-Fisher presented an official proclamation in recognition of the program’s accomplishments made during 2006 and its demonstration of the highest quality of patient care.

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Celebrating Heart Surgery

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Achievement of **coronary bypass surgery mortality rate of only 1% and overall operative mortality rate of 3.1%** based on data from January through December, 2006—both rates lower than the most recent New York State data (2002-2004) reported in June by the Department of Health (i.e., statewide [unadjusted] averages of 2.1% and 6%, respectively).

- Arrival of our **new chief of cardiothoracic surgery** in January.
- Expansion of **blood conservation program** (including the use of cell salvage and autologous donation).
- Expansion of a **cognitive protection program** (including the expanded use of epi-aortic echocardiography).
- Implementation of the interactive, web-based **Emmi patient education program** in April.
- **First minimally invasive endovascular thoracic aortic stent grafting** performed in May.
- Dr. Seifert honored for contribution to **one of ten “Medical Marvels”** featured in *New York Magazine* (“Mother of one, pregnant with triplets. Torn aorta about to burst.”; June 19, 2006) for life-saving aortic surgery performed in August 2005.
- Start of **SYNTAX clinical trial** (SYNergy between percutaneous coronary intervention with TAXus and cardiac surgery) in July.
- Start of **RESTOR-MV clinical trial** (Randomized Evaluation of a Surgical Treatment for Off-pump Repair of the Mitral Valve) in August—first patient on Long Island to be treated with “closed heart” minimally invasive mitral valve repair technique.
- **First minimally invasive endosurgical heart valve surgery** performed in September.
- **Renovation/upgrade** of our ICU waiting room, completed in September.
- Inauguration of our **patient “concierge” program** in November.
- Establishment of **integrative medicine program** in November.
- Acquisition initiated in December for technology to establish **“destination therapy” program**.

Proclamation

The Suffolk County Legislature wishes to honor the Division of Cardiothoracic Surgery at Stony Brook University Medical Center as it celebrates its accomplishments in 2006; and

Whereas, *this past year at Stony Brook University Medical Center Division of Cardiothoracic Surgery was distinguished by major advances in program development, modernization of infrastructural support and quality outcomes, with the greatest focus on ensuring the highest quality of care for cardiac surgery patients; and,*

Whereas, *the quality of care and quality initiatives undertaken in the context of expanding clinical services in order to provide a comprehensive array of state-of-the-art cardiac surgery procedures further have enhanced an outstanding program while providing patients with the most sophisticated, compassionate cardiac surgical care available; now, therefore be it*

Resolved, *that I, Vivian Vilorio-Fisher, on behalf of my colleagues on the Suffolk County Legislature and the citizens of Suffolk County, do hereby honor the*

Division of Cardiothoracic Surgery Stony Brook University Medical Center

For its excellence in providing cardiac care to the residents of Suffolk County.

In witness whereof, *I have hereunto set my hand and caused the seal of the Suffolk County Legislature to be affixed on this thirteenth day of February, two thousand seven.*

Our Trauma Program Shines In Health Department Report

continued from Page 1

Stony Brook’s inpatient and in-hospital risk-adjusted mortality rates were both lower than the statewide average (z-score, -0.38 and -0.31 , respectively; z-score reveals how many units of the statistical standard deviation a case is above or below the average).

The state’s trauma report uses data from the New York State Trauma Registry supplied by all trauma centers statewide. The report details the mortality results by region, by level of hospital (regional trauma center or area trauma center), and by mechanism of injury.

Dr. Shapiro explains the secret of our success: “Through a multidisciplinary approach that begins in the emergency room with the emergency medicine and trauma clinicians working together, and continues with the multiple consultants including orthopedic, neurosurgery, maxillofacial, plastic, radiology, and others within the Medical Center, all the way to the operating room, the SICU, and the surgical floors with the team of therapists and trauma social worker, the trauma service has been recognized by the DOH for its proficiency and excellent standard of care.”

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Update on Stony Brook Vein Center

Restoring Legs to Their Healthy Good Looks

The Stony Brook Vein Center has moved to its new facility in East Setauket. Its purpose remains the same: to provide treatment for varicose veins and spider veins of the leg in a pleasant, convenient, outpatient setting. Our vein specialists are board-certified vascular surgeons and members of our full-time faculty.

Our specialists use the latest surgical and non-surgical techniques to treat vein disease, including new minimally-invasive “endovenous” techniques that let patients get back to their normal activities in usually just a couple of days. No general anesthesia or hospitalization is required.

Our physicians are dedicated to giving patients the care they need to have legs that not only feel better but look better, too. Restoring legs to their healthy, pain-free, good looks is what we do with pride.

Our specialists provide care that’s tailored to each patient’s individual needs. We use the latest technology available for the treatment of varicose veins, including radiofrequency ablation (known as RFA or Closure), laser ablation, and ultrasound-guided sclerotherapy. These resources enable our physicians to select the best treatment option for each individual patient.

Antonios P. Gasparis, MD, assistant professor of surgery and director of the Vein Center, says: “We are dedicated to providing the most advanced treatment options for venous disease. People seek treatment to eliminate their painful leg symptoms or to improve their leg appearance. Our goal is to address both.”

The Stony Brook Vein Center is located at 24 Research Way, Suite 100, in East Setauket.

For consultations/appointments with our vein specialists, please call (631) 444-VEIN (8346).

GERALD BUSHART | DEPARTMENT OF SURGERY



Dr. Apostolos K. Tassiopoulos (left) and Dr. Antonios P. Gasparis, both vascular surgeons and vein specialists, working together at the Vein Center.

Providing state-of-the-art treatment of all aspects of venous disease:

- Acute deep vein thrombosis
- Chronic venous thrombosis
- Pelvic venous incompetence
- Varicose and spider veins
- Venous ulcerations

Treating Chronic Pelvic Pain in Women With Minimally Invasive Embolotherapy

A New Treatment Option

Approximately one-third of all women will experience chronic pelvic pain in their lifetime. Many of these women are told the problem is “all in their head” and spend many years trying to get an answer to why they have this chronic pelvic pain. Recent research has shown that the pain may be due to hard-to-detect varicose veins in the pelvis.

Pelvic venous incompetence (PVI) is similar to varicose veins in the legs. In both cases, the valves in the veins that help return blood to the heart against gravity become weakened and don’t close properly. This allows blood to flow backwards and pool in the vein causing pressure and bulging veins.

In the pelvis, varicose veins can cause pain and affect the uterus, ovaries, and vulva. Up to 16% of women, generally between the ages of 20 and 50, have varicose veins in the pelvis, although not all experience symptoms.

PVI should be suspected when a woman reports pelvic pain in the upright position, during or after intercourse, or associated with other varicosities in the thighs, buttocks, perineum, vulva, or vagina. Pain is generally relieved in a supine position. The symptoms of pelvic venous incompetence may increase in the postpartum interval.

Treatment of PVI includes a non-surgical procedure called embolization. This minimally invasive procedure involves placement of coils and sclerosant into the damaged ovarian varices and pelvic varices that lead to occlusion of these veins. Once these veins are removed from the circulation, there is no further pooling of blood into the pelvis, and the pain goes away with clinical improvement.

The Stony Brook Vein Center provides this new treatment option that offers an alternative to surgery in patients who have PVI and who do not respond to pharmacological and/or psychotherapeutic treatment.

Providing the Option Of Breast Reconstruction

Giving Breast Cancer Patients The Choices They Need

This spring a new study on breast reconstruction following surgery for breast cancer made headlines in the national press. The study was originally reported in Cancer, the prominent journal published on behalf of the American Cancer Society.*

The results of this study indicated that there are systematic differences among general surgeons regarding referral to plastic surgeons prior to mastectomy for patients with breast cancer. It was concluded that women need more opportunities to discuss reconstructive options so that they may make informed surgical treatment decisions about their breast cancer.

The researchers who conducted the study surveyed 365 surgeons with 1,844 patients in Detroit and Los Angeles. They found that only 24% of surgeons referred more than three-quarters of their patients for plastic surgery, and 44% referred less than one-quarter.

The good news is that our breast surgeons tell their patients about the option of breast reconstruction and its quality-of-life benefits, and that our plastic surgeons are specialists in the most sophisticated methods of reconstruction.

Commenting on the study, Brian J. O’Hea, MD, assistant professor of surgery

and director of the Carol M. Baldwin Breast Care Center, says: “The vast majority of mastectomy patients are at least potential candidates for reconstruction. If the surgeon decides that a particular patient is not a candidate, then the reasons for that decision should be fully explained.”

“All other mastectomy patients should be offered the opportunity to discuss reconstructive options with a plastic surgeon who is experienced in breast reconstruction. Some women are simply not interested in it, and their wishes need to be respected. All other women should be supported and encouraged to pursue reconstruction.”

OUR MULTIDISCIPLINARY APPROACH BENEFITS OUR PATIENTS

At Stony Brook, our multidisciplinary team approach to breast cancer treatment distinguishes the quality of care we provide, and our breast surgeons work closely with plastic surgeons to give eligible patients the reconstructive options they need to consider for their treatment.

Our weekly Treatment Planning Conference is a multidisciplinary forum where we review potential treatment options for patients with newly diagnosed cancer or patients with recurrent disease. At this conference, their individual cases are presented to a team of highly trained cancer specialists, including radiologists, breast surgeons, pathologists, reconstructive surgeons, radiation oncologists, and medical oncologists.

Duc T. Bui, MD, assistant professor of surgery, is a reconstructive surgeon and active member of our multidisciplinary breast cancer team. He explains: “Breast reconstruction after mastectomy has an important role in the treatment of breast cancer. It can improve the psychosocial well-being and the quality of life of patients who have breast cancer.”

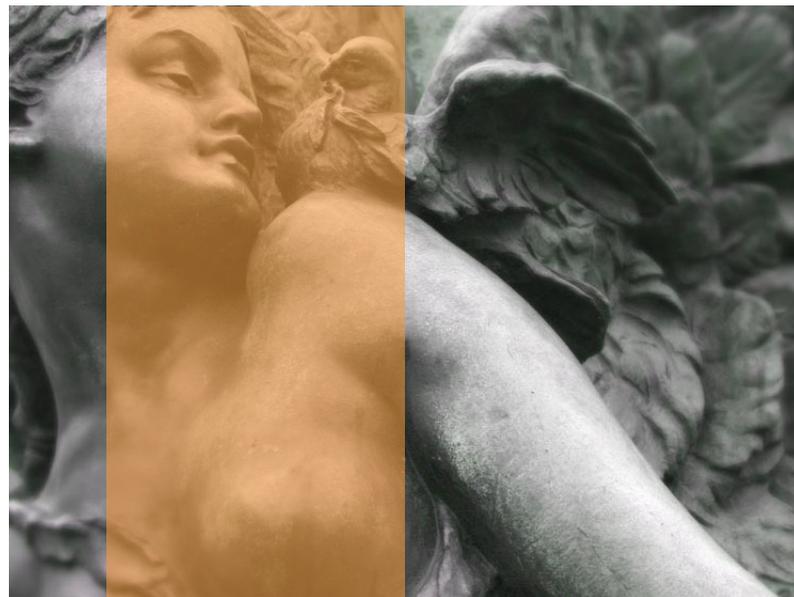
“There are many options for breast reconstruction,” Dr. Bui emphasizes. “It is important for patients to be referred to plastic surgeons to discuss what type of reconstruction is best for them as individuals.

In addition, health insurance covers breast reconstructive procedures whether they are done immediately or later down the line.”

When the surgeons in the *Cancer* study were asked why they did not refer women for breast reconstruction, almost half said the women were concerned about the cost, even though federal law mandates insurance coverage for breast reconstruction.

“Women should know that breast reconstruction is an option, and not just for wealthy women,” explains Amy K. Alderman, MD, MPH, the lead author of the study, who was quoted by the *New York Times*. “Women should be able to talk to their healthcare provider about what those options are for them. And if their healthcare provider doesn’t bring it up, then women should do so themselves.”

At Stony Brook’s Carol M. Baldwin Breast Care Center, breast cancer patients are given the choices they need about possible reconstruction following mastectomy.



* Alderman AK, Hawley ST, Waljee J, Morrow M, Katz SJ. Correlates of referral practices of general surgeons to plastic surgeons for mastectomy reconstruction. *Cancer* 2007;109:1715-20.

Performing Balloon Sinuplasty Treatment for Chronic Sinusitis

First Provider in Suffolk County

Sinusitis affects 37 million people each year, making it one of the most common health problems in the United States. It significantly impacts an individual's physical, functional, and emotional quality of life. Patients suffer from headache, facial discomfort, nasal congestion, nasal drainage, loss of the sense of smell, and malaise.

Until recently, sinusitis patients were limited to two treatment options: medical therapy such as antibiotics and topical nasal steroids or conventional sinus surgery including functional endoscopic sinus surgery (FESS).

Medical therapy can help alleviate symptoms for some patients. However, for 20-25% of sufferers, this form of treatment alone is not adequate. For these patients, sinus surgery is their next hope in finding relief.

FESS is a conventional operation that requires bone and tissue removal in order to open up blocked sinus passageways. With no desirable treatment, more than 600,000 people nationwide are left living with their sinus condition.

Balloon catheter dilation of paranasal sinus ostia, or balloon sinuplasty, is a new minimally invasive technique for treating chronic sinusitis.

Now there is an evolution in endoscopic sinus surgery using the newly developed balloon sinuplasty technology. Ghassan J. Samara, MD, assistant professor of

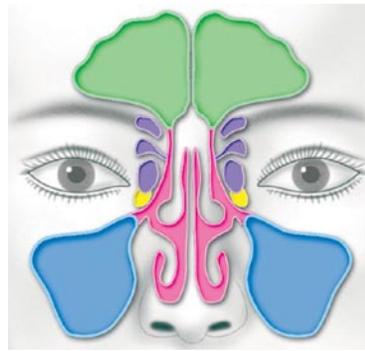
surgery, is now using this technology to offer new hope in relief to chronic sufferers. He is the first physician in Suffolk County to treat patients with it.

Dr. Samara, who was trained and certified last fall in the use of balloon sinuplasty, says: "Sinuplasty provides a new tool for treating patients with chronic sinusitis that may not be severe enough for them to need FESS but in whom medications alone are insufficient. It offers patients considerable benefits, since it is minimally invasive and requires far less postoperative maintenance than FESS."

HOW IT WORKS

Endoscopic sinus surgery with this technology involves using a small, flexible balloon catheter that is placed through the nostril into the blocked sinus passageway. When the balloon is inflated, it gently restructures and opens the sinus passageway, restoring normal sinus drainage and function.

Balloon sinuplasty offers benefits to sinusitis patients considering surgery. This minimally invasive approach enables physicians to treat



Sinus area close-up: frontal sinus (green), ethmoid sinus (purple), sphenoid sinus (yellow), and maxillary sinus (blue).

sinusitis entirely through the nostrils, and in many cases without tissue or bone removal. This may result in reduced bleeding and less post-procedure discomfort for patients.

Post-procedure, the size of the dilated opening is approximately that of the nominal diameter of the selected sinus balloon catheter (3-7 mm). While recovery time varies with each patient, many people can return to normal activities within 24 hours.

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

On March 19, 2007, in response to increasing public and media interest in balloon sinuplasty, the American Academy of Otolaryngology-Head and Neck Surgery issued its first position statement on the procedure, declaring that the evidence regarding the safety of balloon sinuplasty has been supportive, and that it is a promising technique for the treatment of selected cases of rhinosinusitis.



Step 1: Sinus guide catheter and a flexible sinus guidewire are placed through nostrils to access target sinus, and sinus balloon catheter is advanced over sinus guidewire.



Step 2: Sinus balloon catheter is positioned across blocked sinus opening and gently inflated.



Step 3: Balloon sinuplasty system is removed, leaving open sinus passageway and restoring normal sinus drainage and function.

Selected Recent Publications*

- Anthony TG, McDaniel BJ, Knoll P, Bumpo P, Paul GL, **McNurlan MA**. Feeding meals containing soy or whey protein after exercise stimulates protein synthesis and translation initiation in the skeletal muscle of male rats. *J Nutr* 2007;137:357-62.
- Atkins BZ, Fortes DL, **Watkins KT**. Analysis of respiratory complications after minimally invasive esophagectomy: preliminary observation of persistent aspiration risk. *Dysphagia* 2007;22:49-54.
- Bilfinger TV**. Invited commentary. *Ann Thorac Surg* 2006;81:2201.

- Caso G**, Feiner J, Mileva I, Bryan LJ, Kelly P, Autio K, Gelato MC, **McNurlan MA**. Response of albumin synthesis to oral nutrients in young and elderly subjects. *Am J Clin Nutr* 2007;85:446-51.
- Caso G**, Kelly P, **McNurlan MA**, Lawson WE. Effect of coenzyme q10 on myopathic symptoms in patients treated with statins. *Am J Cardiol* 2007;99:1409-12.
- Gasparis AP**, **Ricotta JJ**. Commentary on "Diagnosis and management of pseudoaneurysms." *Perspect Vasc Surg Endovasc Ther* 2007;19:65-6.

* The names of faculty authors appear in boldface.

Dr. Richard J. Scriven Chosen Man of the Year in Medicine

Honored by Village Times Herald For Community Service

Pediatric surgeon Richard J. Scriven, MD, assistant professor of surgery, was recognized last December by the *Village Times Herald* newspaper as the 2006 Man of the Year in Medicine for his dedication to his patients and for his contributions to the local Three Village community.

In addition to his work as a surgeon at Stony Brook University Medical Center,

“Besides being an excellent surgeon, he’s a good family man,” said Michael Ebbecke, the first assistant chief of the Stony Brook Fire Department. “He’s spent five or six years as a volunteer. He does the work details and is a good fireman. He goes above and beyond for a lot of people.”

Dr. Scriven, who joined our faculty in 2001, has recently contributed to the success of two much-publicized cases involving little boys injured in vehicular accidents in the driveways of their homes.

Board certified in both general surgery and pediatric surgery, Dr. Scriven received his medical doctorate in 1990 from the Albert Einstein College of Medicine, and then completed his training in general surgery and pediatric surgery at the SUNY Health Science Center at Brooklyn.

Dr. Scriven is a lieutenant in the Stony Brook Fire Department, serving as a fireman as well as the medical expert when triage and other medical opinions are required. He also serves as fleet surgeon for the Stony Brook Yacht Club.

“Dr. Scriven is an excellent doctor and he shows considerable concern for his patients and their families,” said Cedric J. Priebe, Jr., MD, professor of surgery and chief of pediatric surgery. “He does give considerable support to the Stony Brook Fire Department and their activities.”



Dr. Richard J. Scriven

JEANNE NEVILLE | MEDIA SERVICES



MEETING OF THE MINDS

Emergent Therapies in Cardiovascular Disease Outcomes and Evidence-Based Medicine

OCTOBER 13, 2007

CHARLES B. WANG CENTER
STONY BROOK UNIVERSITY

Co-sponsored by Stony Brook University School of Medicine and Promedica International CME, accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This educational activity is designated for a maximum of 7.25 AMA PRA Category 1 Credit(s)™.

Learning Objectives

- Examine and assess the benefits of percutaneous heart valve therapy
- Assess new techniques for mitral valve repair
- Understand minimally invasive valves
- Evaluate and discuss stem cell therapy for heart failure
- Understand the role of drug eluting stents
- Compare and contrast the treatment of female vs. male patients
- Discuss the current state of EP

Registration Fee

Physician/Industry:

\$250 Prior to September 1, 2007

\$350 After September 1, 2007

Resident/Fellow/Nurse:

\$95 Prior to September 1, 2007

\$105 After September 1, 2007

For more information, please call the

Division of Cardiothoracic Surgery at (631) 444-1820, or Promedica International CME at (760) 720-2263.

Selected Recent Publications

continued from Page 5

- Labropoulos N, Patel PJ, Tiongson JE, Pryor L, Leon LR, **Tassiopoulos AK**. Patterns of venous reflux and obstruction in patients with skin damage due to chronic venous disease. *Vasc Endovascular Surg* 2007;41:33-40.
- McNurlan MA**, Anthony TC. Protein synthesis and degradation. In: Stipanuk MH, editor. *Biochemical, Physiological and Molecular Aspects of Human Nutrition*. 2nd ed. St. Louis: Saunders, 2006: 319-60.
- Pameijer CR**, Navanjo A, Meechoovet B, Wagner JR, Aguilar B, Wright CL, Chang WC, Brown CE, Jensen MC. Conversion of a tumor-binding peptide identified by phage display to a functional chimeric T cell antigen receptor. *Cancer Gene Ther* 2007;14:91-7.
- Podnos YD, Juarez G, **Pameijer C**, Choi K, Ferrell BR, Wagman LD. Impact of surgical palliation on quality of life in patients with advanced malignancy: results of the decisions and outcomes in palliative surgery (DOPS) trial. *Ann Surg Oncol* 2007;14:922-8.
- Retuerto MA, Beckmann JT, Carbray J, Patejunas G, Sarateanu S, Kane BJ, Smulevitz B, McPherson DD, **Rosengart TK**. Angiogenic pretreatment to enhance myocardial function after cellular cardiomyoplasty with skeletal myoblasts. *J Thorac Cardiovasc Surg* 2007;133:478-484.
- Ricotta JJ**. Comparison of results of carotid stenting followed by open heart surgery versus combined carotid endarterectomy and open heart surgery. *Perspect Vasc Surg Endovasc Ther* 2006;18:193-4.
- Salhab KF, Baram D, **Bilfinger TV**. Growing PET positive nodule in a patient with histoplasmosis: case report. *J Cardiothorac Surg* 2006;1:23.

continued on Page 11

ALUMNI NEWS

Since the class of 1975 entered the profession of surgery, 173 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.

Dr. Tom R. Karl ('81), professor and chief of pediatric cardiothoracic surgery at the University of California at San Francisco, recently has been appointed honorary professor of surgery at the University of Addis Ababa in Ethiopia, and has also been named to the American Board of Directors of the Walter Sisulu Foundation in South Africa. An active scholar, he published nine articles in peer-reviewed journals since last October, including the following:

Alphonso N, Anagnostopoulos PV, Nolke L, Moon-Grady A, Azakie A, Raff GW, **Karl TR**. Anomalous coronary artery from the wrong sinus of Valsalva: a physiologic repair strategy. *Ann Thorac Surg* 2007;83:1472-6.

Anagnostopoulos P, Azakie A, Natarajan S, Alphonso N, Brook MM, **Karl TR**. Pulmonary valve cusp augmentation with autologous pericardium may improve early outcome for tetralogy of Fallot. *J Thorac Cardiovasc Surg* 2007;133:640-7.

McQuillen PS, Hamrick SE, Perez MJ, Barkovich AJ, Glidden DV, **Karl TR**, Teitel D, Miller SP. Balloon atrial septostomy is associated with preoperative stroke in neonates with transposition of the great arteries. *Circulation* 2006;113:280-5.

He continues to give presentations at professional meetings throughout the world, and since last October, he gave 17 presentations, including the following:

VSD: the superiority of a surgical approach. Indian Pediatric Cardiac Society, New Delhi, India.

Fetal diagnosis and surgical outcome. Latin American Pediatric Cardiac Society. Lima, Peru.

Surgical strategies for heart failure in children. Conference on Heart Failure in Children and Young Adults. Laguna Niguel, CA.

Dr. Mark E. Mausner ('84) is chief of plastic surgery at Suburban Hospital, a community-owned hospital located in Bethesda, MD, that serves Montgomery County and the surrounding area. He was recently a special guest on ABC News (WJLA) to talk about his "Mommy Makover" procedures, which he says are part of an increasingly popular trend in plastic surgery. During the past year, he has been lecturing on laser treatment of the skin manifestations of tuberous sclerosis, in Chicago, Detroit, Toronto, and Bethesda.

Dr. Pierre Castera ('89), a colorectal surgeon, is in private practice with a specialty group in Kansas City, MO, where he has been since 1993 when he completed his fellowship training. His special interests include sphincter-preserving surgery for rectal cancer, laparoscopic colorectal surgery, and surgery for complex anorectal cases. He has the distinction of being one of the pioneers in Kansas City who started to perform the PPH stapling

procedure for suitable hemorrhoidal disease. His latest interest involves the use of the Surgisis plug for anal fistula, which minimizes the risk of fecal incontinence after surgery in patients with anal fistulas.

Dr. Cliff P. Connery ('89) is chief of thoracic surgery at Beth Israel Medical Center and St. Luke's and Roosevelt Hospitals in New York. He was the first author of the report on the first prospective randomized study of primary coronary artery bypass grafting patients who were evaluated for postoperative infections after undergoing blood and/or blood product transfusion with a leukoreducing filter, which was found to reduce the incidence of pulmonary tract infections (*Acta Cardiol* 2005;60:285-93).

Dr. Deborah A. Martinez ('89), a surgical oncologist, in April joined Surgical Oncology Associates, in Newport News, VA. She had been practicing for several years in Ohio, where she was for a time on the surgical faculty of Ohio State University College of Medicine. She had served on the surgical staff at Mount Carmel East Hospital in Columbus, OH, from 2000 to 2006. Her husband,

Dr. Gregory J. LaValle ('86), also a surgical oncologist, is a member of the same group practice.

Dr. Kelly M. James ('93) practices in Independence, MO. Since January he has been chief of trauma at the new Centerpoint Medical Center, which is a Level 2 Trauma Center.

Dr. Daniel J. Char ('00), who also completed his fellowship training in vascular surgery at Stony Brook, is practicing vascular surgery in Ridgewood, NJ, where he is on staff at Valley Hospital.

Dr. Paul A. Mancuso ('03) is now a colorectal surgeon in private practice in Orlando, FL. A specialist in laparoscopic colon surgery, he has recently been a course director of several workshops in minimally invasive colectomy held at Florida Hospital, where he is on staff.

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 surgery and director of thoracic surgery, was again selected for inclusion in the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published last November. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Dr. Todd K. Rosengart, professor of surgery and chief of cardiothoracic surgery, was selected for inclusion in the Castle Connolly Guide, *America's Top Doctors*, published last October. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation.

Dr. Frank C. Seifert, associate professor of surgery, was cited in the April issue of *Reader's Digest* for his much-publicized contribution (aortic surgery) to a rare combination of surgeries that saved a pregnant mother and her premature triplets. The article, titled "**Four Miracles**," described this life-saving work, which was also celebrated last year as one of ten "Medical Marvels" featured in *New York Magazine*.

General Surgery, Trauma, Surgical Critical Care, and Burns
Dr. Marc J. Shapiro, professor of surgery and anesthe-

siology, and chief of general surgery, trauma, surgical critical care, and burns, was again selected for inclusion in the new edition of the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published last November. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Dr. James A. Vosswinkel, assistant professor of surgery, made news when he successfully performed emergency open-heart surgery to save the life of a construction worker from Nesconset who had accidentally shot himself in the heart with an industrial staple gun. The dramatic story was reported in a *Newsday* article titled "**Lucky to Live**" (May 23).

The lucky patient, Mike Norton, who works at Jasco Industries in Central Islip, which builds displays for retail stores, told *Newsday* that he was preparing to build a new display when he lifted a commercial-grade staple gun connected by a hose to an air supply. "I was just pulling it to move it . . . and as I did so, it touched my chest and it went off," he said.

Using one arm to hold a rag on the embedded 1-inch staple that pinned his tee shirt to his chest, Norton called 911 on his cell phone with the other. He collapsed, unconscious, before a police helicopter arrived to transport him to the emergency room at Stony Brook.

Dr. Vosswinkel, who treated Norton, said an ultrasound showed blood filling the sack around the patient's heart, and constricting the heart. Within minutes, Dr. Vosswinkel cut a small incision in the top of the abdomen that released the blood. Opening his chest cavity revealed a small hole in Norton's right ventricle, which squirted blood with his faltering heartbeat.

Dr. Vosswinkel then removed the staple and placed a single stitch to close the hole. It was the third time in five years he had performed this kind of emergency surgery. Both previous surgeries involved stab wounds. He told *Newsday* that he estimated the patient would not have lived another five minutes without surgery.

Dr. Kevin T. Watkins, assistant professor of surgery and director of the Center for Minimally Invasive Surgery, in May performed a laparoscopic distal pancreatectomy that was televised for an audience in the United Kingdom. This presentation was part of a **first-ever international live laparoscopic surgery meeting**. For three days the audience of renowned surgeons witnessed advanced laparoscopic procedures being performed by surgeons from around the globe.

With advanced teleconferencing Dr. Watkins was able to describe the procedure during the actual operation, as well as to field questions from the audience and ex-

pert panelists at the University of Dundee in the United Kingdom. The operation he performed was transmitted live simultaneously and shown on a large screen in Ninewells Hospital and Medical School in Dundee, where the meeting was held.

Dr. Watkins was one of only two U.S. surgeons asked to participate in the meeting. Each day of the three-day meeting concentrated on different advanced laparoscopic procedures. Dr. Watkins's day was one for advanced liver and pancreatic laparoscopic surgery. He treated a patient with a mucinous cystic neoplasm of the pancreas using this complex surgery that is considered advanced laparoscopy because it requires the most sophisticated laparoscopic surgical skills.

Otolaryngology-Head and Neck Surgery

Dr. Arnold E. Katz, professor of surgery and chief of otolaryngology-head and neck surgery, was again selected for inclusion in the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published last November. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Dr. Maisie L. Shindo, associate professor of surgery and director of head and neck oncology, was again selected for inclusion in the new edition of Castle Connolly Guide, *Top Doc-*

tors: *New York Metro Area*, published last November. Castle Connolly's physician-directed research team identified her as among the **top 2% of physicians** in the entire New York Metropolitan area.

Dr. Shindo is also included in the new edition of the Castle Connolly Guide, *America's Top Doctor's for Cancer*, published last July.

Pediatric Surgery

Dr. Thomas K. Lee, assistant professor of surgery, is the senior author of the study titled "**A Comparison of Nonoperative Management of Pediatric Splenic Injury in Suffolk County.**"

This study was presented by **Dr. Breena Taira**, a surgical resident, at the Annual New York State Surgical Symposium held in April in Lake George, NY, where she was honored as the 2007 winner in the academic category of the resident paper contest sponsored by the New York Chapter of the American College of Surgeons.

In addition, the abstract of this study was chosen for presentation at the 2007 Joint Scientific Session of the New York Surgical Society and the Philadelphia Academy of Surgery, held in April at the New York Academy of Medicine in New York.

In May, for another study, Dr. Taira won first place in the clinical paper category at the 2007 Murray Friedman Resident Competition of the Brooklyn and Long

Island Chapter of the American College of Surgeons and the Brooklyn Surgical Society for "**Ventilator-Associated Pneumonia in Pediatric Trauma Patients.**" Dr. Lee was the senior author of this study.

Other surgical faculty and staff involved in these award-winning studies include **Dr. Richard J. Scriven** (pediatric surgery), **Dr. Marc J. Shapiro** (trauma/surgical critical care), nurse **Jane E. McCormack** (trauma support coordinator), and **Emily Huang** (trauma registry).

Dr. Richard J. Scriven, assistant professor of surgery, made news for his contribution to the successful treatment of a Port Jefferson infant named Jake Zamek, who had multiple intestinal atresias (blockages) that Dr. Scriven corrected the day after the child was born two years ago, and two months prematurely. The happy story of his recovery was reported in a *Newsday* article titled "**A 2-Year-Old Miraculous Mending**" (May 25).

During surgery, Dr. Scriven recognized right away the complex and unusual nature of the case. He counted a total of 23 atresias. He could also tell by just looking at the small bowel that it was a third of the length it should be. Normally, a single atresia is cut out, and the ends of the bowel are sewn together. But Jake's case posed special problems because he didn't have enough bowel.

Since every piece of bowel was precious, as Dr. Scriven explained to *Newsday* in recounting the operation, the surgical team opened all the atresias and inserted a plastic tube into the child's bowel. Six weeks later, dye was injected into the intestine to check for leaks. When none were found, he was taken back into the operating room so that the plastic tube could be removed.

According to *Newsday*, Jake is now on a normal developmental trajectory in size and weight. "He's doing phenomenally well," Dr. Scriven said. He has just graduated from 19 months of physical therapy, and his doctors at Stony Brook are keeping a watchful eye on him in the event that a partial blockage or an infection returns.

"They say it's a miracle he's growing and eating like he is," his mother told *Newsday*. Indeed, his normal growth is surprising good news.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, associate professor of surgery and chief of plastic and reconstructive surgery, was selected for inclusion in the Castle Connolly Guide, *America's Top Doctors*, published last October. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation. He is also included in Castle Connolly's *Top Doctors: New York Metro Area*, published last November.

Surgical Oncology

Dr. Marvin L. Corman, professor of surgery, is preparing to initiate two projects of interest that are focused on the **management of postoperative ileus** and on the **treatment of anal fistula and rectovaginal fistula without cutting.**

In February, Dr. Corman gave three lectures as visiting professor at the National and International Congress of the Mexican Society of Colon and Rectal Surgeons, held in Mexico City. Also in February, he gave three presentations at the Annual International Colorectal Disease Symposium at the Cleveland Clinic Florida, in Weston, FL, where he lectured on **stoma and parastomal problems; anoplasty for stenosis; and radiofrequency treatment for incontinence.**

In March, Dr. Corman gave grand rounds at Brookhaven Hospital Medical Center, in East Patchogue, NY, lecturing on the **evaluation and management of evacuation disorders**; and grand rounds at Brooklyn Hospital Center, in Brooklyn, NY, lecturing on **avoiding the pitfalls of ostomy surgery.**

Dr. Brian J. O'Hea, assistant professor of surgery and director of the Carol M. Baldwin Breast Care Center, was again selected for inclusion in the new edition of the Castle Connolly Guide, *America's Top Doctors for Cancer*, published last July.



Dr. Colette R.J. Pameijer talking with students about skin protection and cancer prevention, at Sachem High School.

In addition, Dr. O’Hea was again selected for inclusion in the latest edition of Castle Connolly’s *Top Doctors: New York Metro Area*, published last November. He had been identified by Castle Connolly’s physician-directed research team as among the **top 2% of physicians** in the entire New York Metropolitan area.

Dr. Colette R.J. Pameijer, assistant professor of surgery, went into local high schools, as part of Melanoma Awareness Month (May) programs, to talk with students about the importance of skin protection and cancer prevention. This was a joint effort with the Department of Dermatology.

Dr. Pameijer is actively reaching out to young people in the <18-year-old population in order to convey the importance of not tanning their skin and the evidence that sunburns prior to the age of 18 significantly increases their likelihood of getting a skin cancer. Melanoma often strikes people

at a young age, and prevention efforts need to focus on children and teenagers.

Her presentation—titled “**The Dark Side of the Sun: Melanoma**”—in April at Sachem High School in Lake Ronkonkoma, NY, is just one example of Dr. Pameijer’s community service projects to promote skin protection and melanoma awareness for skin cancer prevention.

Dr. Kepal N. Patel, assistant professor of surgery, gave the following poster presentation at the annual meeting of the American Association for Cancer Research, held in April in Los Angeles: “Over-Expression of MUC1 Potentiates Aggressive Behavior in Thyroid Carcinomas.”

Dr. Patel gave a video presentation on **tracheal resection for locally advanced thyroid cancer** at the annual clinical congress of the American College of Surgeons, held last fall in Chicago.

Dr. David E. Rivadeneira, assistant professor of surgery, was selected for inclusion in the 2007 edition of the *Guide to America’s Top Surgeons*, published by the Consumers’ Research Council of America.

A nationally recognized specialist in **laparoscopic colon surgery**, Dr. Rivadeneira continues to give workshops and lectures as a visiting professor, throughout our region as well as the rest of the country, on this newly developed technique of colon cancer surgery.

Dr. William B. Smithy, assistant professor of surgery, was again selected for inclusion in the new edition of the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published last November. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Surgical Research

Dr. Giuseppe Caso, research assistant professor of surgery, is the first author of a new report singled out as “**Top News**” in the May 17 issue of *AJMPPlus*, the weekly e-mail newsletter for physicians published by the *American Journal of Medicine*. Dr. Caso’s study, “Effect of Coenzyme Q10 on Myopathic Symptoms in Patients Treated with Statins,” has just been published in the *American Journal of Cardiology*.

Dr. Caso and his Stony Brook colleagues (**Drs. William E. Lawson** and **Patricia Kelly**, Division of Cardiology; and **Dr. Margaret A. McNurlan**, professor of surgery and director of surgical research) found that after a 30-day intervention, pain severity was reduced by 40% and pain interference with daily activities was reduced by 38% in the group treated with coenzyme Q10. No such changes were observed in the group treated with vitamin E.

Vascular Surgery

Dr. John J. Ricotta, professor and chairman of surgery and chief of vascular surgery, was again selected for inclusion in the Castle Connolly Guide, *America’s Top Doctors*, published last October. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation. He is also included again in Castle Connolly’s *Top Doctors: New York Metro Area*, published last November.

Dr. Apostolos K. Tassiopoulos, assistant professor of surgery, and colleague **Dr. Antonios P. Gasparis**, assistant professor of surgery, presented the following poster at the annual meeting of the American Venous Forum in February in San Diego:

Veins along the course of the sciatic nerve [authors: Tassiopoulos AK, Labropoulos N, Gasparis AP, Pappas PJ].

Also at this meeting, Drs. Tassiopoulos and Gasparis presented another poster to which the other members of our vascular faculty contributed:

Mid-term follow-up after pharmacomechanical thrombolysis for lower extremity deep venous thrombosis [authors: Gasparis AP, Labropoulos N, Tassiopoulos AK, Phillips B, Pagan J, Lo C, Ricotta JJ].

Dr. Gasparis recently traveled to Washington, DC, as part

of his Traveling Fellowship sponsored by the American Venous Forum and Signaris, to gain experience in the **treatment of pelvic venous incompetence (PVI) with embolotherapy**. He now provides this new treatment of chronic pelvic pain due to PVI, performing embolotherapy of ovarian varices and pelvic varices. See page 3 for more information about this treatment of PVI at Stony Brook.



MEDICAL MISSION TO ECUADOR

Dr. Mark M. Melendez, research fellow and surgical resident (third from left in rear); Dr. James Wu, 2004 Stony Brook ENT graduate (front left); Martha Cueva, President of Lyons Club of Quito (right of Dr. Wu); plastic surgeon and mission organizer Dr. Edwin Moreano, clinical assistant professor of surgery and attending surgeon at Winthrop-University Hospital (center) and his wife Nancy Artieda, OR nurse at Winthrop (second from right in second row); with surgical team and soldier at Military Hospital in Quito—during medical mission to perform free plastic surgeries to help children and adults in need, from March 31 to April 8, sponsored by Moreano World Medical Mission and the Lyons Club of Quito.

Selected Recent Publications

continued from Page 6

Sarkaria I, O-Charoerat P, Talbot SG, Reddy PG, Ngai I, Maghami E, **Patel KN**, et al. Squamous cell carcinoma related oncogene/DCUN1D1 is highly conserved and activated by amplification in squamous cell carcinomas. *Cancer Res* 2006;66:9437-44.

Shapiro MJ. Where have all the surgical intensivists gone? [editorial]. *Crit Care Med* 2006;34:2485-6.

Shapiro MJ, Fitzgerald DA. Fresh water versus salt water: when will the seas meet! [editorial]. *Crit Care Med* 2006;34:3036-7.

Shindo M, Wu JC, Park EE, Tanzella F. The importance of central compartment elective lymph node excision in the staging and treatment of papillary thyroid cancer. *Arch Otolaryngol Head Neck Surg* 2006;132:650-4.

Tassiopoulos AK, Nadalin BA, Labropoulos N, Egofskes P, Keen RR. Endovascular repair of a symptomatic subclavian artery aneurysm in a patient with marfan syndrome: a case report. *Vasc Endovascular Surg* 2006;40:409-13.

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. Todd K. Rosengart

MD: Northwestern University (1983; Honors Medical Program).

Residency Training: General Surgery, New York University.

Fellowship Training: Cardiothoracic Surgery, New York Hospital.

Board Certification: [Thoracic Surgery](#); [Surgery](#).

Specialties: Surgery for all forms of adult heart disease, including high-risk states after acute myocardial infarctions and congestive heart failure; minimally invasive surgery; valve repair surgery + minimally invasive valve surgery; aneurysm surgery; and thoracic vascular surgery.

Additional: Chief of Cardiothoracic Surgery, Stony Brook University Hospital; co-director, [Stony Brook Heart Center](#); Fellow, American College of Surgeons ([FACS](#)); Fellow, American College of Cardiology ([FACC](#)); member, [Society of Thoracic Surgeons](#), [American Association of Thoracic Surgeons](#), and [American Heart Association](#) (Executive Leadership Committee of the Surgery and Anesthesia Council, 2003-2006); editorial board, *Journal of Thoracic and Cardiovascular Surgery*, *Journal of Cardiovascular and Renal Research*, and *CT Digest*; guest editor, *Seminars in Thoracic and Cardiovascular Surgery*; special issue editor, *Journal of Clinical Laser Medicine and Surgery*; president, Chicago Cardiac Surgery Society (2003-2004); president, 21st Century Cardiac Surgical Society (1998-2000); see [selected recent publications](#) ([click here](#) for online abstracts/full text of journal articles via National Library of Medicine).

Dr. Rosengart has special expertise in treating high-risk and complex adult heart disease, and has performed pioneering work applying novel strategies, including thoracoscopic “hybrid” bypass that avoids sternotomies; “bloodless” surgery for patients wishing to avoid transfusions; “biologic bypass” using gene therapy to stimulate the growth of new blood vessels in patients with end-stage coronary disease; vaccinations to help prevent infections after surgery; and translational research in stem cell transplantation.

Honors: Selected for inclusion in the [Castle Connolly](#) Guide, *America's Top Doctors* (2003, 2006), representing the top 1% of physicians in the nation; selected for inclusion in *Guide to America's Top Surgeons* (2004, 2006, 2007) published by the [Consumers' Research Council of America](#); featured in the Castle Connolly Guide, *Best Doctors in Chicago* (2001, 2002, 2003); listed in Marquis *Who's Who in America*, 56th edition (2002); listed in *Who's Who in Medicine and Healthcare*, Millennium Edition (2000, 2001); Owen L. Coon Foundation, Endowed Chair in Cardiothoracic Surgery, Evanston Northwestern Healthcare; Resident Sampson Award, Western Thoracic Surgical Association.

Language Spoken: English.

Consultations/Appointments: 631-444-1820.



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