

POST-OP

*News update from the
Department of Surgery*

*Stony Brook University
School of Medicine*

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Introducing Dr. Mark A. Talamini, Our New Chairman of Surgery

Renowned Surgeon and Leader; Authority in Minimally Invasive Surgery



PHOTO: JEANNE NEVILLE

*“I am honored to
have the opportunity to
serve the Department
of Surgery at Stony
Brook to fulfill the
surgical aspect of the
Stony Brook Medicine
vision.”*

Dr. Mark A. Talamini

We are very pleased to introduce Mark A. Talamini, MD, who in September joined our faculty as chairman of surgery.

Dr. Talamini came to Stony Brook from the University of California, San Diego, where he led the surgery department for the past eight years. He is the Stony Brook Department of Surgery's fifth chairman since its establishment in 1974.

In addition to his position as chairman of surgery, Dr. Talamini will also serve Stony Brook Medicine as founding director of the Stony Brook Medical Innovation Institute, where he will be charged with developing and testing new techniques and devices that solve challenges in surgical and procedurally-based medical, pediatric, and radiological specialties.

“Through his myriad accomplishments, Dr. Talamini has become a national and internationally-known surgeon as well as a highly respected innovator, researcher, and teacher,” says Kenneth Kaushansky, MD, dean of the Stony Brook University School of Medicine.

“With his remarkable clinical expertise and leadership skills, Dr. Talamini will be an inspirational mentor to our medical students, surgical residents, and young faculty members, while helping Stony Brook reach its goal of creating a world-class medical center.”

Dr. Talamini specializes in gastrointestinal surgery, with an emphasis on the treatment of inflammatory bowel disease (Crohn's disease, ulcerative colitis). He is considered a pioneer in minimally invasive

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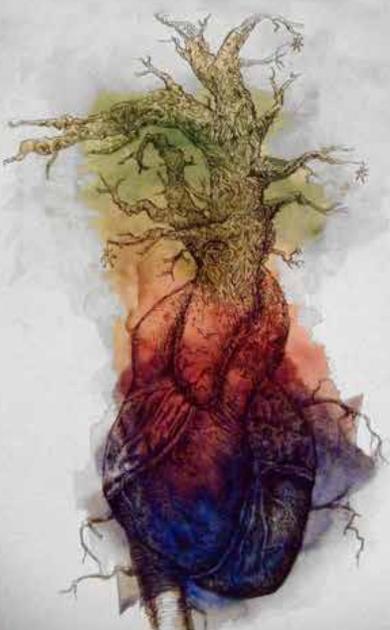
Aortic Center Established to Provide Comprehensive Care

*Only Center of Its Kind in Suffolk County
For Patients with Aortic Conditions*

We are very pleased to announce the establishment of the multidisciplinary Aortic Center of Stony Brook Medicine, in which our cardiovascular surgeons are leaders. Specialists in cardiac imaging, cardiovascular medicine, anesthesiology, cardiothoracic surgery, and vascular surgery, the center's physicians work closely with each other, and with patients' referring physicians, to provide the most focused solution to a patient's aortic disease.

The aorta is the main artery carrying oxygenated blood from the heart through the chest and abdomen. In addition to blockages, congenital disorders, and infection, two of the more common problems affecting this vessel are aneurysms, blood-filled bulges resulting from a weakening in the vessel wall; and dissections, tears in the aorta's inner wall that can cause reduced blood supply to other parts of the body and cardiac failure. These problems can occur in anyone, but most patients are male, over age 55, smoke tobacco, and have high blood pressure or heart disease.

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Introducing Dr. Mark A. Talamini

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abdominal surgery, and is recognized as one of the leading authorities on laparoscopic and robotic-assisted surgery in the United States.

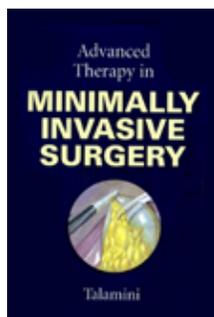
A native of New Jersey, Dr. Talamini received his undergraduate and medical degrees from Johns Hopkins University, and remained at Hopkins to perform his surgical residency. He spent a year at the University of Cincinnati for fellowship training in surgical nutrition, before returning to Hopkins for his chief surgical residency and then joined the faculty there. His area of surgical expertise is gastrointestinal and minimally invasive surgery. A surgical innovator and prolific scholar, he rapidly rose through the academic ranks at Hopkins to become professor of surgery.

MODEL OF GREAT ACADEMIC SURGEON

Recognized for his expertise in advanced laparoscopic surgery, Dr. Talamini was appointed director of minimally invasive surgery at the Johns Hopkins Hospital, a post he held from 1992 to 2004. He was one of the first surgeons there to use robotic-assisted laparoscopic techniques for general abdominal procedures such as gallbladder removal and treatment of gastroesophageal reflux.

In 2005, Dr. Talamini was recruited by UC San Diego to lead the Department of Surgery. In 2008, his surgical team gained worldwide attention for pioneering natural orifice transluminal endoscopic surgery (NOTES), the practice of removing diseased organs through natural body openings. Part of the UC San Diego Center for the Future of Surgery, the team was the first in the United States to remove an appendix through the mouth.

In partnership with engineers and computer scientists, he and his team developed a new surgical camera that boasts auto focus and optical zoom. Designed for NOTES, the prototype—called SurgiCam—can be inserted through a half-inch incision to provide enhanced visual imaging.



With more than 200 scholarly publications to his name, Dr. Talamini is the editor of *Advanced Therapy in Minimally Invasive Surgery* (2006), an in-depth exploration of new and emerging surgical practices.

He serves on the editorial boards of multiple surgical journals, and is editor-in-chief of *Surgical Endoscopy*, one of the highest impact general surgery journals. From 2008 to 2009, he served as president of the Society of American Gastrointestinal Endoscopic Surgeons. He has also held key roles with the American College of Surgeons and the Association for Academic Surgery.

About his new position here, Dr. Talamini says, “The Department of Surgery at Stony Brook has a strong and longstanding tradition of excellence. I am honored to have the opportunity to serve the Department of Surgery at Stony Brook to fulfill the surgical aspect of the Stony Brook Medicine vision.”

In his first official public appearance as our chairman, Dr. Talamini delivered the prestigious Excelsior Surgical Society/Edward D. Churchill Lecture on “Surgery & Technology: A Complicated Partnership” at the 2013 American College of Surgeons Clinical Congress, held in October in Washington, DC.

MESSAGE FROM DR. MARK A. TALAMINI

“I believe that departments of surgery have their greatest impact through innovation and excellence. The Department of Surgery at Stony Brook Medicine has a long tradition of surgical excellence. This tradition provides a strong foundation on which we can further define and practice surgical excellence.”

“The Department of Surgery at Stony Brook has great potential to improve surgical care through innovation in the coming years. Why?”

“First, we have a spectacular faculty brimming with energy and creativity. Second, we are part of a major university with great strength in engineering and computer sciences. In particular, our bioengineering department is deeply engaged in device and procedural innovation. Third, we are located on Long Island, where the development of new ideas can be fostered.”

“I am tremendously excited about putting all of these pieces together and seeing great success here in our efforts to advance surgery and patient care.”

POST-OP

is published by
The Department of Surgery
Stony Brook Medicine
Stony Brook, New York

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Aortic Center Established to Provide Comprehensive Care

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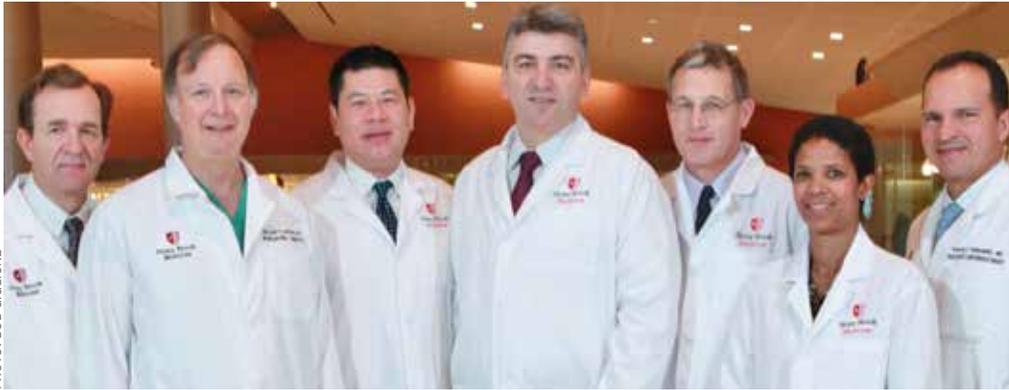


PHOTO: BOB GAGLIONE

Leaders of the Aortic Center (left to right): Drs. James R. Taylor Jr., William E. Lawson, Shang A. Loh, Apostolos K. Tassiopoulos, Thomas V. Bilfinger, Allison J. McLarty, and Harold A. Fernandez (not pictured is Dr. Sandeep Gupta).

The leaders of the Aortic Center's team are: **Apostolos K. Tassiopoulos, MD**, professor of surgery and chief of vascular surgery; **Thomas V. Bilfinger, MD, ScD**, professor of surgery and director of thoracic surgery; **James R. Taylor Jr., MD**, professor of surgery, chief of cardiothoracic surgery, and co-director of the Stony Brook University Heart Institute; **Shang A. Loh, MD**, assistant professor of surgery; **Harold A. Fernandez, MD**, professor of surgery and deputy chief of cardiothoracic surgery, and co-director of the Heart Institute; **Allison J. McLarty, MD**, associate professor of surgery; **Sandeep Gupta, MD**, assistant professor of surgery; and **William E. Lawson, MD**, professor of medicine, interim chief of cardiovascular medicine, and co-director of the Heart Institute.

"The creation of the Aortic Center formalizes the longstanding, multidisciplinary teamwork that has made Stony Brook a leader in the treatment of aortic problems, as well as the region's referral center for complex and high-risk cases," says Dr. Tassiopoulos. "Our goal is to provide a highly accurate diagnosis of all aortic conditions and treatment plans deploying the most effective, least invasive therapies available."

Patients don't have to travel far to receive the very best in detection of and treatment for the full range of aortic conditions.

"The Aortic Center's extensive experience with minimally invasive interventions permits treatment of a wider range of aortic patients, resulting in shorter hospital stays and fewer postoperative complications," says Dr. Bilfinger.

As an academic medical center, we are involved in some of the key clinical trials for new aortic procedures and devices. Access to these advances enables us to offer lifesaving options to patients who might otherwise be untreatable because of their age, co-morbid conditions, or complex anatomy.

The Aortic Center, which is closely allied with the Heart Institute, is Suffolk County's only facility offering patients comprehensive and coordinated care for the full range of aortic conditions. Our sophisticated technologies—in the hands of our specialists—help define aortic problems and the optimal treatment plan. Advanced diagnostic capabilities include:

- 320-slice CT scanner for greater accuracy, faster exams, and less time needed for breath-holds.
- GE 3.0 Tesla MRI scanner for three-dimensional views of blood vessels to ensure the highest quality care and improved patient outcomes.
- PET/MRI technology that allows simultaneous scans to determine both the structure and function of aortic abnormalities.
- PET/CT scans for information about the structure and function of cells and tissues while providing greater image accuracy and shorter treatment times.
- A highly sophisticated Non-Invasive Vascular Laboratory with duplex scanners and Doppler units, used in diagnosis and follow-up.

The Aortic Center's physicians are experienced in treating patients with co-existing conditions and other high-risk factors. They offer diagnosis and treatment for all aortic diseases, including:

- Ascending, arch, and descending thoracic aortic aneurysms.
- Thoracoabdominal aortic aneurysms.
- Abdominal aortic aneurysms.
- Acute and chronic type A and B aortic dissections.
- Aortic root and valve disease.
- Native aortic and prosthetic graft infections.
- Aortoiliac occlusive and thromboembolic disease.
- Congenital aortic disease.
- Mesenteric and renal aneurysmal and occlusive disease.

Our minimally invasive interventions allow us to treat a wider spectrum of patients, with shorter hospital stays, and fewer postoperative complications. Our advanced interventions include:

- Endovascular stent grafts for abdominal and thoracic aortic aneurysms.
- Custom-built fenestrated stent grafts to treat aneurysms with complex anatomy (see page 4).
- Endovascular treatment of aortic dissections.
- Valve-sparing aortic procedures.
- Visceral debranching and stent grafting for thoracoabdominal aneurysms.
- Techniques for brain and spinal cord protection during aortic procedures.
- Complex aortic re-interventions.

To fulfill our mission of excellence in patient care, our physicians consistently take part in vascular quality initiatives that result in exceptional clinical outcomes for our patients—outcomes that rival those of some of the largest medical facilities in the northeast region of the United States.

We are committed to providing patients with an appointment within one week of referral from their physician.

The Aortic Center's team includes two clinical navigators who are hands-on every step of the way, to help ensure that patients and their families have the support and resources they need. Before, during, and after surgery, these navigators act as liaisons between the patient and attending physician to provide a seamless course of care.

Illustrated patient education materials are given to all patients and families to help them better understand their aortic condition and potential treatment options.

With the increasing number of minimally invasive techniques established for aortic repair, surveillance imaging with duplex ultrasound (sonography) or CT angiography is

Our Vascular Surgeons Perform Long Island's First "Fenestrated" Endovascular Aortic Aneurysm Repairs

New FDA-Approved Stent Device Allows Minimally Invasive Treatment Of Complex, Life-Threatening Aneurysms

Our vascular surgeons—of the newly established Stony Brook Aortic Center—are the first on Long Island to implant fenestrated endografts in patients with complex abdominal aortic aneurysms (AAAs). Since the first procedure was performed at Stony Brook Medicine earlier this year, several patients have been treated here with it so far, and with excellent outcomes.

The surgeons performing these procedures, Apostolos K. Tassiopoulos, MD, professor of surgery and chief of vascular surgery, and Shang A. Loh, MD, assistant professor of surgery, have the advanced technical skills required for doing fenestrated endovascular aortic aneurysm repair (FEVAR).

FEVAR represents the latest advance in the treatment of abdominal aortic aneurysm, and offers more patients the benefits of minimally invasive surgery for this life-threatening condition.

Fenestrated aortic endografts are custom made to suit each individual patient's anatomy, based on reconstructions of the patient's vascular anatomy derived from CT scans.

These tube-like stent devices have precisely placed openings in them—full-circular holes and/or semi-circular scallops, called fenestrations—that allow extension of the "seal zone" above the kidney arteries, thus permitting normal blood flow to the kidneys and bowel.

Fenestrated endografts make possible the minimally invasive endovascular repair of AAAs that are located very close to the arteries supplying the kidneys and, hence, are not suitable for the standard aortic endografts. The purpose of aortic endografts, in general, is to seal off the AAAs in order to prevent blood from flowing into them.

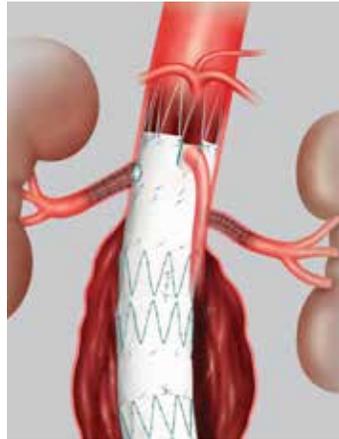
Fenestrated endografts recently received approval from the Food and Drug Administration (FDA) and require particular technical expertise for insertion. Only select centers in the nation with appropriately trained vascular surgeons are offering this new treatment option.

Dubbed the "silent killer," AAA is fatal in most cases if the aneurysm ruptures before being repaired. Therefore, early detection and repair are crucial.

"Abdominal aortic aneurysms seldom give warning signs. The condition occurs when a weak spot on the wall of the abdominal aorta balloons out—something like a bulge on an overinflated tire," explains Dr. Tassiopoulos.

An estimated one million Americans live with an undiagnosed AAA—including 20,000 in Suffolk County alone. According to the Centers for Disease Control and Prevention, AAA is more common in men and in individuals aged 65 years and older.

ABOUT THE PROCEDURE



Fenestrated endograft placed within abdominal aortic aneurysm, showing arteries that feed kidneys through custom-tailored openings (fenestrations) in top of graft.

An estimated 10% of all patients with AAA have the short neck condition, and thus are not candidates for standard EVAR repair. Until recently, their choices for treatment were limited, and most had to undergo a traditional open AAA repair.

Custom-made fenestrated endografts, which are designed based on each individual patient's vascular anatomy using CT scans, incorporate tailored openings in the top section of the graft that allow extension of the seal zone above the kidney arteries without compromising blood flow to the kidneys and intestine.

During the FEVAR procedure, stents are put through the graft fenestrations into the renal arteries to ensure that placement of the aortic endograft is accurate and secure, blood flow to the kidneys is preserved, and the aneurysm is successfully sealed off.

FEVAR represents the latest advance in AAA treatment. The custom-made endograft is the most state-of-the-art device today for AAA treatment. This new device enables experienced vascular surgeons to treat patients with very complex aortic anatomy in a minimally invasive way.

For consultations/appointments with our vascular surgeons, please call (631) 444-2683.

Minimally invasive endovascular aortic aneurysm repair (EVAR) has revolutionized treatment of AAAs in recent years. The technique involves exclusion of the aneurysm in the aorta from circulating blood by insertion of a self-expanding, fabric-covered stent inside the aneurysm, using two small groin incisions for access to the femoral arteries.

The EVAR technique has significantly reduced the mortality and complication rate associated with traditional open repair of AAAs, and has become the preferred treatment method for most patients, including a significant number of patients who would have been turned down for a traditional open repair because of other health issues.

Unfortunately, not all patients with AAA are candidates for EVAR. One of the most common limitations with standard endografts is an inadequate seal zone—also called a short neck—indicating little or no distance between the top of the aneurysm and the take-off of the arteries feeding the kidneys (renal arteries).

When a short neck is present, the standard stent graft is unable to create a tight seal with the aortic wall, thus allowing continuous blood flow into the aneurysm.

Aortic Center Established

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now a mainstay of follow-up care. And often surveillance imaging continues for life. After the patient's surgery, we recommend an interval surveillance regimen, and we work closely with the patient and his/her family and with the referring physician, to help ensure optimal lifelong care.

When a patient needs to be transferred to Stony Brook University Hospital, we are available 24 hours a day, seven days a week to provide immediate care. The hospital's Patient Transfer Center is a comprehensive emergency medical service system that is staffed by a team of specially-trained healthcare professionals.

In October, the Aortic Center sponsored its first community symposium, titled "Recent Advances in Aortic Care," for physicians, physician assistants, and nurse practitioners. The program took place at Lombardi's on the Bay, in Patchogue, NY. More of these educational programs will take place, and offer continuing medical education (CME) credits. For information about future symposiums, please call Olympia Christoforatos, RN, MS, at (631) 444-2041.

One of the goals of the Aortic Center is to educate patients and provide primary care providers with resources that facilitate early recognition of patients at risk, timely diagnosis of aortic conditions that are often silent, and medical control of risk factors so that we reduce the number of aortic emergencies in our area.

For consultations/appointments with the surgical specialists of the Stony Brook Aortic Center, please call (631) 444-2683.

Introducing More New Faculty



PHOTO: JEANNE NEVILLE

Kartik N. Gohil, MBBS
General & Bariatric Surgeon

Dr. Kartik N. Gohil joins our General Surgery Division as an instructor in surgery. He comes to Stony Brook from the University of Michigan where he completed his residency training in general surgery. Dr. Gohil's practice will focus on general and bariatric surgery with an emphasis on minimally invasive procedures, and will include the surgical care of patients with dysphagia (difficulty swallowing), esophageal conditions and diseases, gallbladder disease, gastroesophageal reflux disease (GERD), hernias, obesity, and spleen disease, among other abdominal conditions. Dr. Gohil received his medical degree—MBBS (Bachelor of Medicine/Bachelor of Surgery)—from Maharaja Sayajirao University (India) in 2005.



PHOTO: JEANNE NEVILLE

Gerald J. Gracia, MD
General & Bariatric Surgeon

Dr. Gerald J. Gracia joins our General Surgery Division as an assistant professor of surgery. His faculty appointment follows his year here of fellowship training in minimally invasive and bariatric surgery. Board certified in surgery and surgical critical care, he will focus his practice on advanced laparoscopic surgery, anti-reflux surgery (fundoplication), bariatric surgery, colon surgery, hernia repairs, and emergency general surgery. Dr. Gracia received his MD from the University of Florida in 2001. He completed his residency in general surgery at Jackson Memorial Hospital in Miami, FL. He did his fellowship training in critical care at Children's Hospital Los Angeles. In addition, he completed a surgical oncology research and immunotherapy clinical fellowship at the National Institutes of Health/National Cancer Institute.



PHOTO: JEANNE NEVILLE

Randeep S. Jawa, MD
Traumatologist, Intensivist & General Surgeon

Dr. Randeep S. Jawa joins our Trauma, Emergency Surgery, and Surgical Critical Care Division as an associate professor of surgery. He comes to Stony Brook from the University of Nebraska, where he had been a member of the surgery department since 2008. Other previous faculty appointments were at the University at Buffalo, University of Vermont, and Yale University. Board certified in surgery and surgical critical care, he will focus his practice on the complete care of the surgical patient involving trauma. An active scholar, he has more than 25 publications to his credit, and will pursue clinical and basic science research. Dr. Jawa received his MD from Howard University in 1993. He completed his residency training in general surgery there, and did his fellowship training in critical care at the Mayo Clinic (Rochester, MN) and in research at the University of Cincinnati. He is included in the Consumers' Research Council of America *Guide to America's Top Surgeons*.

Nipple-Sparing Approach to Mastectomy: Improving the Care of Patients with Breast Cancer

By *Christine R. Rizk, MD, Breast and Oncologic Surgery Division, & Tara L. Huston, MD, Plastic and Reconstructive Surgery Division*

Mastectomy—the surgical removal of the breast—is a centuries-old procedure that only since the 1970s has become more technically sophisticated and more patient-centered. In recent decades, immediate breast reconstruction done in conjunction with mastectomy provides attractive outcomes that benefit women patients.

The number of women undergoing this reconstructive surgery has increased dramatically over the past 30 years, and the trend for immediate breast reconstruction after mastectomy has grown from 10% in the 1980s to about 40% today across the country. At Stony Brook Medicine, we approach reconstruction rates up to 90%.

In nipple-sparing mastectomy, the nipple-areola complex as well as all of the breast skin is preserved. This approach can be used in selected patients when both the oncologic surgeon deems it is safe and the reconstructive surgeon feels it is anatomically and aesthetically achievable.

The field of breast surgery is continuing to evolve in 2013. As women are diagnosed with earlier and more curable cancers—thanks to improved modalities in imaging and increased breast cancer awareness (“early detection is best chance of cure”)—and as more women are pursuing genetic screening, breast surgery is paralleling these trends in its evolution.

Long-term data have not shown any increase in local recurrence associated with use of nipple-sparing mastectomy.

Traditionally, women have been offered skin-sparing mastectomy when appropriate, which offers very good cosmetic result by sparing the entire envelope of the breast.

However, skin-sparing mastectomy does remove the nipple, as well as the surrounding areola. This outcome, of course, can have negative impact on self-esteem and body image, and can result in feelings of disfigurement, as found when patients are surveyed approximately 1 year after their surgery and reconstruction.

Furthermore, with removal of the nipple on the skin, there is no chance of sensation and, although nipples can be reconstructed using a variety of methods including local flaps and tattoos, they do tend to flatten and fade over time.

Nipple-sparing mastectomy, when appropriate, offers patients an excellent cosmetic improvement and outcome when they require or request mastectomy.

This procedure is still a mastectomy in which all of the identifiable breast tissue is



Dr. Christine R. Rizk



Dr. Tara L. Huston

removed, including all of the tissue behind the nipple core. In fact, it is critical to remove the entire nipple core complex, and leave only dermal skin behind in the nipple core.

Women who have large centrally-located tumors, aggressive tumors, and/or factors that might impede healing are generally not good candidates for nipple-sparing mastectomy.

There is an excellent body of literature, including recently published articles from Memorial Sloan-Kettering Cancer Center, looking at the use of nipple-sparing mastectomy in women who are appropriate candidates for it.

Long-term data including 10- and 15-year data have not shown any increase in local recurrence with use of nipple-sparing mastectomy. Specifically, no increase in local recurrence has been found at the nipple-areolar complex in patients who have been studied.

A prospectively maintained database of over 200 patients at Memorial Sloan-Kettering with over 10 years of follow-up was recently described in the *Annals of Surgical Oncology*, and none of the evidence suggested increased local recurrence at the nipple-areolar complex.

Factors to consider when offering women nipple-sparing mastectomy include tumor size, multicentricity, tumor differentiation, and distance from the nipple-areolar complex to the tumor.

Exclusion criteria include patients who potentially have had neoadjuvant therapy; patients who have obvious nipple involvement by tumor; patients with significant ptosis (drooping breasts, as it can be difficult to maintain adequate blood supply to the nipple as well as to align the nipples in the forward direction in patients with this condition); and immune-compromised patients, including those with diabetes, active heavy smoking history, and obesity.

PHOTO: JEANNE NEVILLE

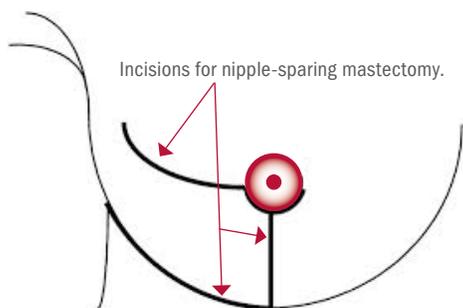
PHOTO: JEANNE NEVILLE

However, new data suggest that we can broaden criteria to include some patients with ptosis, as well as patients with increased body mass index.

Good candidates for nipple-sparing mastectomy include women with relatively small tumors that are peripherally located in the breast and that are not aggressive tumors.

We consider the woman's innate breast. This is certainly a better procedure, from a cosmetic point of view, for a smaller-breasted woman than a large-breasted woman who has a significant amount of ptosis.

It is a case-by-case decision to be made between the patient and her breast surgical team. The most critical component is a breast surgeon who is very adept and has significant experience with this procedure.



Certainly, there is very strong and rich literature that suggests that nipple-sparing mastectomy can be done in a prophylactic setting specifically with regard to patients with BRCA mutation.

While nipple-sparing mastectomy is not appropriate for all patients, it is a viable

surgical approach that should be offered to women who are deemed by their surgeon to be appropriate candidates.

Certainly, nipple necrosis is a known complication occurring approximately 8% of the time, according to the literature. This risk requires a lengthy and in-depth conversation between the patient and her surgeons.

THE STONY BROOK DIFFERENCE

To offer premier care to patients, the best approach is always a multispecialty highly-selected group of physicians, and this is exactly what we have at Stony Brook, from the breast surgeons who perform the procedure to the pathologists who are analyzing the breast tissue both during the surgery and after it, to the plastic surgeons who are critical to the success of this procedure.

Stony Brook's plastic surgeons are very well versed in how to reconstruct the breast with the nipple in order to allow for maximal cosmesis including symmetry and nipple alignment. The multispecialty group here is very adept and familiar with this procedure. Such skill and experience make a big difference.

For consultations/appointments with our breast surgeons, please call (631) 638-1000.

Lung Cancer Evaluation Center Starts Screening Program for High-Risk People Following New Federal Guidelines Aimed At Preventing 22,000 Deaths Each Year in the U.S.

Lung cancer is the third most common cancer and the leading cause of cancer death in the United States. It claims the lives of more people than breast, colon, prostate, and ovarian cancers combined. The most important risk factor for lung cancer is smoking, which results in approximately 80% of all lung cancer cases in the United States.



PHOTO: DANIEL GOODRICH

The Lung Cancer Evaluation Center (LCEC) at Stony Brook University Cancer Center is now providing lung cancer screening to conform with recent recommendations announced by the U.S. Preventive Services Task Force. The new screening program includes a low-dose radiation chest CT scan for high-risk people with the goal of early detection.

Annual screening for lung cancer with low-dose CT scans is recommended for people at high risk for lung cancer based on age and smoking history.

The proposed federal guidelines recommend annual CT screening of current and former smokers, ages 55-80 with a history of smoking equivalent to a pack-a-day for 30 years or two packs a day for 15 years. The recommendation applies to those who have quit smoking in the past 15 years.

Other candidates for screening include people ages 50-80 that have smoked a pack a day for 20 years, and have one additional risk factor, such as radon exposure, occupational exposure, lung disease, history of cancer, or family history of lung cancer.

The Lung Cancer Evaluation Center team (left to right), front: Maureen Farrell, Sunday Campolo-Athans, NP, and Denise Vidal; and back: April Plank, DNP, Thomas V. Bilfinger, MD, ScD, Co-Director, and Sajive Aleyas, MD, Co-Director.

Most cases of lung cancer found in its earliest stage can be cured, and for this reason early detection is essential to improving survival.

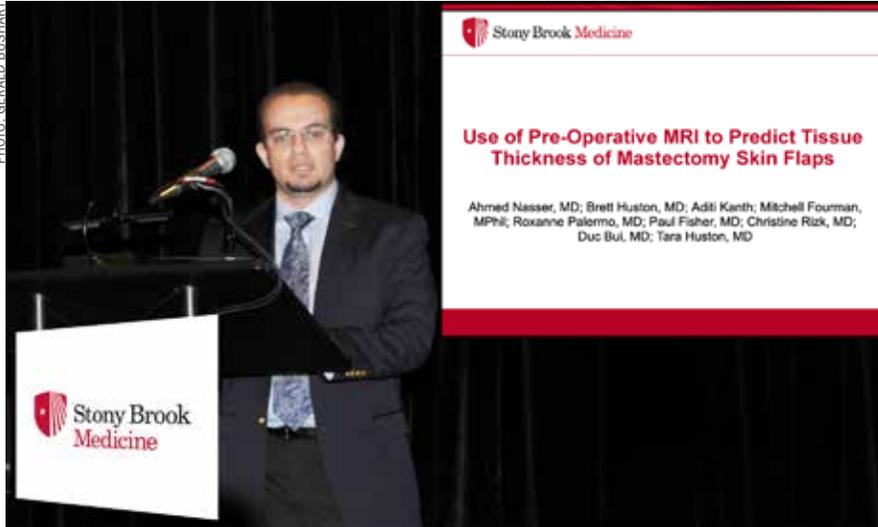
"Our service has the infrastructure in place to ensure appropriate screening and follow up," says Thomas V. Bilfinger, MD, ScD, professor of surgery and director of thoracic surgery, who leads Stony Brook's Lung Cancer Team and serves as co-director of the LCEC.

The process involved begins with initial telephone screening. Patients who are deemed appropriate for lung cancer screening then undergo CT scan after insurance authorization is obtained, as well as a comprehensive evaluation that includes CT scan, review of the CT findings, explanation of the radiation exposure risk, and smoking cessation counseling.

Those who qualify for lung cancer screening can make an appointment by calling (631) 444-2981.

Fourth Annual Research Day A Great Success

The Department of Surgery's Fourth Annual Research Day took place in June at the Charles B. Wang Center on west campus of Stony Brook University.



Dr. Ahmed Nasser, general surgery resident, delivering podium presentation.

This year's program was a great success, as the event continues to grow, with increasing numbers of research presentations.

The morning forum showcased ongoing and completed research projects by way of oral platform presentations, as well as a poster competition by our residents, medical students, and faculty.

"It is here that we further our specialty and improve the care of our patients," said Alexander B. Dagum, MD, professor of surgery [then interim chairman] and chief of plastic

and reconstructive surgery, in his opening remarks at the program. "It is through research that we find new treatments, new cures, and instill hope to those afflicted by illness, trauma, or birth defects."

The program included nearly 50 posters presenting study abstracts, plus five oral presentations moderated by faculty discussants, and it attracted more than 300 hundred attendees from Stony Brook Medicine and the University community.

The keynote speaker was plastic surgeon David Woodbridge Mathes, MD, of the University of Washington, who currently is conducting research to make face and hand transplants possible for more patients.

Dr. Mathes's talk, "Reconstructive Transplantation: A Paradigm Shift in Complex Reconstruction," made clear the challenges and remarkable advances in this field, as well as the importance of research in the advancement of plastic surgery.

All categorical residents in our general surgery residency program are now required to conduct at least one research

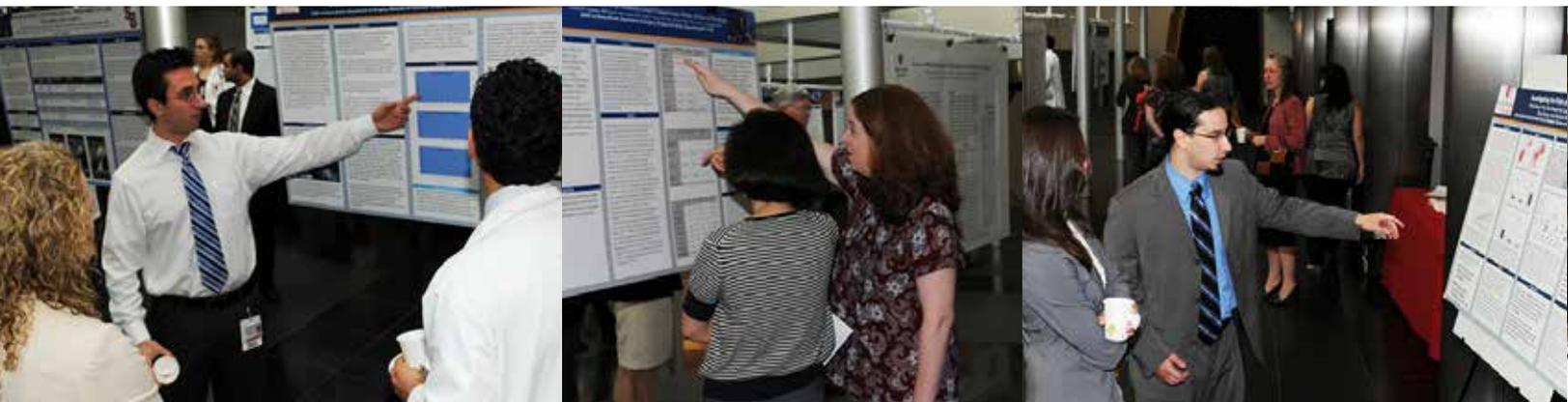
project each year, and to present their studies at the Research Day program.

All of our residency programs are committed to training physician-scientists who can both practice and advance surgery in their careers after they graduate from Stony Brook.

Next year's Research Day will take place on Thursday, June 5, 2014, at the Wang Center. For more information, please call (631) 444-7875.

Established in 2010, Research Day is an opportunity for our residents as well as our faculty and medical students to present their surgical research. The focus of the program is moving the science of surgery forward.

The Research Day program offers continuing medical education (CME) credit; this activity is designated for a maximum of 3.5 AMA PRA Category 1 Credits™.



2013 RESEARCH DAY POSTERS

Here are the titles and authors of the posters exhibited at this year's Research Day, which demonstrate the range of research activity within the Department, and the remarkable productivity of our residents:

- A systematic review of infection in breast reconstruction: autologous flap versus implant reconstruction | Phillips B, Danovich S, Verma R, Bishawi M, Dagum A, Bui D, Khan S.
- Can drain amylase level be a predictor in clinical significant pancreatic fistula after pancreatic surgery? | Zhao K, Bao P.
- Carcinosarcoma of the gallbladder | Connolly T, Adamo A, DeMuro J.
- CEA marker for colorectal cancer in PBS sensor-based on resistive properties of molecular imprinted carbon nanotube-polymer composite [poster competition] | Samuilov V, Abutalibova Z, Rigas B, Bergamaschi R.
- Colonic perforation secondary to mucormycosis: a case report | Gioia W, Barnajian M, Lordache F, Bergamaschi R, Finkelstein F.
- Combining different endograft components during EVAR: a technique to achieve fixation and seal in challenging aortic neck anatomies | Virvilis D, Meisner R, Koullias G, Tassiopoulos A.
- Development of rectal cancer murine model | Gersch R, Loyal J, Bergamaschi R.
- Does sleeve gastrectomy cause gastroesophageal reflux? Answering the modern dilemma in bariatric and metabolic surgery | Altieri M, Tuppo C, Telem D, Gracia G, Pryor A.
- Early and mid-term results of endovascular treatment of pseudoaneurysms after remote surgery for aortic coarctation | Koullias GJ, Gonzales CG II, Billfinger TV, Tassiopoulos AK.
- Evaluation of optimal PIP joint fusion angle using simulated joint arthrodesis [poster competition] | Lider Y, DeChello K, Iyer A, Fourman M, Sisto S, Dagum A.
- Extralevator vs standard abdominoperineal resection for rectal adenocarcinoma | Loyal J, Shroyer K, Singh M, Zee S, Bergamaschi R.
- Fade patterns and long-term viability of nipple areola tattoos following breast reconstruction [poster competition] | Levites H, Fourman M, Phillips B, Fromm I, Bui D. **Winner of poster competition.**
- Fast 5th program expedites care for patients with BI-RADS 5 imaging studies | Ahn S, O'Hea B, Farrelly P, Pitrowski P.
- Histone demethylase LSD1 is involved in SALL4-mediated bone marrow progenitor cell proliferation | Liu L, Souto J, Ma Y, Yang J.
- Hospital readmission to an academic level I trauma center within 30 days of discharge | Copertino L, McCormack J, Huang E, Shapiro M, Vosswinkel J.
- Identifying achievable benchmark comparisons (ABCs) for surgical education programs | Bishawi M, Dathatri S, Clippinger C, Peredo A, Hsieh L, Ahn S, Loh S, McLarty A, Shroyer AL, Tassiopoulos A, Bilfinger T.
- In vivo cardiac cellular reprogramming efficacy is enhanced by angiogenic preconditioning of the infarcted myocardium with vascular endothelial growth factor | Mathison M, Gersch R, Nasser A, Lilo S, Korman M, Fourman M, Shroyer K, Yang J, Ma Y, Rosengart T.
- Investigating the role of Egr-1 in reperfusion [poster competition] | Gersch R, Ahmed N, Baldwin A, Phillips B, Bishawi M, Halbreiner S, Rosengart T.
- Lipotransfer for the treatment of post mastectomy radiation therapy complications: a systematic review of the current evidence in alloplastic reconstruction | Nasser A, Kanth A, Khan S.
- Long-term evaluation of endoscopically harvested saphenous vein for lower extremity bypass | Margolis J, Malgor R, Montecalvo J, Shahidul I, Hines G.
- Long-term follow-up for percutaneous angioplasty in renal artery fibromuscular dysplasia | Gavalas M, Gasparis A, Tassiopoulos A, Loh S, Labropoulos N.
- Management of intraluminal thrombus in the non-diseased aorta | Jain V, Koullias G, Tassiopoulos A, Zawin M.
- Optimal pain control after open pancreaticoduodenectomy | Pagkratis S, Moller D, Watkins K, Mazirka P, Bao P.
- Outcomes of irreversible electroporation in the management of unresectable pancreatic cancer | Gooch J, Lovekar N, Bao P, Watkins K.
- Outcomes of repeat MRSA screening during the same hospitalization | Gitler C, Bao P, Rubano J, Lovekar, N.
- Outcomes of robotic-assisted laparoscopic gastric and duodenal tumor resections | Gooch J, Lovekar N, Bao P, Watkins P.
- Outcomes of the mechanically ventilated trauma patient at the regional trauma center | Rubano J, McCormack J, Huang E, Paccione M, Vosswinkel J, Shapiro M.
- Patterns of ovarian vein thrombosis | Kim P, Comito M, Labropoulos N.
- Post-operative infections in tissue expander based breast reconstruction | Klein G, Khan S, Nasser A, Landford W, Dagum A, Bui D, Ganz J, Gelfand M, Huston, T.
- Preliminary results of lung preservation surgery in early lung cancer | Danovich S, Chang K, Sainathan S, Mullen E, Wu L, Pugalenti A, Larsen B, Rosario R, Fox S, Andaz S.
- Randomized controlled trial laparoscopic assisted colonoscopic polypectomy | Mamoor M, Fakhoury J, Lascarides C, Bergamaschi R.
- Simulated colonoscopy training: responsiveness of surgery interns | Fakhoury J, Karas J, Denoya P, Kazi E, Bergamaschi R.
- Surgical site infection reduction protocol in colorectal resections | Kashan B, Bergamaschi R, Denoya P, Leiboff A, Smithy W.
- The appropriateness criteria for coronary revascularization: is it evidence based? | Wakily H, Bishawi M, Shroyer L.
- The impact of isolated infra-renal aortic stenosis in female patients | Malgor R, Labropoulos N, Borge M, Dias C, Pappas P, Tassiopoulos A.
- The role of keratin 17 and surviving biomarker expression in predicting prognosis and post-operative survival in surgical breast cancer patients | Jacobi E.
- The use of the single shot thoracic epidural in the pediatric patient undergoing laparoscopic cholecystectomy | Hsieh L, Gruffi T, Grewal C, Scriven R, Lee T, Seidman P.
- Upper limb replantation practices and outcomes: a multinational survey of 234 replantation surgeons | Nasser A, Fourman M, Dagum A.
- Use of stapling devices for cystic duct ligation | Chiu J, DeMuro J.
- Utility and accuracy of CT scan in diagnosing perforated appendicitis | Verma R, Carter D, Greschukin V, Barish M, Pryor A, Telem D.

PHOTOS: GERALD BUSHART



RESIDENCY UPDATE

Since 1975 when our first graduating residents entered the profession of surgery, 214 physicians have completed their residency training in general surgery at Stony Brook. The alumni of this residency program and our other residency (fellowship) programs now practice surgery throughout the United States, as well as in numerous other countries around the world—and we're proud of their diverse achievements and contributions to healthcare.

2013 Graduating Residents & Fellows

GENERAL SURGERY

Career Direction

Karen Chang, MD General surgery practice, Locum Tenens, New York, NY
 Svetlana Danovich, DO, PhD..... Cosmetic surgery fellowship, private practice, Mineola, NY
 Michael Halbreiner, MD Cardiothoracic surgery fellowship, Cleveland Clinic, Cleveland, OH
 Joshua Karas, MD..... Minimally invasive and bariatric surgery fellowship, Winthrop-University Hospital, Mineola, NY
 Hussna Wakily, MD Minimally invasive and bariatric surgery fellowship, Beth Israel Deaconess Medical Center, Boston, MA
 Emily Wood, MD Vascular surgery fellowship, Mayo Clinic, Rochester, MN

COLORECTAL SURGERY

Career Direction

Moshe Barnajian, MD Colorectal surgery practice, Glendale Memorial Hospital, Glendale, CA

VASCULAR SURGERY

Career Direction

George Koullios, MD, PhD..... Vascular and thoracic surgery practice, Brookhaven Memorial Hospital Medical Center, Patchogue, NY
 Robert Meisner, MD Assistant professorship, Department of Surgery, Eastern Virginia Medical School, Norfolk, VA

CRITICAL CARE

Career Direction

Vera Freeman, MD Critical care practice, St. Catherine of Siena Medical Center, Smithtown, NY
 Cynthia Salinas, MD General surgery, acute care surgery, trauma surgery, and critical care practice, McAllen Medical Center, McAllen, TX

MIS/BARIATRIC SURGERY

Career Direction

Gerald Gracia, MD Assistant professorship, Stony Brook Medicine's Department of Surgery, General Surgery Division

New Chief Residents

GENERAL SURGERY

Medical School (Grad Year)

Soojin Ahn, MD SUNY Downstate ('09)
 Vikalp Jain, MD UMDNJ-Newark ('09)
 Brett Phillips, MD Stony Brook U ('07)
 Jerry Rubano, MD NY Medical College ('09)
 Dimitrios Virvilis, MD U of Athens ('04)

VASCULAR SURGERY

Medical School (Grad Year)

Rafael Malgor, MD U of Taubaté-São Paulo ('03)

Incoming Residents/Categorical PGY-1

GENERAL SURGERY

Medical School (Grad Year)

Chanak Chantachote, MD American U of the Caribbean ('11)
 Catherine Frenkel, MD Albany Medical College ('11)
 Taher Gulamhusein, MD U of Texas ('13)
 Omer Kaymakcalan, MD U of Illinois ('12)
 Ayesha Nzeribe, MD Brown U ('13)
 Michael Svestka, MD Eastern Virginia Medical School ('13)

VASCULAR SURGERY

Medical School (Grad Year)

Spyridos Monastiriotis, MD U of Ioannina ('07)



Our 2013 graduating general surgery residents (from left to right), Drs. Joshua Karas, Svetlana Danovich, Emily Wood, Hussna Wakily, Karen Chang, and Michael Halbreiner, at the graduation banquet held in June at the Old Field Club in East Setauket, NY.



Dr. Jerry Rubano (second from right) received the 2013 David J. Kreis Jr. Award for Excellence in Clinical Service in Trauma Surgery, pictured here with members of the trauma team (left to right): Dr. Daniel Rutigliano; trauma nurse coordinator Jane McCormack; Dr. James Vosswinkel; and Dr. Michael Paccione. Established in 2000, this annual award is presented to a senior (fourth-year) surgical resident by the Trauma, Emergency Surgery and Surgical Critical Care Division in honor of the late Dr. Kreis, who was the founding chief of our trauma/surgical critical care service, and who served with distinction on our faculty until his untimely death.

ALUMNI NEWS

Dr. Mammen G. Chandy ('76) continues to practice general surgery in Oroville, CA (north of Sacramento and south of Paradise), where he is on staff at Oroville Hospital.

Dr. Steven J. Busuttill ('94), who received his MD at Stony Brook, as well as his training in general surgery, has been selected by the International Association of Healthcare Professionals to represent vascular surgery in its publication, *The Leading Physicians of the World*.

Dr. Busuttill's selection is a significant representation of his passion and dedication for the field of vascular surgery. He is considered to be among the best of his peers. Dr. Busuttill practices with Cardiac Vascular and Thoracic Surgery Associates in Falls Church, VA. In the past, Dr. Busuttill served as chief of vascular surgery at Baltimore Veterans Hospital, providing care to thousands of veterans and teaching vascular surgical techniques to medical students, general surgery residents, and vascular surgery fellows.

Dr. Baljeet S. Uppal ('04), who completed his training in surgical critical care at Stony Brook following his residency in general surgery, went on to become a vascular surgeon. He completed a two-fellowship in vascular surgery at the University of Maryland Medical Center, one of the nation's oldest academic medical centers. Board certified in both surgery and vascular surgery, he now practices in Binghamton, NY.

Dr. Roger H. Kim ('07) is assistant professor of surgery in the Surgical Oncology Division at Louisiana State University in Shreveport, LA, where he is head of minimally invasive surgery at the Feist-Weiller Cancer Center. His most recent publications include:

- Dubose AC, Chu QD, Li BD, **Kim RH**. Is chronic kidney disease an independent risk factor for mortality in breast cancer? *J Surg Res* 2013;184:260-4.
- Hamm JK, Chaudhery SI, **Kim RH**. Laparoscopic resection of small bowel sarcoma. *Surg Laparosc Endosc Percutan Tech* 2013;23:e138-40.
- **Kim RH**, Gilbert T, Ristig K, Chu QD. Surgical resident learning styles: faculty and resident accuracy at identification of preferences and impact on ABSITE scores. *J Surg Res* 2013;184:31-6.

Dr. Kristen M. Rezak ('07) in August started her new position as assistant professor of surgery in the Plastic Surgery Division at Albany Medical College in Albany, NY.

Dr. Michelle Azu ('08), who completed her fellowship training in breast surgery at Sloan-Kettering Memorial Cancer Center and subsequently was on the surgical faculty of UMDNJ-Robert Wood Johnson Medical School, in October 2012 was appointed director of breast surgery at Chilton Hospital in Pompton Plains, NJ. Chilton's Breast Center is one of the region's leading breast centers, treating more than 15,000 patients annually. During the previous year, Dr. Azu became a fellow of the American College of Surgeons, and also received the Patient's Choice Award.

Dr. Andrea S. Zimmern ('09), who earned board certification in both colon and rectal surgery and general surgery, now practices at Trinitas Regional Medical Center in Elizabeth, NJ. She specializes in the use of laparoscopic minimally invasive surgery and other minimally invasive procedures for the treatment of colorectal diseases, including cancer.

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

In Memoriam

Mark E. Mausner, MD
(84)

Olukayode S. Omotunde, MD
(78)

Selected Recent Publications*

- Anderson JE, Chang DC, **Talamini MA**. A nationwide examination of outcomes of percutaneous cholecystostomy compared with cholecystectomy for acute cholecystitis, 1998-2010. *Surg Endosc* 2013;27:3406-11.
- Bekelis K, Bakhoun SF, Desai A, Mackenzie TA, Goodney P, **Labropoulos N**. A risk factor-based predictive model of outcomes in carotid endarterectomy: the National Surgical Quality Improvement Program 2005-2010. *Stroke* 2013;44:1085-90.
- Bekelis K, **Labropoulos N**, Pappas P, **Gasparis A**. B-mode estimate of carotid stenosis: planimetric measurements complement the velocity estimate of internal carotid stenosis. *Int Angiol* 2013;32:506-11.
- Bhatnagar D, Conkling N, Rafailovich M, Phillips BT, **Bui DT**, **Khan SU**, **Dagum AB**. An in vivo analysis of the effect and duration of treatment with botulinum toxin type A using digital image speckle correlation. *Skin Res Technol* 2013;19:220-9.
- Bishawi M, Moore W, **Bilfinger T**. Severity of emphysema predicts location of lung cancer and 5-y survival of patients with stage I non-small cell lung cancer. *J Surg Res* 2013;184:1-5.
- Bishawi M, **Shroyer AL**, Rumsfeld JS, Spertus JA, Baltz JH, Collins JF, Quin JA, Almassi GH, Grover FL, Hattler B; Va #517 Randomized on/off Bypass (Rooby) Study Group. Changes in health-related quality of life in off-pump versus on-pump cardiac surgery: Veterans Affairs Randomized On/Off Bypass trial. *Ann Thorac Surg* 2013;95:1946-51.
- Chang DC, Yu PT, Easterlin MC, **Talamini MA**. Demystifying sample-size calculation for clinical trials and comparative effectiveness research: the impact of low-event frequency in surgical clinical research. *Surg Endosc* 2013;27:359-63.
- Denoya PI**, Fakhoury M, Chang K, Fakhoury J, **Bergamaschi R**. Dearterialization with mucopexy vs. haemorrhoidectomy for grade III or IV haemorrhoids: short-term results of a double-blind randomized controlled trial. *Colorectal Dis* 2013;15:1281-8.
- Dotai T, Coker AM, Antozzi L, Acosta G, Michelotti M, Bildzukevicz N, Sandler BJ, Jacobsen GR, **Talamini MA**, Horgan S. Transgastric large-organ extraction: the initial human experience. *Surg Endosc* 2013;27:394-9.
- Durkin B, Romeiser J, **Shroyer AL**, Schiller R, Bae J, Davis RP, Peyster R, Benveniste H. Report from a quality assurance program on patients undergoing the MILD procedure. *Pain Med* 2013;14:650-6.
- Horgan S, Meireles OR, Jacobsen GR, Sandler BJ, Ferreres A, Ramamoorthy S, Savides T, Katagiri T, Dotai T, Sedrak M, Majid SF, Nijhawan S, **Talamini MA**. Broad clinical utilization of NOTES: is it safe? *Surg Endosc* 2013;27:1872-80.
- Jacob ZC, Rashevsky S, Reinsel RA, **Bilfinger TV**, Moore W. Anesthesia management for pulmonary cryoablation. *Open J Anesthesiol* 2013;3:255-61.
- Jawa RS**, Anderson DR, Easley AR. Acute ST segment elevation secondary to acute gastric distention. *J Cardiol Cases* 2013;8:108-12.
- Jawa RS**, Mercer DW. Gastric outlet obstruction. In: Moore LJ, Turner KL, Todd SR, editors. *Common Problems in Acute Care Surgery*. New York: Springer, 2013: 227-48.
- Jawa RS**, Young DH, Stothert JC, Yetter D, Dumond R, Shostrom VK, Cemaj S, Rautiainen RH, Mercer DW. Farm machinery injuries: the 15-year experience at an urban joint trauma center system in a rural state. *J Agromedicine* 2013;18:98-106.
- Kizhner V, **Samara G**, Panesar R, Krespi YP. Methicillin-resistant *Staphylococcus aureus* bacteraemia associated with Lemierre's syndrome: case report and literature review. *J Laryngol Otol* 2013;127:721-3.
- Lee H, Caparelli E, Li H, Mandal A, Smith SD, Zhang S, **Bilfinger TV**, Benveniste H. Computerized MRS voxel registration and partial volume effects in single voxel (1)H-MRS. *Magn Reson Imaging* 2013;31:1197-205.
- Malgor RD, **Labropoulos N**. Diagnosis of venous disease with duplex ultrasound. *Phlebology* 2013;28 Suppl 1:158-61.

Continued on Page 14

* The names of faculty authors appear in boldface.

DIVISION BRIEFS

Breast and Oncologic Surgery

Dr. Brian J. O’Hea, associate professor of surgery and chief of breast and oncologic surgery, was again selected for inclusion in the **Best Doctors list**, which represents the top 5% of all U.S. physicians—each chosen as “best” by other doctors.

Dr. O’Hea gave the educational presentation for the community in October—Breast Cancer Awareness Month—for the Stony Brook University Cancer Center. His talk, titled “**The Latest Treatment Options for Patients with Breast Cancer**,” focused on the latest treatment and surgical advances in breast cancer, including minimally invasive techniques and reconstructive surgery.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, who serves as editor-in-chief of the *American Journal of Case Reports* (Am J Case Rep), is pleased to announce that the **journal is now represented on PubMed**. Am J Case Rep is an international, peer-reviewed scientific e-journal that publishes case reports related to clinical practice.

Dr. Harold A. Fernandez, professor of surgery and deputy chief of cardiothoracic surgery, received the **Distinguished Service Award** of the Mineola-Garden City Rotary Club, at the RotaCare Caregivers Ball held in October. RotaCare provides free healthcare for people in need. Dr. Fernandez was honored for his service to immigrant patients through the RotaCare clinic. He has served patients there for the past 11 years, providing free surgery when needed.

Dr. Allison J. McLarty, associate professor of surgery, in November was honored by *Long Island Business News* as one of its “Healthcare Heroes” award winners for

2013 for her **Achievement in Healthcare** for her work with the ventricular assist device (VAD) program of the Stony Brook Heart Institute.

Dr. James R. Taylor Jr., professor of surgery and chief of cardiothoracic surgery, received the American Heart Association’s **Distinguished Service Award for improving the heart health of Long Islanders** at the AHA’s 17th annual Heart of the Hamptons Ball in June.

Dr. Taylor was again selected for inclusion in *New York Magazine’s Best Doctors* issue published in June. The 1,198 peer-selected physicians on the 2013 list represent the top 2% of physicians in the greater New York metropolitan area.

Colon and Rectal Surgery

Dr. Roberto Bergamaschi, professor of surgery and chief of colon and rectal surgery, in April was elected to **fellowship in the American Surgical Association**, the oldest surgical association in the United States.

Dr. Bergamaschi has been active as ever as a physician-scientist, giving presentations at regional, national, and international meetings—not to mention here at Stony Brook, where in June at the Department of Surgery’s annual Research Day, he was co-author of 11 presentations (ten posters and one podium).

More recently, in October and November, Dr. Bergamaschi traveled to Italy to attend the Annual Meeting of the Italian Society of Colon & Rectal Surgeons (SICCR), where he gave the keynote lecture on which **laparoscopic technique for colorectal cancer**, traditional versus single port-robotic.

He also gave the following three podium presentations of his research at the SICCR meeting:

- Dearterialization with mucopexy vs. hemorrhoidectomy for grade III or IV hemorrhoids: short-term results of a double-blind randomized controlled

- trial [co-author: Foppa C]. Impact of intravenous fluid administration on complication rates in bowel surgery with enhanced recovery protocol: a randomized controlled trial [co-author: Foppa C].
- Width of circumferential resection margin and quality of mesorectal excision in rectal cancer: open vs. laparoscopic vs. robotic [co-author: Foppa C].

Dr. Bergamaschi has recently traveled, as well, to direct courses in laparoscopic colorectal surgery at centers in Vienna and Moscow.

In November, he gave an invited lecture titled, “**The Rectal Prolapse Dilemma: Innovations in Colorectal Surgery**,” at the Florida Hospital Nicholson Center, in Orlando, FL. The Nicholson Center is a surgical skills lab, simulation, and robotics incubation center focused on advancing next-generation medical skills.

Dr. Marvin L. Corman, professor of surgery, was again selected for inclusion in the **Best Doctors list**, representing the top 5% of U.S. physicians.

Dr. Corman in June gave the grand rounds lecture at the Palisades Medical Center in North Bergen, NJ, on the subject of the **management of diverticulitis**.

In July, Dr. Corman traveled to El Salvador to be visiting professor at the Congreso Latinoamericano de Coloproctología (Latin American Coloproctology Congress), where he gave talks on the following topics involving his expertise:

- Approaches to restoration of intestinal continuity for recurrent lesions or anastomotic complications
- Indications and techniques for anoplasty
- Non-surgical treatment of anal incontinence
- Office management of complex anal problems
- Principles of management of colorectal trauma
- Treatment of complex anal fistula

Additionally, Dr. Corman was made an **honorary member**

of the Salvadoran Association of Colorectal Surgeons.

The **Colorectal Cancer Survivorship and Support Group** meets on the fourth Monday of each month, and the **Inflammatory Bowel Disease Support Group** meets on the third Monday of each month. For more information, please call (631) 444-2704.

General Surgery

Dr. Aurora D. Pryor, professor of surgery and chief of general surgery, in June received the **Attending of the Year Award**, selected by our graduating chief residents in general surgery and presented at the annual graduation ceremony.

Dr. Pryor, a leader of the **Society of American Gastrointestinal and Endoscopic Surgeons** (SAGES) and member of its Board of Governors, has been appointed program director of the society’s annual meeting to be held in 2015.

Dr. Pryor and her colleagues, **Dr. Mark A. Talamini**, professor and chairman of surgery, and **Dr. Dana A. Telem**, assistant professor of surgery, are now providing a **new minimally invasive treatment option for gastroesophageal reflux disease (GERD)** based on an innovative use of magnets, called the LINX Reflux Management System.

Involving a laparoscopic procedure, the LINX system relies on a flexible bracelet of magnetic titanium beads that, when placed around the esophagus, supports a weak lower esophageal sphincter, the muscle that opens and closes to allow food to enter and stay in the stomach, by restoring the body’s natural barrier to reflux.

Otolaryngology-Head and Neck Surgery

Dr. Elliot Regenbogen, assistant professor of surgery, in September received news the **Geriatric Otolaryngology Committee** on which he serves had been selected as the **American Academy of Otolaryngology-Head and Neck Surgery’s 2013 “model committee”**—to be showcased during the coming year. The committee was recognized at the academy’s annual meeting held in Vancouver, BC (Canada).

This AAO-HNSF committee is charged with compiling data on the ENT needs of the geriatric population, and communicating these areas of need to the membership of the academy. It also implements educational and outreach programs to maintain excellence in ENT geriatric patient care.

Dr. Ghassan J. Samara, associate professor of surgery and leader of the Head and Neck, Thyroid Oncology Team, and **Dr. David A. Schessel**, associate professor of surgery and chief of otolaryngology-head and neck surgery, were again both selected for inclusion in the **Best Doctors list**, representing the top 5% of U.S. physicians.

The **Second Annual Otolaryngology Update and Alumni Day** took place in September and was a great success. The all-day program held at Stony Brook Medicine offered lectures presented by our faculty as well as by national visiting professors. As an accredited continuing medical education for physicians, it provided 7 AMA PRA Category 1 Credit(s)TM.

The keynote speaker was David Terris, MD, chairman of otolaryngology at Georgia Regents University, whose lecture was titled “**Parathyroid Surgery 2013: New & Emerging Techniques.**”

For information about next year's Otolaryngology Update and Alumni Day, please call Jennifer Drasser at (631) 444-8410; or email her at Jennifer.Drasser@stonybrookmedicine.edu.

Pediatric Surgery

Dr. Thomas K. Lee, chief of pediatric surgery, has been promoted to full professor of surgery.

In May, Dr. Lee was elected by Stony Brook School of Medicine's Class of 2013 to **membership in the prestigious Alpha Omega Alpha National Honor Medical Society.**

Dr. Lee and Stony Brook colleagues presented the following studies at the 13th Annual John M. Templeton Jr. **Pediatric Trauma Symposium**, held in March in Pittsburgh, PA:

- Exploring pediatric adrenal injuries secondary to blunt trauma in a level one trauma center [authors: Cieciora LZ, Rutigliano DN, McCormack JE, Scriven RJ, Lee TK].
- Tracheostomy tube placement: timing and characteristics in the pediatric trauma population [authors: Rubano JA, McCormack JE, Iorio D, Huang EC, Scriven RJ, Lee TK, Rutigliano DN].

Dr. Lee continues to serve as **president of the Medical Board** at Stony Brook Medicine, providing the attentive smart leadership needed for our institution's continued progress.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, professor of surgery and chief of plastic and reconstructive surgery, was again selected for inclusion in *New York Magazine's Best Doctors* issue published in June. The 1,198 peer-selected physicians on the 2013 list represent the top 2% of physicians in the greater New York metropolitan area.

Dr. Dagum continues to give presentations of his research at national and international meetings. Here are just a few:

- Levites HA, Fourman MS, Phillips BT, Fromm IM, Khan SU, **Dagum AB**, Bui DT. Modeling fade patterns of nipple-areola tattoos following breast reconstruction. Annual Meeting of the Northeastern Society of Plastic Surgeons. Washington, DC, September 2013.
- Phillips BT, Fourman MS, **Dagum AB**, Huston TL, Ganz JC, Khan SU, Bui DT. Results of a prospective randomized clinical trial assessing postoperative antibiotic use in immediate breast reconstruction. Annual Meeting of the American College of Surgeons. Washington, DC, October 2013.
- Palmaccio S, Conkling N, Phillips BT, Xu Y, Rafailovich M, Bui DT, Khan SU, **Dagum AB**. Digital image speckle correlation (DISC) analysis for targeted cosmetic treatment and effect quantification of botulinum toxin type A. Annual Scientific Meeting of the American Society of Plastic Surgeons. San Diego, CA, October 2013.

The co-authors of these presentations are largely faculty and residents of our Department of Surgery.

In October, Dr. Dagum traveled to Argentina where he gave nine lectures on topics involving his surgical expertise, including free flap reconstruction of the hand and upper extremity; congenital hand reconstruction; carpal fractures and dislocations; and correction of hand deformities.

Dr. Tara L. Huston (Class of 2001 SBU MDs), assistant professor of surgery, was honored as the recipient of the **Outstanding Recent Graduate Award**, presented by the Stony Brook School of Medicine Alumni Association, at this year's White Coat Ceremony held in August for the incoming first-year medical students (Class of 2017).

Dr. Huston is now **leader of the Melanoma Management Team** at the Stony Brook University Cancer Center. Dr. Dagum serves as the other surgeon on this team.

Trauma, Emergency Surgery, and Surgical Critical Care

Dr. Steven Sandoval, assistant professor of surgery and medical director of the Burn Center, in May was **honored by the Suffolk County Volunteer Firefighters** along with his team for their devotion, skill, and compassionate care of burn patients at the annual Burn Center Recognition Day. At the celebration event, Dr. Sandoval spoke about advances in burn research.

The division's faculty and staff, together with leaders of Stony Brook Medicine, are preparing for a **consultative visit by the Trauma Committee of American College of Surgeons (ACS)**. New York State has changed the designation process for hospitals, and now requires ACS verification.

This consultative visit, planned for January 2014, is the first step in a process that will occur over the next year or two, to bring our trauma program in line with the ACS

requirements. Strong surgical involvement in every aspect of the care of the injured is the expectation of the ACS.

Vascular Surgery

Dr. David S. Landau, assistant professor of surgery, in June received the **Fabio Giron Teaching Award**, selected by our vascular surgery residents and presented at the annual graduation ceremony.

Dr. Shang A. Loh, assistant professor of surgery, completed Stony Brook Medicine's **Leaders in Medical Education Fellowship**, which is a two-year faculty development fellowship to develop educator and leadership skills. The fellowship was established in 2006 to encourage fellows to become pioneers in navigating the changing curriculum in medical education.

Dr. Apostolos K. Tassiopoulos, professor of surgery and chief of vascular surgery, continues to give presentations at national and international meetings. Here are just a few:

- **Tassiopoulos AK**. What is the current role of IVC filters? [podium presentation]. LIVE (Leading Innovative Vascular Education) Symposium. Thessaloniki, Greece, May 2013.
- **Tassiopoulos AK**. Making the most out of your vascular training [podium presentation]. Annual Meeting of the Society for Vascular Surgery. San Francisco, CA, June 2013.
- Spentzouris G, Malgor RD, Adrahtas D, Gasparis AP, **Tassiopoulos AK**, Labropoulos N. The role of duplex ultrasound in the pelvic congestion syndrome workup [podium presentation]. World Meeting of the International Union of Phlebology. Boston, MA, September 2013.
- Malgor RD, Labropoulos N, Borge M, Dias C, Pappas PJ, **Tassiopoulos AK**. Clinical impact of isolated infra-renal aortic stenosis [podium presentation]. Annual Meeting of the Eastern Vascular Society. White Sulphur Springs, WV, September 2013.

The co-authors of these presentations are largely faculty and residents of our Department of Surgery.



Kevin Rosero with Drs. Henry Woo (far left) and Alexander B. Dagum and members of the Stony Brook men's soccer team at the press conference held just before the boy's return home.

Boy from Ecuador Undergoes Multi-Procedure Facial Reconstruction and Returns Home

Our Mission of Excellence in Community Service Extends to the "Other" America

Kevin Rosero, a 10-year-old boy from Ecuador who had lived his whole life with a rare massive venous malformation on his face that involved his tongue, pharynx, lip, cheek, eye socket, and temporal bone—a potentially life-threatening condition that could not be treated in his home country—left Long Island in mid-September to return home with a transformed face. He looks like a normal boy now, thanks to the surgical care he received at Stony Brook Medicine.

Kevin spent the previous eight months on Long Island and underwent ten surgical procedures, two of which were performed by Alexander B. Dagum, MD, professor of surgery and chief of our Plastic and Reconstructive Surgery Division. Ultimately, Kevin's condition was treated.

Kevin came to the United States under the sponsorship of Blanca's House, a Long Island-based nonprofit group that provides free medical treatment to the underserved here and around the world. He was cared for at Stony Brook Children's Hospital.

Dr. Dagum had examined Kevin during a 2012 Blanca's House mission to Ecuador and knew that he—together with cerebrovascular and endovascular neurosurgeon Henry Woo, MD, co-director of

Stony Brook's Cerebrovascular Center—and their Stony Brook colleagues could remove the massive venous malformation and reconstruct the boy's face in steps. Blanca's House approached Kevin's family and with their approval arranged for a host family to care for Kevin during his stay on Long Island.

Ten surgeries were performed at Stony Brook Medicine as part of our mission of excellence in teaching, as well as our humanitarian commitment to improving population health both here and abroad.

To celebrate Kevin's victory, his Stony Brook caregivers, his host mom Sheila Campbell of Miller Place, NY, Kerry O'Sullivan from Blanca's House, and members of the Stony Brook men's soccer team gave Kevin a special

sendoff four days before his return home. The soccer team surprised Kevin, a big soccer fan, with a ball signed by the entire team, a Seawolves T-shirt, and an invite to be honorary captain at the game that evening. Kevin brought his charm and enthusiasm to the game, and the Seawolves beat Rhode Island 1-0.

"The malformation made it hard for Kevin to eat and speak, and he was always at risk of bleeding and potentially dying from an airway obstruction or going blind in his left eye," explains Dr. Dagum. "Kevin has done remarkably well, and will live the rest of his life without the malformation and like any normal boy."

"Not only did Kevin endure all these surgeries, his self-confidence and ability to interact with people changed dramatically over the course of this year," says Dr. Woo when describing Kevin, who learned English as a fourth-grader during his stay on Long Island.

Dr. Woo had to perform eight procedures to shut down the vascular malformation. He completed multiple embolizations and sclerotherapy to reduce the size and close off the major venous channels. After Kevin healed from this series of treatments, Dr. Dagum proceeded with a major resection of the remaining cheek, lip, oral, and orbital components of the venous malformation. This was followed by a second surgery to create a normal-looking lip.

Kevin needed to time to heal between each procedure. The surgeries were performed at Stony Brook Medicine as part of our mission of excellence in education, as well as our humanitarian commitment to improving population health both here and abroad.

"Kevin is a remarkable and brave young boy," says Ms. Campbell. "Thanks to Blanca's House and the amazing work of Kevin's Stony Brook doctors, Kevin's life has changed. This would not have been possible without them. He will be going home to his family completely healthy and with a bright future."

Kevin will have follow-up visits with Dr. Dagum in Ecuador, when possible when he is there on future medical missions, to monitor the boy's condition.

Recent Publications

Continued from Page 11

- Malgor RD, **Labropoulos N**. Pattern and types of non-saphenous vein reflux. *Phlebology* 2013;28 Suppl 1:51-4.
- Malgor RD, **Labropoulos N**. Re-modelling of venous thrombosis. *Phlebology* 2013;28 Suppl 1:25-8.
- McCutcheon BA, **Talamini MA**, Chang DC, Rose JA, Bandyk DF, Wilson SE. The comparative effectiveness of surgeons over interventionalists in endovascular repairs of abdominal aortic aneurysms. *Ann Surg* 2013;258:476-82.
- McLemore EC, Coker A, Jacobsen G, **Talamini MA**, Horgan S. eTAMIS: endoscopic visualization for transanal minimally invasive surgery. *Surg Endosc* 2013;27:1842-5.
- McLemore EC, Coker AM, Devaraj B, Chakedis J, Maawy A, Inui T, **Talamini MA**, Horgan S, Peterson MR, Sylla P, Ramamoorthy S. TAMIS-assisted laparoscopic low anterior resection with total mesorectal excision in a cadaveric series. *Surg Endosc* 2013;27:3478-84.
- Meireles OR, Horgan S, Jacobsen GR, Katagiri T, Mathew A, Sedrak M, Sandler BJ, Dotai T, Savides TJ, Majid SF, Nijhawan S, **Talamini MA**. Transesophageal endoscopic myotomy (TEEM) for the treatment of achalasia: the United States

Introducing Michael Kaufman Our New Pediatric Trauma Nurse Coordinator

We are very pleased to announce that Michael Kaufman, RN, MBA, has joined our trauma team as pediatric trauma nurse coordinator.

In this role, Mr. Kaufman will work closely with Stony Brook Children's Hospital and Stony Brook University Hospital's Trauma Center, as we move the pediatric trauma program toward verification by the American College of Surgeons (ACS).

Most recently, Mr. Kaufman has been a staff nurse in the pediatric intensive care unit at University Hospital for more than eight years. Prior to his nursing career, Michael gained extensive experience in pre-hospital care, working as a paramedic, flight medic, and EMS instructor.

Mr. Kaufman's experience includes advancing, as curriculum chairman, the paramedic degree program at Westchester Community College. His background and experience make him an excellent addition to the Trauma Center and the Children's Hospital.



PHOTO: JEANNE NEVILLE

Mr. Kaufman will contribute to our current efforts to gain verification for Stony Brook Children's as an ACS-verified Level I Pediatric Trauma Center.

Hospitals that are officially Level I Pediatric Trauma Centers have everything in place and ready to care for seriously injured children from the time of injury through rehabilitation. This high level of preparation can significantly increase a seriously injured patient's chances of survival.

Stony Brook University Hospital is the only designated Regional (Level I) Trauma Center in Suffolk County.

human experience. *Surg Endosc* 2013;27:1803-9.

Moore W, Freiberg E, Bishawi M, Halbreiner MS, Matthews R, Baram D, **Bilfinger TV**. FDG-PET imaging in patients with pulmonary carcinoid tumor. *Clin Nucl Med* 2013;38:501-5.

Nijhawan S, Barajas-Gamboa JS, Majid S, Jacobsen GR, Sedrak MF, Sandler BJ, **Talamini MA**, Horgan S. NOTES transvaginal hybrid cholecystectomy: the United States human experience. *Surg Endosc* 2013;27:514-7.

Park CW, **Pryor AD**. Laparoscopic repair of a large pericardial hernia. *Surg Endosc* 2013;27:2971-3.

Tarta C, Bishawi M, **Bergamaschi R**. Intracorporeal ileocolic anastomosis: a review. *Tech Coloproctol* 2013;17:479-85.

Virvilis D, Koullias G, **Labropoulos N**. Bilateral retroesophageal course of the carotid arteries. *J Vasc Surg* 2013;57:1395-7.

Vu CC, Matthews R, Kim B, Franceschi D, **Bilfinger TV**, Moore WH.

Prognostic value of metabolic tumor volume and total lesion glycolysis from 18F-FDG PET/CT in patients undergoing stereotactic body radiation therapy for stage I non-small-cell lung cancer. *Nucl Med Commun* 2013;34:959-63.

Xu X, Zhang Y, Williams J, Antoniou E, McCombie WR, Wu S, Zhu W, Davidson NO, **Denoya P**, Li E. Parallel comparison of Illumina RNA-Seq and Affymetrix microarray platforms on transcriptomic profiles generated from 5-aza-deoxycytidine treated HT-29 colon cancer cells and simulated datasets. *BMC Bioinformatics* 2013;14 Suppl 9:S1.

Zakhaleva J, Tam J, **Denoya PI**, Bishawi M, **Bergamaschi R**. The impact of intravenous fluid administration on complication rates in bowel surgery within an enhanced recovery protocol: a randomized controlled trial. *Colorectal Dis* 2013;15:892-9.



CME CME CME CME CME

CME credit through the School of Medicine

Surgical Grand Rounds

Our Surgical Grand Rounds program offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 1 AMA PRA Category 1 Credit™.

The weekly Surgical Grand Rounds lectures are generally held on Wednesday morning, from 7:00 to 8:00 am, in the Health Sciences Center (level 2, lecture hall 1).

Topics cover the full range of current surgical concerns, focusing on clinical issues of interest to practicing physicians and surgeons. Featured speakers include distinguished visiting professors from the nation's top universities and medical centers.

For more information, please call (631) 444-7875.

Vascular Surgery Conference

The Vascular Surgery Conference of the Vascular Surgery Division offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 2 AMA PRA Category 1 Credits™.

The weekly conferences are generally held on Wednesday morning, from 8:00 to 10:00 am, in the Health Sciences Center in the surgery department classroom (level 19, room 025).

Topics cover the full range of concerns related to the diagnosis and management of vascular disease, with case presentations. Presentations are made by made by surgical residents, as well as the director of the non-invasive vascular lab and attending physicians.

For more information, please call (631) 444-2037/-2683.

Trauma/Critical Care Conference: For information about this education event, please call (631) 444-7989.



In Memory Of Franmarie Pischel, PA

We are saddened to announce the untimely death of our long-time physician assistant Franmarie Pischel, who passed away at the age of 47 in August.

During her 12-year tenure in the Department of Surgery, Franmarie worked with both the trauma and the colorectal surgery services. She is remembered for her keen mind and the attention to detail that she consistently demonstrated in the care of her patients.

Franmarie is survived by her husband Kenneth, and her twin 9-year-old daughters, Gabrielle and Augusta. For information on how to donate to the fund we established for her children's education, please call (631) 444-2704.

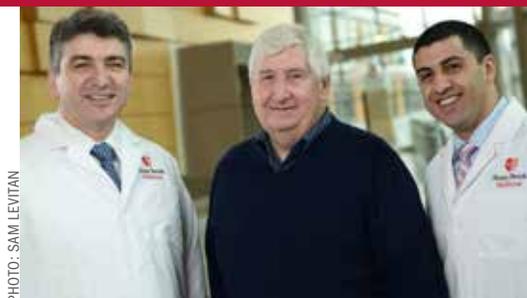


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Please visit the **Department of Surgery** website at www.medicine.stonybrookmedicine.edu/surgery

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