

POST *Op*

News Update from the Department of Surgery

UNIVERSITY HOSPITAL AND HEALTH SCIENCES CENTER AT STONY BROOK

Introducing Dr. Marc J. Shapiro

*Our New Chief of General Surgery,
Trauma, Surgical Critical Care,
And Burns*

We are very pleased to introduce Marc J. Shapiro, MD, FACS, who joined our faculty in October as chief of general surgery, trauma, surgical critical care, and burns. He comes to Stony Brook from St. Louis University where he served as director of trauma surgery and surgical critical care, as well as assistant director of the emergency department.

At Stony Brook, Dr. Shapiro will have an active practice at University Hospital. His clinical expertise includes all aspects of traumatology; the management of injured patients; and the pre- and post-operative critical care of surgical patients.

Dr. Shapiro has special expertise in treating the acute surgical abdomen; the abdominal compartment syndrome; resuscitation; management of single and multiple organ failure; and thoracoabdominal injuries, including lung, heart, spleen, liver, bowel, and urinary system.

Dr. Shapiro's current research interests are in the areas of shock, hypoxia, resuscitation, anemia, and transfusion alternatives.

A prominent physician in his field, Dr. Shapiro has numerous achievements to his credit, including serving as the immediate past president, St. Louis Surgical Society; past president, American College of Surgeons, MO Chapter; past chair, Missouri Committee of Trauma (ACS); past president, McClure Surgical Society; member, EMS Division, Department of Health, Missouri and Illinois; council member, Society of Critical Care Medicine; member, National Board of Medical Examiners; and advisor, American Association for the Surgery of Trauma.

Additional honors are inclusion, *Top 40 Under 40* (CBS); inclusion, *Who's Who in America* and *2000 Notable Men*, American Biographical Institute; recipient,



Dr. Marc J. Shapiro

Providing Minimally Invasive Treatment Of Varicose Veins

*New Endovenous Approach Offers
An Alternative to Vein Stripping*

An estimated 20% of adult Americans have painful varicose veins in the leg. Venous reflux, often the underlying cause of varicose veins, frequently forces people to dramatically change their lifestyle, especially when they work on their feet and can no longer tolerate being on their feet all day.

Whether the initial cause is genetics, pregnancy, prolonged standing, excess weight, inadequate exercise, or a damaged saphenous vein, the physiology of varicose veins is nearly always the same.

The valves in the saphenous (leg) vein are incompetent resulting in venous reflux, and the veins near the skin surface are stretched and distorted from the increased pressure caused by blood flowing in the wrong direction.

Although the condition is rarely life threatening, it is often painful and unattractive.

Recently published studies found that at 12 and 24 months following percutaneous closure, 90% of treated veins remained reflux free and a significant reduction of limb pain, fatigue, and edema was observed.

INTRODUCING OUR NEW Colorectal Surgeon



Dr. David E. Rivadeneira

We are very pleased to introduce David E. Rivadeneira, MD, who has joined our faculty as an assistant professor of surgery and member of our Division of Surgical Oncology. He comes to Stony Brook from the Lahey Clinic in Massachusetts, where he recently completed his fellowship training in colon and rectal surgery.

At Stony Brook, Dr. Rivadeneira will provide a full range of consultative, diagnostic, and therapeutic services involving surgery for patients

with diseases of the small bowel, colon, rectum, and anus. In addition to his practice in surgical oncology, he will also practice general surgery as a colorectal specialist.

A colorectal specialist, Dr. Rivadeneira will also practice general surgery, in addition to doing surgical oncology.

Dr. Rivadeneira has a major interest in laparoscopic and other minimally invasive procedures for the treatment of colon and rectal diseases, including cancer.

His expertise encompasses the surgical management of inflammatory bowel disease including ileoanal reservoir (Parks j-pouch), diverticulitis, familial polyposis, rectovaginal fistula, incontinence, prolapse, anorectal abscess, fistula, fissure, and hemorrhoids. He also performs colonoscopy.

Board-certified in surgery, Dr. Rivadeneira received his MD from Howard University in 1995. For his outstanding performance as a medical student, he was elected to Alpha Ome-

ga Alpha Honor Medical Society, and also selected for inclusion in *Who's Who in American Colleges and Universities*.

In 2002, he completed his residency in general surgery at Weill Medical College of Cornell University, training at both New York Presbyterian Hospital-Cornell Medical Center and Memorial Sloan-Kettering Cancer Center.

At Weill Cornell Medical College from 1997 to 1999, he did a two-year NIH-funded surgical oncology research fellowship investigating cancer-mediated immunology and nutrition. Among his current research interests are tumor immunology, the effect of minimally invasive surgery on the immune system, and surgical nutrition.

In June 2003, Dr. Rivadeneira received the Lahey Clinic Alumni Association award for outstanding academic achievement in colon and rectal surgery.

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

Dr. Marc J. Shapiro (Continued from Page 1)

"Attending Physician of the Year" award, 1991, 1993, St. Louis University; editorial board, *Air Medical Journal*, *Air Med*, and *New Surgery*; and reviewer, *Journal of Trauma*, *Critical Care Medicine*, *Surgery*, *Annals of Surgery*, *Journal of the American College of Surgeons*, *Intensive Care Medicine*, and *Clinical Intensive Care*.

His memberships include the American Surgical Association, the Association of Academic Surgeons, and the Society of University Surgeons.

Dr. Shapiro received his MD from the University of Michigan in 1979—after receiving an MS from that institution in 1975. He completed his residency training in general surgery at Henry Ford Hospital in Detroit (1979-84), and his fellowship training

in critical care medicine at the University Health Center of Pittsburgh (1984-85).

He subsequently joined the surgical faculty at St. Louis University, rising to the position of professor of surgery and anesthesiology.

Dr. Shapiro is a fellow of the American College of Surgeons and the American College of Critical Care Medicine. He is a diplomate of the American Board of Surgery with certification in surgery and surgical critical care.

For consultations/appointments with Dr. Shapiro, patients should call (631) 444-4545 for general surgery.

For consultations concerning surgical critical care, physicians should call (631) 444-1045.

**STONY
BROOK**

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Treating Varicose Veins (Continued from Page 1)

Until recently the standard treatment for saphenous vein reflux has been vein ligation and stripping, a surgical procedure that requires stripping of the saphenous vein from the leg and generally requires a long recovery with significant postoperative bruising and pain.

At Stony Brook, our vascular surgeons now provide a new treatment option known as percutaneous closure or ablation.

This minimally invasive technique relies on a simple needle stick to gain access to the saphenous vein, thus avoiding incisions in the skin for exposure of the vein. For selected patients, this approach offers considerable benefits.

Percutaneous closure of the saphenous vein has proven itself to be a promising alternative to traditional vein stripping surgery for venous reflux. The procedure is becoming increasingly popular as physicians become more familiar with this treatment and its associated benefits.

THE PROCEDURE ITSELF

Percutaneous closure of the saphenous vein is done by placing a catheter (thin tube) into the saphenous vein to deliver radio-frequency energy or laser energy to the vein wall, causing it to collapse and seal shut. The physician typically makes a single, small puncture near the knee and inserts the slender catheter into the saphenous vein.

The catheter is then positioned near the groin, energized, and slowly withdrawn, sealing the vein shut. There are no stitches, and most patients return to normal activity within a day or two.

(Continued on Page 5)

HIGHLIGHTS OF PERCUTANEOUS CLOSURE

- Relief of symptoms
- Short recovery
- Return to normal activities within 1-2 days
- Same-day procedure
- Local or regional anesthesia
- Reduced postoperative pain
- Minimal temporary bruising
- Good cosmetic outcome with minimal to no scarring



1. Catheter inserted.



2. Vein warmed and collapses.



3. Catheter slowly withdrawn, closing vein.

INTRODUCING OUR NEW Vascular Surgeon



Dr. Antonios P. Gasparis

We are very pleased to introduce Antonios P. Gasparis, MD, who has joined our faculty as an assistant professor of surgery and member of our Division of Vascular Surgery.

Board-certified in surgery and with expertise in endovascular surgery, Dr. Gasparis recently completed his fellowship training in vascular surgery here at Stony Brook. His outstanding performance merited his appointment to our faculty.

During the summer of 2003, Dr. Gasparis completed special advanced training in endovascular surgery at Texas Tech University Health Sciences Center in Lubbock.

At Stony Brook, Dr. Gasparis will practice the full range of general vascular and endovascular surgery, adding further experience to our endovascular program.

Dr. Gasparis will provide the new minimally invasive endovenous treatment of varicose veins known as percutaneous closure (see page 1).

In addition, he will serve as medical director of Stony Brook's Non-Invasive Vascular Laboratory and as co-director of the multidisciplinary Leg and Foot Ulcer Treatment Group.

A graduate of New York University, Dr. Gasparis received his MD from SUNY-Syracuse in 1996, and completed his residency in general surgery there in 2001.

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

Performing Cochlear Implantation

Surgery for Profound Deafness

Our otolaryngology service continues to provide the only program in cochlear implantation in Suffolk County. This high-tech surgery is performed by our expert in the relatively new surgical discipline of otology-neurotology that focuses on problems of the ear related to hearing, balance, and facial nerves.



Dr. Eric E. Smouha

Eric E. Smouha, MD, associate professor of surgery and neurosurgery, initiated our cochlear implant program in 1990 through a collaboration with members of Stony Brook's clinical program in speech, language, and hearing. Thanks to this collaboration, the lives of adult patients with profound deafness have been dramatically changed for the better—now that after years of hearing loss, they can hear again.

Now, too, the lives of young children with such deafness are able to discover—for the first time—the world of hearing through cochlear implants.

Cochlear implantation represents a new technology that makes hearing possible for patients with profound bilateral deafness, who cannot benefit from conventional hearing aids. The first cochlear implant device was approved by the FDA in 1985.

Cochlear implant surgery has achieved splendid results in selected patients, and is suitable for treating profoundly deaf adults and children 1 year of age and older.

The operation, which can be done on an outpatient basis, involves implanting an electronic device through the mastoid bone, behind the ear. The implant has an electrode array that is tunneled into the inner ear, next to the hearing

nerve. When connected to an external microprocessor that resembles a hearing aid, the implant analyzes incoming sounds and produces a series of electrical impulses that directly stimulate the hearing nerve.

According to Dr. Smouha, cochlear implant surgery has achieved splendid results in selected patients, and is suitable for treating profoundly deaf adults and children 1 year of age and older. Certain patients have been able to gain the ability to hold conversations—often without lipreading; to speak on the telephone; and to hear environmental sounds.

Cochlear implant surgery requires a highly-trained multidisciplinary team of specialists to provide the necessary post-operative programming of the implanted device and the rehabilitation that patients need on entering the world of sound.

The collaborative efforts of Dr. Smouha and

his colleagues in speech, language, and hearing have made cochlear implantation a medical reality at Stony Brook.

For consultations/appointments with Dr. Smouha, please call (631) 444-4109/-4122.

What a patient treated by Dr. Smouha said two weeks after her cochlear implant was first turned on:

I started to lose my hearing when I was 35, nearly 25 years ago. At work I was very bitter . . . I was angry, isolated, all by myself. Amazingly enough, since I've had the implant I can now hear normal speech for the first time. I'm able to understand speech. I can hear my son, I can communicate better, I can talk to people, I can socialize with people.

I can also hear the birds chirping—I hear the different types of songs, too. That is something new for me. I can hear the hissing of the gas, the creaking of the floor—things I couldn't hear before with the regular hearing aid I had, an extremely powerful one. Now I can even hear the wind blowing.

Some Recent Publications*

Bemmelen P, Char D, Giron F, **Ricotta JJ**. Angiographic improvement after rapid intermittent compression treatment [ArtAssist(R)] for small vessel obstruction. *Ann Vasc Surg* 2003;17:224-8.

Bilfinger TV. Surgical viewpoints for the definitive treatment of lung cancer. *Respir Care Clin N Am* 2003;9:141-62.

Char D, **Ricotta JJ**, Ferretti J. Endovascular repair of an arteriovenous fistula from a ruptured hypogastric artery aneurysm—a case report. *Vasc Endovascular Surg* 2003;37:67-70.

Cho K, **Brathwaite CE**, **Ahmad A**. Image of the month: biliopancreatic limb obstruction resulting in gastric staple line dehiscence. *Arch Surg* 2003;138:455.

Criado E. Regarding "thrombin injection for failed stent graft repair of perforated atherosclerotic aortic ulcer." *J Vasc Surg* 2003;37:222-3.

Criado E. Review of *Vascular Access in Clinical Practice*. *Cardiovasc Surg* 2003;11:251.

Doblas M, Gutierrez R, Fontcuberta J, Orgaz A, Lopez P, **Criado E**. Thoracodorsal sympathectomy for severe hyperhidrosis: posterior bilateral versus unilateral staged sympathectomy. *Ann Vasc Surg* 2003;17:97-102.

Durham RM, Moran JJ, Mazuski JE, **Shapiro MJ**, Baue AE, Flint LM. Multiple organ failure in trauma patients. *J Trauma* 2003;55:608-16.

Gasparis AP, Hines GL, **Ricotta JJ**. Contemporary management of "High-Risk" patients with carotid stenosis. *Heart Dis* 2003;5:345-8.

Gasparis AP, Ricotta L, Cuadra SA, Char DJ, Purtil WA, Van Bemmelen PS, Hines GL, Giron F, **Ricotta JJ**. High-risk carotid endarterectomy: fact or fiction. *J Vasc Surg* 2003;37:40-6.

Illson DH, Bains M, Kelsen DP, O'Reilly E, **Karpeh M**, Coit D, Rusch V, Gonen M, Wilson K, Minsky BD. Phase I trial of escalating-dose irinotecan given weekly with cisplatin and concurrent radiotherapy in locally advanced esophageal cancer. *J Clin Oncol* 2003;21:2926-32.

Irie H, Gao J, Gaudette GR, Cohen IS, Mathias RT, Saltman AE, **Krukenkamp IB**. Both metabolic inhibition and mitochondrial K(ATP) channel opening are myoprotective and initiate a compensatory sarcolemmal outward membrane current. *Circulation* 2003;108 Suppl 1:II341-7.

* The names of faculty authors appear in boldface.

Treating Varicose Veins (Continued from Page 3)

In one study that also assessed patient satisfaction at 6 months, 98% of patients indicated they would recommend this treatment option to a friend with similar leg-vein problems.

The procedure is minimally invasive and can be performed under local anesthesia on an outpatient basis. Patients have reported feeling little, if any, pain during the procedure, and most return to their normal activity within a day. Some common side effects may include temporary tenderness and numbness.

Most patients report a noticeable improvement in their symptoms in 1-2 weeks following the procedure, and experience good cosmetic outcomes with little to no scarring.

As this newly developed endovenous procedure becomes more commonly used, more and more insurance companies are covering the costs, when deemed medically necessary.

At Stony Brook, our physicians perform percutaneous closure on an outpatient basis at our new Ambulatory Surgery Center, next to University Hospital.

For consultations/appointments with our vascular specialists, please call (631) 444-4545.

Irie H, **Krukenkamp IB**, Brinkmann JF, Gaudette GR, Saltman AE, Jou W, Glatz JF, Abumrad NA, Ibrahim A. Myocardial recovery from ischemia is impaired in CD36-null mice and restored by myocyte CD36 expression or medium-chain fatty acids. *Proc Natl Acad Sci U S A* 2003;100:6819-24.

Kattan MW, **Karpeh MS**, Mazumdar M, Brennan MF. Postoperative nomogram for disease-specific survival after an R0 resection for gastric carcinoma. *J Clin Oncol* 2003;21:3647-50.

Kooby DA, Suriawinata A, Klimstra DS, Brennan MF, **Karpeh MS**. Biologic predictors of survival in node-negative gastric cancer. *Ann Surg* 2003;237:828-35; discussion 835-7.

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. Martin S. Karpeh, Jr.

MD: Pennsylvania State University (1983).

Residency Training: General Surgery, Hospital of the University of Pennsylvania.

Fellowship Training: Surgical Oncology, Memorial Sloan-Kettering Cancer Center.

Board Certification: Surgery.

Specialties: General surgical oncology; management of cancers of the gastrointestinal tract, soft tissue (melanoma, sarcoma, and other cancers), and breast.

Additional: Chief of Surgical Oncology, Stony Brook University Hospital; Fellow, American College of Surgeons (FACS); member/examination committee,

Society of Surgical Oncology; member, American Society of Clinical Oncology; see selected publications ([click here](#) for online abstracts/full text of journal articles via National Library of Medicine).

Language Spoken: English.

Consultations/Appointments: 631-444-2565.

Maitra SR, Bhaduri S, Valane PD, Tervahartala T, Sorsa T, Ramamurthy N. Inhibition of matrix metalloproteinases by chemically modified tetracyclines in sepsis. *Shock* 2003;20:280-5.

Maitra SR, Chen E, Rosa D, Valane PD, El-Maghrabi MR, **Brathwaite CE**. Modulations of signal transduction pathways during sepsis and the effects of insulin and mifepristone. *Acad Emerg Med* 2003;10:1-8.

Martinez SR, Gelfand M, Hourani HS, **Sorrento JJ**, **Mohan EP**. Cardiac injury during needle localized surgical breast biopsy. *J Surg Oncol* 2003;82:261-5.

McLarty A, Mann N, Lawson WE, Foster A. Womens heart health series: a mini-symposium. *Med Sci Monit* 2003;9:RA102-9.

Ng EK, Panesar N, Longo WE, **Shapiro MJ**, Kaminski DL, Tolman KC, Mazuski JE. Human intestinal epithelial and smooth muscle cells are potent producers of IL-6. *Mediators Inflamm* 2003;12:3-8.

Ricotta JJ, Char DJ, Cuadra SA, **Bilfinger TV**, Wall LP, Giron F, **Krukenkamp IB**, **Seifert FC**, **McLarty AJ**, Saltman AE, Komaroff E. Modeling stroke risk after coronary artery bypass and combined coronary artery bypass and carotid endarterectomy. *Stroke* 2003;34:1212-7.

Ricotta JJ, Wall LP. Treatment of patients with combined coronary and carotid atherosclerosis. *J Cardiovasc Surg (Torino)* 2003;44:363-9.

Rivadeneira DE, Pochapin M, Grobmyer SR, Lieberman MD, Christos PJ, Jacobson I, Daly JM. Comparison

of linear array endoscopic ultrasound and helical computed tomography for the staging of periampullary malignancies. *Ann Surg Oncol* 2003;10:890-7.

Sarela AI, Turnbull AD, Coit DG, Klimstra D, Brennan MF, **Karpeh MS**. Accurate lymph node staging is of greater prognostic importance than subclassification of the T2 category for gastric adenocarcinoma. *Ann Surg Oncol* 2003;10:783-91.

Scott BH, **Seifert FC**, Glass PS. Does gender influence resource utilization in patients undergoing off-pump coronary artery bypass surgery? *J Cardiothorac Vasc Anesth* 2003;17:346-51.

Shabtai M, **Waltzer WC**, Ayalon A, Shabtai EL, **Malinowski K**. Down regulation of CD45 expression on CD4 T cells during acute renal allograft rejection: evidence of a decline in T suppressor/inducer activity. *Int Urol Nephrol* 2002-2003;34:555-8.

Shapiro MJ, Gettinger A, Corwin HL, Napolitano L, Levy M, Abraham E, Fink MP, MacIntyre N, Pearl RG, Shabot MM. Anemia and blood transfusion in trauma patients admitted to the intensive care unit. *J Trauma* 2003;55:269-74.

Sneddon AA, Koll M, Wallace MC, Jones J, Miell JP, **Garlick PJ**, Preedy VR. Acute alcohol administration inhibits the refeeding response after starvation in rat skeletal muscle. *Am J Physiol Endocrinol Metab* 2003;284:E874-82.

Zhu W, Ma Y, Cadet P, Yu D, **Bilfinger TV**, Bianchi E, Stefano GB. Presence of reticuline in rat brain: a pathway for morphine biosynthesis. *Brain Res Mol Brain Res* 2003;117:83-90.

Residency Update

Since the class of 1975 entered the profession of surgery, 158 physicians have completed their residency training in general surgery at Stony Brook. The alumni of our residency program now practice surgery throughout the United States, as well as in numerous other countries around the world—and we're proud of their diverse achievements and contributions to healthcare.

Our fully accredited five-year nonpyramidal residency program fulfills the standards for professional excellence adopted by the American Board of Surgery, and leads to eligibility for board certification. Five surgical residents are selected each year through the National Resident Matching Program.

2003 Graduating Residents

<u>Name</u>	<u>Career Direction</u>
General Surgery	
Salvador Cuadra, MD	Vascular surgery fellowship at UMDNJ-Newark
Tomasz Kozlowski, MD	Transplantation fellowship at Johns Hopkins U
Paul Mancuso, MD	Colorectal surgery fellowship at Thomas Jefferson U
Steve Martinez, MD	Surgical oncology fellowship at John Wayne Cancer Institute, Santa Monica, CA
Vascular Surgery	
Antonios Gasparis, MD	Assistant professorship, Department of Surgery (Vascular), SUNY-Stony Brook
Otolaryngology	
Adam Schaffner, MD	Facial plastic and reconstructive surgery fellowship, Stanford University Medical Center
Critical Care	
John Platz, MD	General surgery, North Shore-Long Island Jewish Health System, Manhasset, NY; New Hyde Park, NY

New Chief Residents

<u>Name</u>	<u>Medical School (Grad. Year)</u>
Elliott Chen, MD	Temple U ('98)
Piotr Dumicz, MD	Stony Brook U ('99)
Vitaly Lyaskovsky, MD	SUNY Downstate ('99)
Denise Ortega, MD	Cornell ('99)
Baljeet Uppal, MD	New Delhi ('93)

Incoming Residents/All Categorical PGY-1*

<u>Name</u>	<u>Medical School (Grad. Year)</u>
Michelle Azu, MD	U of Missouri-Columbia ('03)
Jeffrey Chang, MD	Syracuse U ('03)
Daniel Rutigliano, DO	NY College of Osteopathy ('03)
Sepehr Sajjad, MD	Ross U ('03)
Khaled Salhab, MD	U of London ('03)

* As of July 1, 2003.

Our accredited **vascular surgery** residency (fellowship) was established in 1980 by our Division of Vascular Surgery, and since then, 23 vascular surgeons have been trained at Stony Brook.

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

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



1 Dr. John Ricotta (left) and Dr. Eugene Mohan (right) with our 2003 graduating chief residents (from left to right), Drs. Steve Martinez, Salvador Cuadra, Paul Mancuso, and Tomasz Kozlowski, at the graduation banquet held on June 15 at Flowerfield, St. James, NY.

Our 2003



2 Our graduating otolaryngology resident (center), Dr. Adam Schaffner, with Drs. Arnold Katz (right) and Dr. Ricotta.



3 Our graduating vascular surgery resident (center), Dr. Antonios Gasparis, with Dr. Enrique Criado (right) and Dr. Ricotta.



4 Our graduating critical care fellow (center), Dr. John Platz, with Dr. Collin Brathwaite (right) and Dr. Ricotta.

graduates

Alumni News

Dr. Gregory S. Zito ('86) in the spring was appointed to the positions of chief of surgery, president of the medical staff, and cancer liaison at Mercy Medical Center in Rockville Centre, NY. He has had a private practice there since 1990. At Mercy, he served on the executive committee of the medical staff for over five years, in the capacity of vice president and secretary. He also serves as the section chief of the surgical intensive care unit.

Dr. James C. Maurer ('88), who also completed his training in trauma/surgical critical care at Stony Brook, is director of surgical critical care and associate director of trauma services at the New York Hospital Medical Center of Queens, an affiliate of the New York Hospital-Cornell University Medical Center. He oversees all care in the surgical intensive care unit and manages the trauma program. His contributions to the surgical literature include works relating to hemorrhagic shock and vascular trauma, and various topics on the metabolism of the critical care/trauma patient and interventional procedures in this group. Dr. Maurer contributes to resident education in surgery and critical care, as well as in clinical nutrition.

Dr. Frank L. Ross ('90) tells us that in January 2003 he was awarded his second board certification in undersea and hyperbaric medicine. Personal notes: He and his wife, Valerie, had their second child, Paige Sarah, in May; their son, Justin, turned three in September. Dr. Ross also says that he remembers 9-11 with sorrow: in 2001, on that day, he was attending a conference in New York City, and responded to the WTC tragedy by doing volunteer work ("surgical standby") at NYU Downtown Hospital.

Dr. Alex F. Argotte ('97), who lives in Mayfield, KY, last spring received his board certification in surgery. His new direction is bariatric surgery. For community service, he serves as head soccer coach for Mayfield High School, and has transformed the boys' unsuccessful team into a winning team.

Dr. Hector M. Dourron ('01) just finished his vascular fellowship at Henry Ford Hospital in Detroit, and has joined a group practice of seven vascular surgeons in Atlanta, GA. In September 2002, he received the Charles C. Guthrie Award of the Midwestern Vascular Surgical Society, in Madison, WI; and the 18th Annual Aventis Pharma Hypertension Research Clinical Award of the American Heart Association, in Orlando, FL. His presentations at these meetings included two abstracts:

- Adventitial gene transfer of NAD(P)H oxidase inhibitor suppresses balloon injury-induced neointimal proliferation in the rat carotid artery. Midwestern Vascular Surgical Society.
- Adventitial gene transfer of NAD(P)H oxidase inhibitor suppresses increased superoxide following balloon angioplasty in the rat carotid artery. AHA Council for Hypertension Research.

In April, he published a paper about the same area of research:

- Jacobson GM, **Dourron HM**, Liu J, Carretero OA, Reddy DJ, Andrzejewski T, Pagano PJ. Novel NAD(P)H oxidase inhibitor suppresses angioplasty-induced superoxide and neointimal hyperplasia of rat carotid artery. *Circ Res* 2003;92:637-43.

A personal note: Daughter Madison Brooke is two-plus years old, and a new baby arrived in May—a girl named Katie Elizabeth.

www.

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

20TH ANNIVERSARY OF FIRST OPEN-HEART SURGERY

In February 2003, University Hospital celebrated the 20th anniversary of the first open-heart operation performed at Stony Brook, as part of a ceremonial wall-breaking and celebration marking the expansion and relocation of the Heart Center.

Former faculty member, Dr. Constance E. Anagnostopoulos, now professor of surgery, Columbia University College of Physicians, performed the first open-heart operation here in 1983, with the establishment of our cardiothoracic service. He was in attendance to speak at the anniversary celebration.

The building of the new Heart Center is a key component of the hospital's five-year, \$300 million Master Plan. Expected to be completed in early 2004, the state-of-the-art Heart Center will house three cardiac catheterization laboratories, two electrophysiology laboratories, 28 recovery beds, a dedicated lobby, administrative space and support services.

Phase II, expected to be completed in early 2005, includes the creation of a dedicated 10-bed coronary intensive care unit and a 25-bed "stepdown" unit.

Division Briefs

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of clinical surgery, presented three studies in May at the International Conference of the American Thoracic Society held in Seattle:

- How does clinical suspicion alter PET scan interpretation in the evaluation of lung cancer? [authors: Sachs S, Bilfinger TV]
- Impact of PET on clinical decision making in a university-based multidisciplinary lung cancer practice [authors: Sachs S, Bilfinger TV]
- Likelihood of a definitive PET result in a targeted lung cancer referral population [authors: Sachs S, Jacobi A, Bilfinger TV]

The abstracts of these studies were published in a special supplement of the *American Journal of Respiratory and Critical Care Medicine*.

Dr. Allison J. McLarty, assistant professor of surgery, was honored as the 2002 “**Woman of the Year in Health**” by the local *Village Times Herald* for her continuing contributions to heart health. In addition to her responsibilities at Stony Brook University Hospital and Northport VA Medical Center, Dr. McLarty chairs the Women’s Heart Health Group, a multidisciplinary group focused on the effect of heart disease on women; participates in Heart-to-Heart, a program designed to teach elementary school students about heart disease; and works diligently to bring vital information about heart disease to underserved areas.

General/Gastrointestinal Surgery

Dr. Collin E.M. Brathwaite, associate professor of surgery, and **Dr. Arif Ahmad**, assistant professor of surgery, presented the following study at the Annual Meeting of the Society of American Gastrointestinal Endoscopic Surgeons, held in March in Los Angeles:

- A new technique of electrocautery in laparoscopic Roux-en-Y gastric bypass [authors: Ahmad S, Cho K, Brathwaite C]

Dr. Louis T. Merriam, assistant professor of surgery, gave an oral presentation of his study abstract, “The Emergency Surgical Service: A New Philosophy in Surgery,” at the meeting of the Association of Program Directors in Surgery, held in May in Vancouver, BC, Canada.

Otolaryngology-Head and Neck Surgery

Dr. Arnold E. Katz, professor of clinical surgery and chief of otolaryngology-head and neck surgery, in collaboration with Dr. Adam J. Singer of the Department of Emergency Medicine, has developed a porcine model for studying the effects of hemostatic agents in epitaxis in patients with underlying coagulopathies. Their paper, “A Porcine Model: Hemostatic Effects of Octylcyanoacrylate,” was presented in September at the Association for Research in Otolaryngology during the Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, held in Orlando, FL.

Dr. Katz is also the principal investigator of the study, “Octylcyanoacrylate for Epitaxis: A Pilot Study in Patients with Hereditary Hemorrhagic Telangiectasia.”

In addition, at the Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, he presented his instruction course, “Reconstruction of Large Facial Defects after Mohs Surgery.”

In May, Dr. Katz delivered the visiting professor lecture at a conference—Contemporary Interfaces: Spirituality in Medicine—sponsored by the Buffalo Otolaryngology Society and the Center for Excellence in End-of-Life Education Research and Practice, held in Buffalo, NY.

In June, Dr. Katz delivered the Werner Chasin Lecture at the Tufts-

New England Medical Center in Boston, MA, sponsored by the Tufts University School of Medicine and the New England Otolaryngology Society. The title of his lecture was “Ethics and Spirituality in Otolaryngology-Head and Neck Surgery.”

Dr. Katz, together with Dr. John F. Stanievich of SUNY-Buffalo, is currently investigating the present-day attitudes toward prayer and spirituality among academic and practicing otolaryngologists and how they approach this subject with their residents and/or their patients.

Dr. Maisie L. Shindo, associate professor of surgery and director of head and neck oncology, has been elected a senior examiner for the **American Board of Otolaryngology**, in recognition of her long and distinguished career in residency training in otolaryngology-head and neck surgery.

At the 2003 Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, Dr. Shindo presented two courses: “Evaluation and Management of Unilateral Vocal Fold Paralysis” and “Treatment of Hyperthyroid Disorders: What Surgeons Need to Know.”

Dr. Shindo is currently investigating the effects of radiation therapy for squamous cell carcinoma of the head and neck on extraesophageal manifestations of reflux.

Dr. Eric E. Smouha, associate professor of surgery and neurosurgery and director of otology-neurotology, has recently become an **Active Fellow of the Triological Society**, by virtue of having been elected and having written a scholarly thesis—“Surgery of the Inner Ear with Hearing Preservation: Serial Histological Changes”—that, in September, was published in the society’s journal, *Laryngoscope*.

Founded in 1895, the American Laryngological, Rhinological and Otolological Society—aka The Triological Society—is one of the most prestigious societies in otolaryngology. Active

Fellowship is achieved by presenting a thesis in the field of otolaryngology considered acceptable to a panel of peers. Dr. Smouha's thesis is based on his original research in the area of hearing preservation.

Dr. Smouha's recent presentations include:

- The management of acute facial nerve palsy. Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, Orlando, FL, September 2003.
- Surgical decision-making in cholesteatoma. Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, Orlando, FL, September 2003.
- Pediatric hearing loss. Management of challenges in otology. Weill Medical College of Cornell University, New York, NY, June 2003.
- Cholesteatoma. Otolaryngology-Head and Neck Surgery Grand Rounds, Albert Einstein College of Medicine, Bronx, NY, May 2003.
- Diagnosis and treatment of facial nerve palsy. Neurology Grand Rounds, North Shore University Hospital, Manhasset, NY, April 2003.

Dr. Smouha is currently working on 3-dimensional imaging for the planning of cholesteatoma surgery.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, associate professor of surgery and chief of plastic and reconstructive surgery, was elected in May to **Alpha Omega Alpha Honor Medical Society**, the only national honor medical society in the world. Its aims are the promotion of scholarship and research in medical schools, the encouragement of a high standard of character and conduct among medical students and graduates, and the recognition of high attainment in medical science, practice, and related fields. To fulfill its mission, it elects outstanding medical students, graduates, alumni, faculty, and honor members to its ranks.

In June, Dr. Dagum presented the following study at the Annual Meeting of the Canadian Society of Plastic Surgeons, held in Whistler, British Columbia: "Skeletal Reconstruction of the Upper Extremity with Vascularized Fibula Graft: Clinical Applications, Techniques, and Results" [authors: Slesarenko Y, Dagum A, Hurst L, Wang E, McGovern S].

Surgical Oncology

Dr. Martin S. Karpel, Jr., associate professor of surgery and chief of surgical oncology, has made several presentations this year, among which are:

- Local treatment of gastric cancer with surgery alone. Annual Meeting of the American Society for Therapeutic Radiology and Oncology, Salt Lake City, UT, October 2003.
- Value of laparoscopy in the staging of resectable pancreatic and periampullary malignancies. Annual Conference of Gastric Cancer: Hepatobiliary and Pancreatic Cancer, Williamsburg, VA, October 2003.
- Changing trends in GE junction adenocarcinoma. International Gastric Cancer Congress, Rome, Italy, June 2003.
- A prospective randomized trial comparing gastrectomy and standard chemotherapy versus standard chemotherapy alone in radiologic M0 but operatively defined stage IV gastric cancer. American College of Surgeons Oncology Group, Montreal, PQ, Canada, June 2003.
- Minimally invasive surgery in gastric tumors. Memorial Sloan-Kettering Cancer Center: Advanced Minimally Invasive Surgery in Oncology, New York, NY, May 2003.
- The selective management of advanced gastric cancer; who should get adjuvant therapy. International Symposium Advances in Gastric Cancer, Krakow, Poland, January 2003.

At the ASTRO meeting in Salt Lake City, Dr. Karpel with Dr. Leonard Gunderson gave the Presidential Course, an audience interactive special session titled "The Role of Adjuvant or Neoadjuvant Radiation Therapy in Gastric Cancer"—one of the areas of his expertise.

Dr. Brian J. O'Hea, assistant professor of surgery and director of the Carol M. Baldwin Breast Care Center, in October was honored as the recipient of the **First Annual Dr. Michael A. Maffetone Medical Research Award** presented by the Carol M. Baldwin Breast Cancer Research Fund.

Dr. David E. Rivadeneira, assistant professor of surgery, presented three studies at the National Meeting of the American Society of Colon and Rectal Surgeons, held in June in New Orleans:

- Benefits of hand-assisted laparoscopic restorative proctocolectomy: a comparative study [authors: Rivadeneira D, Marcello P, Roberts P, Rusin L, Murray J, Collier J, Schoetz D]
- Hand-assisted laparoscopic mesorectal excision [author: Rivadeneira D]
- Vacuum-assisted closure of complex wounds of the perineum: a new paradigm in perineal wound care [authors: Rivadeneira D, Schoetz D, Marcello P, Casey K, Loehner D, Rusin L, Murray J, Collier J, Roberts P]

In September and November, Dr. Rivadeneira was an invited faculty/instructor at a workshop on **hand-access laparoscopic intestinal surgery**, sponsored by the Department of Colon and Rectal Surgery at the Lahey Clinic in Burlington, MA.

"The hand-assisted approach [to laparoscopic restorative proctocolectomy] should definitely replace conventional laparoscopic methods of restorative proctocolectomy. If you're going to do this in a minimally invasive manner, there's no harm in putting a hand inside the abdomen."

"I believe that the addition of the hand reduces the learning curve for laparoscopic colectomy, allowing nonlaparoscopic colorectal surgeons and residents to perform more technically challenging procedures like laparoscopic restorative proctocolectomy."

Dr. David E. Rivadeneira, as quoted in General Surgery News, (October 2003), in the report on his study presented at the latest National Meeting of the American Society of Colon and Rectal Surgeons.

Surgical Research

Dr. Peter J. Garlick, professor of surgery and director of surgical research, in April gave the Presidential Invitation Lecture of the American Society of Nutritional Sciences—"Peter Reeds: Original Scientist and Warm-hearted Human Being"—at the society's annual meeting in San Diego.

Transplantation

Dr. Kazimierz Malinowski, research associate professor of surgery and director of the histocompatibility and immunogenetics laboratory, implemented four new ultra-sophisticated lab tests to further ensure optimum outcomes in organ transplants:

- High resolution SSP of HLA class II DNA sub-typing
- Reference strand conformation analysis (RSCA) of A, B, and C locus of MHC
- Solid phase ELISA for the detection of panel reactive IgG antibodies (PRA) to HLA class I and class II antigens
- Frozen B lymphocyte panel for detection of HLA class II antibodies



“Tonight, there is hope at Stony Brook because highly-trained cancer physicians will continue to provide the best breast cancer care anywhere—and there is hope because Mike Maffetone and Carol Baldwin had the vision and the commitment to get it all started.”

From the acceptance speech of Dr. Brian J. O'Hea on receiving the First Annual Dr. Michael A. Maffetone Medical Research Award, at the Sixth Annual Dinner Dance Gala of the Carol M. Baldwin Breast Cancer Research Fund, held in October at the Planting Fields Arboretum in Oyster Bay, NY.

I first met Mike Maffetone when I arrived here at Stony Brook in 1996. Many of you knew Mike. Mike was totally committed to the breast cancer cause. Carol Baldwin chose Stony Brook as her partner in the breast cancer cause—and how fortunate we all are that she did.

In my mind, nobody deserves more credit for making this happen than Mike Maffetone. He was pivotal in organizing the Carol Baldwin Breast Center. He was the brains behind the Carol Baldwin Research Fund. He always supported our breast center, and he always supported me.

Tonight, as I receive the Michael Maffetone Medical Research Award, we are all reminded of the debt of gratitude that we owe Mike for his vision and his leadership in the breast cancer program at Stony Brook. This was his legacy and I will always remember Mike in this way. I will be forever grateful to Mike, and I want his wife Dawn and their three beautiful children to know how much he really helped us.

Dr. Malinowski has recently earned a new category of qualification with the New York State Department of Health, and earned a certificate of qualification to act as a laboratory director in the category of engraftment monitoring [in addition to histocompatibility (serology, DNA) and therapeutic substance monitoring and quantitative toxicology].

In addition, he has joined the editorial board of the bimonthly journal, *International Urology and Nephrology*, a truly international reading for healthcare professionals working in the fields of renal medicine and urology.

Vascular Surgery

Dr. Enrique Criado, associate professor of surgery and chief of vascular surgery, has recently completed a preliminary study on cerebral protection during **carotid stenting using carotid flow reversal**. This novel approach has been very successful, and may serve as a viable treatment option for blocked carotid arteries.

Dr. Criado's video titled *Thoracodorsal Sympathectomy for Hyperhidrosis*, of which he is a co-author, received the second-place award in the video competition at the Annual Meeting of the European Society for Vascular Surgery, held in Dublin in September.

He has made four presentations at professional meetings in recent months of studies conducted with members of the vascular team at Stony Brook:

- Endovascular treatment of a tracheoinnominate artery fistula [authors: Wall P, Criado E]. NYU Medical Center, New York, NY; September 2003.
- Radial artery hyperhemic response is predictive of radial artery-based native fistula failure [authors: Wall LP, Gasparis A, van Bemmelen P, Criado E, Ricotta J]. Peripheral Vascular Surgery Society, Chicago, IL; June 2003.
- Long-term results of percutaneous thrombin injection of iatrogenic pseudoaneurysms [authors: Gasparis A, van Bemmelen P, Callahan S, Criado E, Ricotta J]. Association of Program Directors in Vascular Surgery, Bethesda, MD; April 2003.
- Dialysis access under DOQI: a continuing challenge [authors: Wall LP, Gasparis A, Callahan S, Yoo P, van Bemmelen P, Criado E, Ricotta J]. Society for Clinical Vascular Surgery, Miami, FL; March 2003.

Dr. John J. Ricotta, professor and chairman of surgery, has again been cited as a “**doctor of excellence**” in *New York Magazine's* “How to Find the Best Doctors,” published on June 16, 2003, and will also be featured in the next edition of *Castle Connolly's Top Doctors: New York Metro Area*.

Dr. Ricotta has recently been appointed to the Vascular Surgery Board of the American Board of Surgery and to the Advisory Council for Vascular Surgery of the American College of Surgeons.

As we reflect on the past, it is also time to ponder the future. And tonight's message about the future is a message of hope. Community outreach programs and other public awareness campaigns have resulted in early detection.

Recent advances in treatment have resulted in improved cure rates for the first time ever. More than 90% of all breast cancers are now diagnosed at localized and regional stages, for which 5-year survival rates are 97% and 79%, respectively.

Tonight, ladies and gentlemen, there is hope for the future because Carol Baldwin and her family will continue to raise money for breast cancer research.

There is hope because world-class scientists in the Stony Brook community will continue to work tirelessly in search of newer treatments. There is hope because breast cancer activists have kept this issue in the forefront of public awareness.

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Martin S. Karpeh, Jr., MD
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PLASTIC AND RECONSTRUCTIVE SURGERY

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- (631) **444-4121** for our specialists in otolaryngology-head and neck surgery (ENT)
- (631) **444-4545** for our specialists in pediatric surgery
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- (631) **444-2209** for our specialists in transplantation
- (631) **444-4545** for our specialists in trauma/surgical critical care
- (631) **444-2565** for our specialists in vascular surgery
- (631) **723-5000** for our specialists at Stony Brook Outpatient Services in Hampton Bays: breast care - general/gastrointestinal surgery - pediatric surgery - vascular surgery

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