

POST-OP

*News update from the
Department of Surgery*

*Stony Brook University
School of Medicine*

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*Stony Brook Children's Is the Only
Provider in Suffolk County*

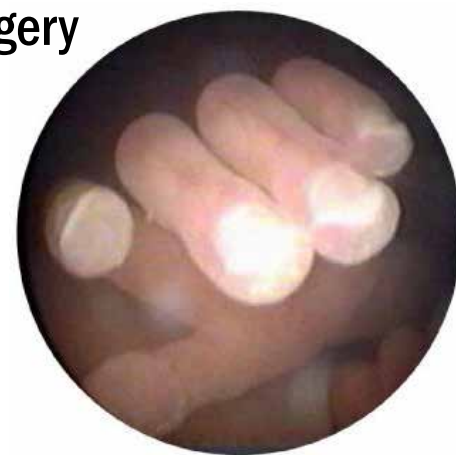
Pediatric surgeons specialize in the diagnosis, preoperative, operative, and postoperative management of surgical problems in children, and they operate on children whose development ranges from before birth through the teenage years.

Of the estimated four million babies born in the United States annually, about 120,000 (3%) have a complex birth defect.

Some medical conditions in unborn children are possibly life-threatening or just not compatible with a good quality of life unless these problems are corrected surgically, often requiring multiple operations over a period of time.

In cooperation with maternal-fetal medicine specialists and radiologists, pediatric surgeons use ultrasound and other technologies such as MRI during the fetal stage of a child's development to detect and clarify possible abnormalities.

Prenatal diagnosis of a surgically correctible problem may lead to fetal surgery in selected cases, if the condition threatens the fetal gestation. An increasing number of fetal surgical techniques are currently being developed.



In utero view of fetal left hand at ~20 weeks.

Fetal evaluation and management are provided at Stony Brook Children's Hospital to treat a range of conditions and birth defects before delivery, further showing how Stony Brook Medicine leads the way in patient care.

Christopher S. Muratore, MD, professor of surgery, chief of pediatric surgery, and Knapp Swezey chair in pediatric surgery, who is a specialist in prenatal/fetal surgery, explains:

"Prenatal surgery has evolved over the past three decades into a multidisciplinary and collaborative medical specialty better regarded as fetal medicine or fetal diagnosis and management.

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Joining the Elite for Heart Bypass In the United States and Canada *Achieving the Highest Star Rating Of The Society of Thoracic Surgeons*

Our Cardiothoracic Surgery Division has earned the highest quality rating of three stars from the Society of Thoracic Surgeons (STS) for its overall patient care and outcomes in isolated coronary artery bypass graft (CABG) procedures, based on the latest analysis of data from January to December 2017.

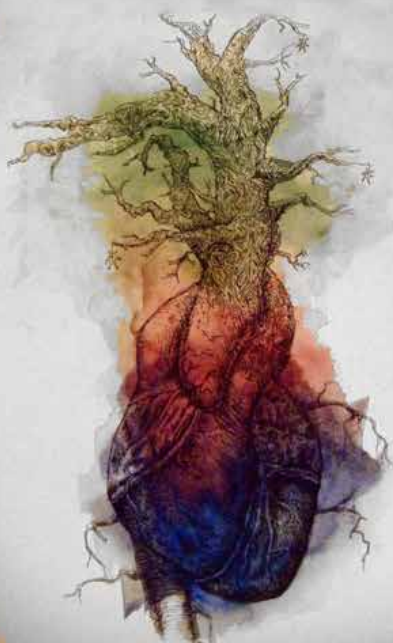
This achievement places us among the elite for heart bypass surgery in the United States and Canada.

The STS star rating system is one of the most sophisticated and highly regarded overall measures of quality in healthcare, rating the benchmarked outcomes of cardiothoracic surgery programs across the United States and Canada.

The star rating is calculated using a combination of quality measures for specific procedures performed by an STS Adult Cardiac Surgery Database participant.

The three-star rating, which denotes the highest category of quality, demonstrates our standing among the elite for heart bypass surgery.

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Performing Prenatal/ Fetal Surgery

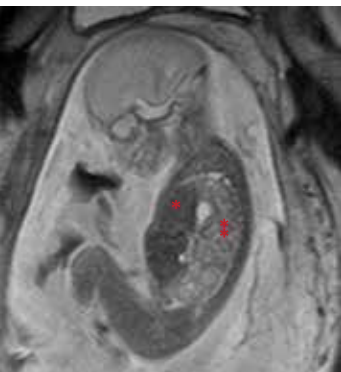
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“During this time, physicians committed to fetal medicine and fetal surgery have learned the power of a cooperative community dedicated to improving outcomes for patients diagnosed with fetal anomalies.

“Through these collaborations several multicenter, randomized, controlled clinical trials had been successfully completed which has allowed clinicians to accurately identify complex anomalies, stratify their severity, and provide consultation for expectant families identified with a fetus who has an anomaly to be given accurate outcomes, so that they may make the most informed decisions about pregnancy and delivery plans.”

CONDITIONS TREATED

Prenatal surgery represents a spectrum of fetal interventions that can be performed on the fetus to correct a life-threatening situation or to prevent the progressive physiologic organ damage that occurs from a congenital anomaly.



Fetal MRI of 21-week fetus with congenital diaphragmatic hernia, showing abnormal liver (*) and bowel (*) in chest.

“Conditions now treated with prenatal surgery include airway and lung malformations, diaphragmatic hernia, twin-to-twin transfusion syndrome, select heart defects, spina bifida, and unique tumors, among others,” says Dr. Muratore.

Historically, fetal surgery involved a maximally invasive operation on the mother to open the womb in order to gain access to the fetus and operate on the fetus while still connected to the placenta.

Techniques used in fetal intervention have evolved to more minimally invasive procedures through keyhole surgeries

in the mother and the womb, using tiny incisions, to access the fetus and surgically correct the congenital anomaly in question.

Philosophically, fetal therapy has moved away from the historic idea of correcting the anatomic issue to a strategy of manipulating the fetal physiology in most cases to alter the developmental consequences of the congenital anomaly.

These fetal interventions have become important options for the fetus that would otherwise not survive gestation, or that would endure significant problems after delivery.

Stony Brook Children's fetal medicine team allows for families on Long Island to get the very best care close to home for their unborn child.

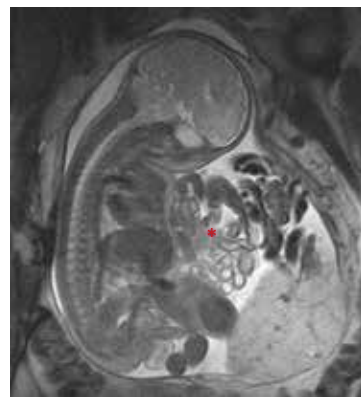
Advances in fetal imaging and diagnosis have allowed clinicians to more accurately identify complex anomalies prenatally and to stratify their severity.

Prenatal ultrasound is routinely used as initial fetal survey imaging which oftentimes may identify a worrisome fetal anomaly. Fetal MRI is often used to better clarify or define the anomaly in question.

Both techniques have evolved significantly over the past 30 years to allow excellent identification and accurate diagnosis.

GOAL OF SURGERY

“The goal of prenatal surgery was always to correct a known or identified congenital anomaly that would be life-threatening to the fetus or pose significant health problems to the baby once delivered,” Dr. Muratore explains.



Fetal MRI of fetus with abdominal wall defect (*), i.e., gastroschisis.

“The idea of correcting such a lesion prenatally to allow for normal development has always been the Holy Grail.”

Early attempts at prenatal surgery were generally maximally invasive through an open surgery on the mother and opening of the uterus or womb, termed hysterotomy. This poses a significant risk to the continuation of pregnancy, oftentimes leading to prenatal delivery and prematurity of the baby, as well as complications for the mother.

Over the years, with the development of laparoscopic surgical technique and skill sets, physicians have utilized a more minimally invasive approach to correcting the fetal anomaly.

Called fetoscopic surgery, mini keyhole incisions can be used to create tiny incisions in the uterus to attempt correction of the fetal condition with a camera inserted into the womb.

Today, some conditions still require open hysterotomy and open fetal surgery for highly selected situations.

The approach to the fetus can also be purely minimally invasive through the mother, through the uterus into the womb, with a catheter inserted into the fetal chest or abdomen to attempt correction of a problem. Oftentimes this will be done under ultrasound guidance for fetal imaging and monitoring.

SPECIAL TECHNOLOGY

The most important special technology required to do prenatal surgery is a team of multidisciplinary individuals with expertise, who are dedicated to collaboratively working together, bringing all of the available resources and knowledge to the family and fetus to provide the best diagnostic accuracy to develop a prenatal and/or postnatal management plan.

Specific technology includes a 3-D and 4-D ultrasound, fetal MRI, and fetal echocardiography. Miniaturized surgical telescopes, catheter-delivery access, and laser technologies also are important instruments to a multidisciplinary fetal management team.

Chairman's Message

This is an exciting season of growth for Stony Brook Medicine and for the Department of Surgery.

We have watched over the previous months as two large, sparkling new buildings—the eight-story Medical and Research Translation (MART) Building and 10-story Hospital Pavilion—take their final shape beside our current buildings, creating a new and unique landscape.

For the Department of Surgery, these two new buildings represent a leap forward in our ability to provide excellent and innovative care, and further grow our clinical programs.

The biggest advances for the department are in four areas: pediatric surgery, surgical oncology, surgical critical care, and cardiothoracic surgery.

The Hospital Pavilion, scheduled to open this fall, will encompass the opening and establishment of the first dedicated children's hospital in Suffolk County, a long-overdue creation.

Our Pediatric Surgery Division is delighted with the prospect of this unique and beautiful space designed to meet the needs of the young patient and their family from walking in the door to discharge.

The new Stony Brook Children's Hospital, occupying two floors in the Hospital Pavilion, will accelerate programmatic growth for Dr. Christopher Muratore, chief of pediatric surgery, and our team of five fully trained and boarded pediatric surgery faculty. (And yes, there is a fish tank—it's a virtual one, but you will have to look hard to tell the difference.)

The MART Building will house a new clinical oncology center, where our surgeons primarily caring for cancer patients will see their patients.

Dr. Aaron Sasson, chief of surgical oncology and interim director for clinical operations of the Stony Brook Cancer Center, has responsibility for organizing the overall clinical footprint of the building and moving the clinicians into the new space.



PHOTO: JEANNE NEVILLE

Dr. Mark A. Talamini

The new Cancer Center will enhance our ability to partner with our non-surgical colleagues to provide team-based care.

Our surgical critical care team, led by Dr. James Vosswinkel, will be able to expand into a new, modern critical care space in the Hospital Pavilion.

As Suffolk County's only Adult and Pediatric Level 1 Trauma Center, this space is sorely needed. The unit also provides the critical care necessary to support the complex surgical work of our advanced faculty.

Our Cardiothoracic Surgery Division will benefit from the new Hospital Pavilion, as well. It will include a state-of-the-art ICU designed especially for patients having cardiothoracic procedures. The current CTICU in University Hospital will become new cardiac ORs.

The Department of Surgery has been on a steep growth curve, with the hiring of some 30 new faculty over the last three years and with 17 in new positions—resulting in a 40% increase in total faculty.

For our expanded faculty, Stony Brook Medicine's new MART and Pavilion buildings will go a long way to match our clinical programs with spanking new space to serve our patients better and to grow our programs.

Mark A. Talamini

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Cover illustration, "Heart Tree," by Abby Diamond, with permission.



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Performing Prenatal/ Fetal Surgery

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Dr. Christopher S. Muratore

Techniques in fetal intervention have evolved to more minimally invasive procedures to access the fetus and surgically correct congenital anomalies.

Oftentimes a fetal condition that needs to be addressed might be a mass or space-occupying lesion such as a cystic fluid collection that can significantly harm the fetus if not drained or decompressed.

Under such circumstances, ultrasound guidance through the womb can allow for access through a needle incision in the mother and the womb to allow passage of a catheter under ultrasound guidance into the fetal mass in question.

MULTIDISCIPLINARY APPROACH

The multidisciplinary approach used in a fetal care team is built up on the strategy that each medical specialty brings a specific set of expertise to the table to allow for the best outcome for the fetus and family.

Generally speaking, the fetal care team comprises a director or team leader with a number of co-directors to manage the fetal treatment program.

A dedicated fetal care coordinator or nurse navigator is essential to provide streamlined concierge service to the family and help coordinate the many subspecialty visits and consults that are required. An active fetal care database is also essential for continuity and careful examination of patient outcomes.

Core members of the fetal care team include maternal-fetal medicine specialists and pediatric cardiologists who also perform fetal echocardiogram to examine fetal heart conditions.

Fetal surgeons are often pediatric surgeons or a perinatologist/maternal-fetal medicine specialist.

Genetic counselors are essential to the team and family education. Pediatric radiologists and neonatologists also are key members of the interdisciplinary team.

When a fetal intervention is deemed necessary, the inclusion of an obstetric and pediatric anesthesiologist familiar with fetal surgery and physiology is crucial.

Additional specialists such as neurologists, neurosurgeons, urologists, and orthopedic surgeons should be part of the extended care team as necessary.

Finally, by no means last, a social work specialist provides essential continuity care and rounds off the multidisciplinary care team to assist the prenatal and oftentimes postnatal transition for the family.

STONY BROOK DIFFERENCE

The advantage of having a dedicated multidisciplinary fetal medicine team at Stony Brook Children's allows us to provide education to Long Island families whose fetus is identified to potentially have a condition that requires prenatal or postnatal care.

As pregnancies are always exciting and stressful times, the diagnosis of a possible worrisome fetal condition really requires a dedicated team to quickly determine the level of fetal concern and assist the family with understanding and education. This is best done in an environment that's close to their home, their friends, their family, and their resources.

Dr. Muratore says, "It's very disrupting for the family to have to pick up and drive many hours or move to another

location, as well as to have multiple interruptions in work and/or school or day care arrangements.

"Thus, having Stony Brook's fetal medicine team available to provide consultative services prenatally allows for families on Long Island to get the very best care for their family close to home for their unborn child."

"Another important advantage of Stony Brook Children's," adds Dr. Muratore, "is that, as part of an academic medical center, we are dedicated to making fetal medicine better and to advancing prenatal surgical care through research and innovation. This is what distinguishes us from other hospitals in our region."

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

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* The names of faculty authors appear in boldface.



PHOTO: DANIEL GOODRICH

General and specialized pediatric surgery for congenital and acquired disorders and conditions both common and rare from before birth through adolescence

- Largest pediatric surgery program in Suffolk County with more than 1,000 surgeries and 3,000 outpatient visits annually
- Team of surgeons, all who have completed residency training in general surgery, plus additional fellowship training in pediatric surgery, and dedicated certified nurse practitioners
- Specializing in chest wall reconstruction (Nuss procedure), congenital anomalies, inflammatory bowel disease, neonatal surgery, pediatric trauma, surgical oncology and vascular malformations
- Performs minimally invasive interventions on children of all ages (newborn to 17 years)
- Committed to multidisciplinary, integrated care in collaboration with antenatal, gastroenterology, cancer, and trauma teams
- Provides a clinical environment that supports children and families medically, emotionally, and socially through child life professionals, an "ouchless" protocol and parental involvement throughout their child's care
- Easily available for consultation
- Close communication with providers via dedicated liaisons/nurse practitioners

(l to r) Pediatric nurse practitioner Michelle L. Ceo; pediatric surgeon Dr. Helen Hsieh; pediatric surgeon Dr. Charles V. Coren; pediatric surgeon Dr. Christopher S. Muratore, chief of pediatric surgery; pediatric surgeon Dr. Erica R. Gross; and pediatric surgeon Dr. Richard J. Scriven (not pictured is pediatric nurse practitioner Joanne M. Camarda).



Stony Brook Children's Hospital
to open in its new
home this fall
in the new
Hospital Pavilion of
Stony Brook Medicine

Three convenient
locations for patient
consultations/appointments:

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Suite 102
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Smithtown
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Fax: (631) 638-2830

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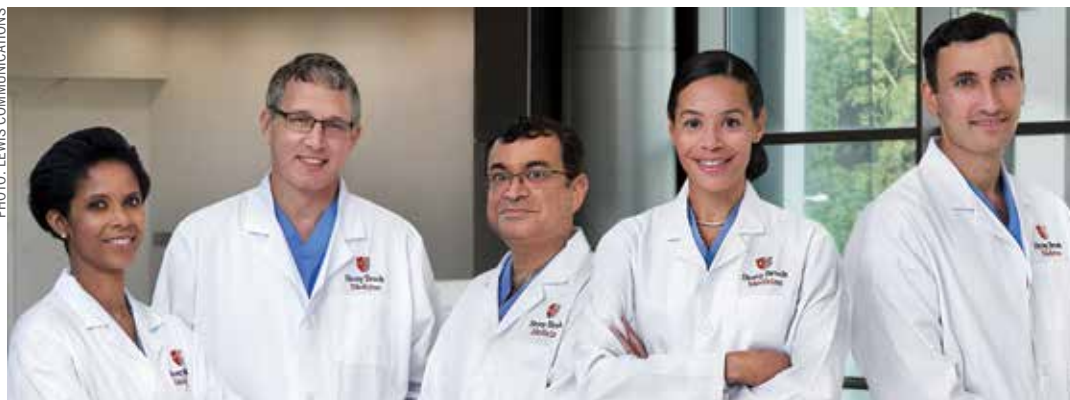
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Joining the Elite for Heart Bypass

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PHOTO: LEWIS COMMUNICATIONS



Our cardiothoracic surgeons: (l to r) Drs. Allison J. McLarty, Thomas V. Bilfinger, Vinay M. Tak, Joanna Chikwe, and Henry J. Tannous.

Historically, approximately 10% to 15% of participants receive the three-star rating for isolated CABG surgery.

"The Society of Thoracic Surgeons congratulates STS National Database participants who have received three-star ratings," says David M. Shahian, MD, chair of the STS Council on Quality, Research, and Patient Safety.

"Participation in the database and public reporting demonstrates a commitment to quality improvement in healthcare delivery, and helps provide patients and their families with meaningful information to help them make informed decisions about healthcare."

"Knowing which hospitals have superior results is a huge advantage for patients," says Joanna Chikwe, MD, chief of cardiothoracic surgery and director of the Stony Brook Heart Institute.

"They can have peace of mind knowing they're getting care from one of the top-rated facilities in the nation."

"Everybody recognizes that the STS standards reflect overall best practices in cardiac surgery, and our achievement of top performance in isolated CABG surgery reflects our approach to all types of cardiac surgery," says Martin Griffel, MD, chief medical officer, Stony Brook Medicine.

Patients can have peace of mind knowing they're getting care from one of the top-rated facilities in the nation. That's the Stony Brook difference.

Dr. Chikwe adds: "This is a huge accomplishment by our entire cardiac team. Only four other cardiac surgery centers in New York State claimed the maximum three-star rating in three categories for coronary bypass surgery.

"Our team can feel extremely proud of this important recognition of the truly superb care our patients receive here at Stony Brook.

"The quality of the team is the most important contributing factor as how a patient is going to feel, not just tomorrow but in a week's time and a year's time and in 10 years' time. We want patients to have the best quality of life and the longest life possible."

There are around 300 people on the Heart Institute team, including nurses and nurse practitioners, perfusionists, physician assistants, physiotherapists, respiratory support technicians, residents and attending physicians in the cardiac surgery operating rooms, anesthesia and critical care, cardiology and cardiac surgery stepdown floors, and outpatient clinics; as well as care coordinators, dieticians, social workers, and administrative,

technical, and housekeeping support in cardiology and cardiac surgery.

"Additionally, we benefit from the exceptionally high-quality specialist care provided by Stony Brook clinical teams," says Dr. Chikwe, "including vascular and general surgery, pulmonology, nephrology, neurology, radiology, and endocrinology."

The STS is a not-for-profit organization that represents more than 7,300 surgeons, researchers, and allied healthcare professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest.

Our new state-of-the-art cardiac surgery unit—opening this fall in the new Hospital Pavilion joining University Hospital—will further enhance cardiothoracic surgery care. Patients will enjoy large, private rooms with ensuite facilities in a brand new state-of-the-art cardiothoracic intensive care unit with a contiguous cardiac care unit.

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Continued from Page 5

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Our Team Performs First Fully Robotic Whipple Procedure on Long Island

Offering Patients the Benefits Of Minimally Invasive Surgery

More patients with complex tumors of the gastrointestinal (GI) tract are benefiting from the use of recent advances in minimally invasive surgery, including robotic-assisted surgery.

Our surgical oncology team is the first on Long Island to perform a fully robotic Whipple surgery. The procedure was done last fall by Georgios V. Georgakis, MD, PhD, assistant professor of surgery, and former faculty member, Joseph Kim, MD. They used the da Vinci® S HD™ Surgical System to operate on a patient with stage II pancreatic cancer.

The Whipple procedure, named after pioneering surgeon Allen O. Whipple, MD, and also known as pancreaticoduodenectomy, is used to remove tumors located in the head of the pancreas, where the majority of pancreatic cancers occur.

Because of where the pancreas is located in the body, the Whipple surgery is one of the most difficult GI operations to perform. The three organs involved in the digestive process—the liver, the pancreas, and the intestines—are interconnected by a complex system, through which the pancreas and liver supply the digestive enzymes into the stomach.

We had the ideal set of circumstances to be able to perform the first fully robotic Whipple at Stony Brook.

The Whipple procedure involves the removal of the head of the pancreas, the duodenum, and the gallbladder as well as portions of the stomach and the bile duct.

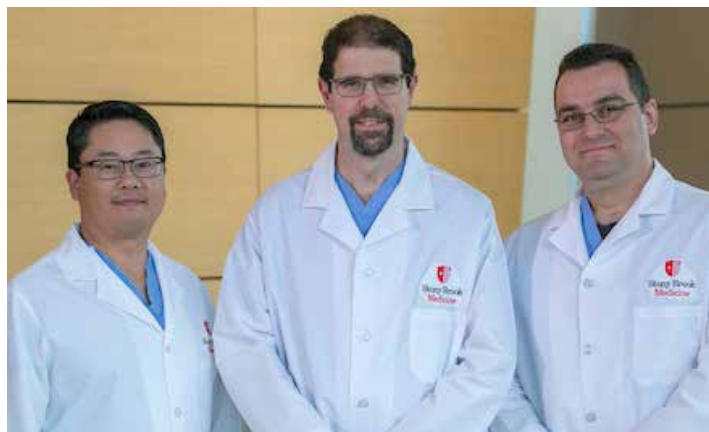
It also requires careful and complete removal of all of the surrounding lymph nodes.

To accomplish this, surgeons must remove other organs around it. The procedure can take five to six hours, with possible associated complications, but it is the only treatment option that has any chance to offer a cure for patients with pancreatic cancer.

In some cases, when the cancer has spread locally to major blood vessels, it may also require a procedure to remove or reconstruct these arteries or veins.

“Traditionally, this procedure is performed by conventional open surgery and more recently, by the laparoscopic approach,” says Aaron R. Sasson, MD, professor of surgery and chief of surgical oncology, who so far has performed more than 500 Whipple resections.

“We had the ideal set of circumstances to be able to perform the first fully robotic Whipple at Stony Brook.



(l to r) Drs. Joseph Kim, Aaron R. Sasson, and Georgios V. Georgakis.

“First, we had the surgeons: Dr. Georgakis who joined our team last year with extensive robotic oncology training, and Dr. Kim with extensive experience in both open surgery and GI robotic-assisted surgeries. Second, we had a patient who fit the medical criteria perfectly.”

While some aspects of this surgery have been done robotically, the fully robotic Whipple has been accomplished in only a few cases in the United States because of its complexity.

A fully robotic Whipple procedure requires the surgeon to know how to do the standard open operation in addition to having the robotic skills needed to

carry out the surgery. That’s why this operation has been successfully completed from beginning to end so far in less than five hospitals across the country.

ADVANTAGES OF ROBOTIC SURGERY

Using the da Vinci system, surgeons have improved visualization during the procedure and are able to make more precise manipulations.

The insertion of a video camera, which can be moved throughout the abdominal cavity, gives the surgeon a variety of perspectives and close-up details. With it there are angles to the operation that can now be clearly seen.



The da Vinci® S HD™ Surgical System, with surgeon sitting at console and nurse attending patient cart beside the image cart.

ROBOT CREDIT: INTUITIVE SURGICAL

Dr. Georgakis likens the robotic component to the ability to see illustrations in a hand-held book versus looking at it from far away.

“Imagine that you hold a book close to your face so you can see every detail of the picture, versus having it three or four feet away from your face,” he says. “That is one of the main benefits of using the robot.”

The surgeon must know how to do the standard open operation in addition to having the robotic skills needed to carry out the surgery.

It is important to note that while the surgery is delivered via the robotic equipment, the surgeons at the robotic console remain in control at all times.

While the robot allows for better precision and visibility, it acts as an extension of the surgeons' hands, and they stay completely in charge of the critical decision-making and intricate movements throughout the process.

“Instead of using my hands and fingers to maneuver surgical instruments, I'm using the robotic small instruments,” Dr. Georgakis says. “I'm guiding the robot, and I'm in total control the whole time.”

Patients stand to gain significant benefits from the minimally invasive surgery of the robotic-assisted Whipple.

By using the robot, the surgeons are able to make significantly smaller incisions. The traditional open Whipple typically requires a larger incision to remove the tissues from the abdominal cavity, and is approximately six inches.

In comparison, the robotic incisions range from a quarter to half inch, which helps to reduce pain, shorten recovery time, and achieve a better cosmetic result.

OUR PATIENT'S STORY

The patient, a 68-year-old woman, who complained about abdominal pain, was referred to our Surgical Oncology Division by a physician in the community after a CT scan revealed a growth in her pancreas.

A Stony Brook gastroenterologist performed a biopsy, which confirmed that the patient had stage II pancreatic cancer and needed immediate surgery.

The patient's son was to be married within a few days of her diagnosis. She wanted to be able to attend his wedding, and was highly motivated to have the fastest recovery possible. The robotic-assisted surgery could offer that opportunity.

A discussion about doing this procedure robotically took place, and we offered it to her.

Six days after surgery, she was only taking Tylenol for pain, and was able to attend her son's wedding.

The approach proved a success, and the operation and hospital stay went without complication.

The patient's GI tract returned to its normal function, and she was able to eat within the first couple of days.

At her discharge, six days after surgery, she was only taking Tylenol for pain. She was able to attend her son's wedding, and then return to the Stony Brook Cancer Center for her post-op chemotherapy treatment.

CRITERIA DETERMINE OPTIMAL APPROACH

While the robotic-assisted Whipple offers considerable benefits to some patients, it has certain limitations and may not be advisable for everyone.

In case of advanced pancreatic cancer, when major blood vessels must be removed or reconstructed, the robotic platform may not be feasible. That requires the involvement of a vascular surgeon, and vascular surgical procedures are not performed robotically at this time.

Additionally, the robotic procedure may not be advisable for some of the patients with serious medical conditions, who may develop various age- or disease-related complications. In these conditions, the open surgical method would be more ideal for the patient.

TEAM EFFORT

Diagnosing and treating patients with pancreatic cancer is a multidisciplinary effort that involves medical professionals with several areas of expertise.

At the diagnostic stage, it includes gastroenterologists, pathologists, and radiologists, who play a vital role in evaluating the tumor and determining whether it has spread to other organs or the surrounding blood vessels.

At the treatment stage, it involves medical oncologists and radiation oncologists who determine the treatment options for the best outcome.

“Patients with pancreatic cancer go through a whole host of issues that are of great concern,” says Dr. Sasson.

“We all work together to provide optimal medical care based on each individual case. We look forward to expanding the use of robotic-assisted surgery for complex GI tumors and other diseases.”

Recent Publications

Continued from Page 6

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Continued on Page 11

Introducing Dr. David K. Lam

Our New Oral & Maxillofacial Surgeon

We are very pleased to introduce David K. Lam, MD, DDS, PhD, who has joined our faculty as professor of surgery and section chief of oral and maxillofacial surgery in our Plastic and Reconstructive Surgery Division.

Dr. Lam holds a joint appointment in the School of Dental Medicine, where he is professor and chairman of oral and maxillofacial surgery.

Board certified in oral and maxillofacial surgery, he specializes in the comprehensive surgical management of patients with cancer, pathology, pain, and trigeminal nerve injury.

Dr. Lam comes to Stony Brook from the University of Toronto, where he headed the Department of Oral and Maxillofacial Surgery since 2013. His clinical interests and expertise that he will contribute to Stony Brook Surgical Associates are:

- Maxillofacial oncology
- Facial trauma
- Reconstructive surgery
- Trigeminal nerve injuries
- Oral and maxillofacial pathology
- Head and neck surgery
- Pain management

An active scholar as well as clinician, Dr. Lam has to date more than 50 publications to his credit. In a personal statement about his work as a pain specialist, Dr. Lam says:

“Being a surgeon and a neuroscientist provides me with a unique perspective on pain management, both focal and global. It is the perspective I gain in helping an individual patient that allows me to potentially help populations of patients.

“I can channel knowledge from science to the patient’s bedside and back again because I split my time and interests between clinical practice and research.

“This allows me to play an important role in bridging the bench-to-bedside translational gap since I can readily translate my research results into the clinic and develop research questions based on clinical issues I encounter in practice.

“As a result, my research and clinical programs are closely integrated, and my research addresses the many challenges I face in the clinical management of patients with a focus on pain from head and neck disorders, cancer, trauma, and trigeminal nerve injury.”

Dr. Lam earned his MD at the University of California, Davis (2013) and his DDS and PhD at the University of Toronto (2001 and 2008, respectively).

He completed his residency training in oral and maxillofacial surgery and anesthesia at the University of Toronto, and his fellowship training in maxillofacial oncology at the University of California, San Francisco Medical Center.

For consultations/appointments with Dr. Lam, please call (631) 444-4666.

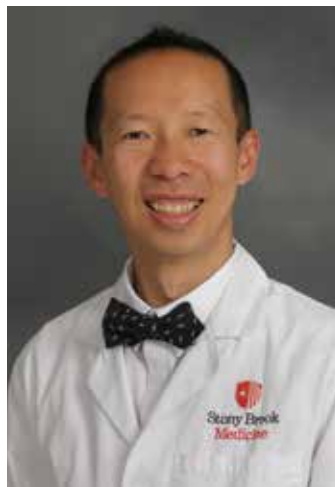


PHOTO: JEANNE NEVILLE

Dr. David K. Lam

Winner of 2018-19 Mayday Pain and Society Fellowship: Communicating Science and Improving Care

Dr. David K. Lam is one of twelve experts in pain science and care to be selected as fellows of the Mayday Pain and Society Fellowship.

Dr. Lam and the other fellows in June attended a four-day, intensive workshop in Washington, DC, where they learned skills to effectively communicate and advocate for the translation of scientific research and evidence-based best practices in pain care and management.

“The need for the expert voices of pain researchers and clinicians to improve pain care in the U.S. and Canada is greater than ever,” says Christina Spellman, the MAYDAY Fund’s executive director.

“The Mayday Fellowship will help this year’s fellows develop the skills to bring their knowledge of the latest in pain research and evidence-based care to the public, healthcare practitioners, and policymakers.

“Their messages will help shape conversations about access to care, pain research, emerging pain treatments, clinical practice improvements, disparities in care, and the progress that is being made in knowledge about pain and its impact.”

The leadership of the MAYDAY Fund believes that public education and the support of quality science are essential to improving the way that pain is understood and treated.

The MAYDAY Fund was established in 1992 to further Shirley Steinman Katzenbach’s commitment to social and medical causes. The trustees decided to adopt her special interest in the treatment of pain as the fund’s mission.

The name MAYDAY commemorates the date of her birth, and is the international word signaling a cry for help, taken from the French “m’aidez” or “help me.”

Using State-of-the-Art Hybrid Operating Rooms

*Leading the Way in Patient Care
With the Latest Technology*

Stony Brook University Hospital now has two fully-equipped hybrid operating rooms (ORs) to provide patients with minimally invasive surgical procedures that are shorter, safer, and more convenient.

Our new hybrid ORs feature the most up-to-date, technologically sophisticated equipment. Called the Siemens Artis Pheno, it has the most dynamic imaging capabilities available today. Stony Brook is the first hospital in the Northeast—and the third hospital in the country—that currently uses this type of imaging equipment.

The hybrid ORs, which are each about twice as large as traditional ORs, have the usual surgical equipment plus a large complement of very sophisticated imaging technology that normally isn't located in a traditional OR. Having imaging capabilities, such as the latest CT scanners, in the OR allows surgeons to perform complex procedures with real-time image guidance.

THE IMPORTANT ADVANTAGES OF STONY BROOK'S HYBRID OR Hybrid ORs are specially designed and equipped to make today's surgeries safer and easier for patients and the medical professionals who are in the OR with the patient:

- Having advanced imaging equipment available during surgery allows for faster, more precise placement of surgical tools and implants.
- Surgeries generally proceed more quickly because everything the surgeon needs is right in the room. There's no need to move to another location for additional procedures or imaging.
- The newest technologies require less radiation and less contrast material—the dye that is needed to give doctors a better view of tissues. This means greater safety for patients.
- Results for patients may be enhanced because of the shorter surgical times, smaller incisions needed for minimally invasive procedures, and the greater imaging accuracy.
- If surgeons determine that other procedures, including traditional open surgery, are needed for an individual patient, the open surgery can be done safely and immediately in the same room.



(l to r) Eugene Deal, RN, CNOR, hybrid OR clinician; Donna Hoffman, RN, associate director of nursing, perioperative services; Mary Catalano, CASC, administrative director, perioperative services; Apostolos Tassiopoulos, MD, director, Stony Brook Vascular Center and chief, vascular and endovascular surgery; Shang Loh, MD, program director, vascular and endovascular surgery and associate director, Aortic Center; Mark Talamini, MD, chairman of surgery and chief, surgical services; Carol Gomes, chief operating officer; Tong Joo Gan, MD, chairman of anesthesiology; Kenneth Rosenfeld, MD, director, perioperative services; and Allyson Silver, MPH, associate director of operations, surgical services. PHOTO: DANIEL GOODRICH

TODAY'S MOST ADVANCED IMAGING EQUIPMENT

Our hybrid ORs feature the most sophisticated imaging capabilities available today. The Siemens Artis Pheno allows surgeons to use fluoroscopic imaging—advanced x-rays—with special capabilities, such as the DynaCT system, which offers:

- Computerized tomography (CT or CAT scan) that combines a series of images from different angles to create detailed cross-sections of different structures in the body.
- Rotational imaging and 3D reconstructions, so the surgeon can see the patient's internal structures, including the veins, arteries, and heart from all angles, and confirm exact, correct placement of stents, valves, and other implants.
- The ability to fuse different images and imaging studies to see true 3D images.
- Higher resolution images to make diagnosis and treatment more accurate.
- A reduction in the amount of contrast that the patient needs, which makes the procedures safer.
- About a 30% reduction in the amount of radiation that patients and surgical personnel are exposed to, which increases safety for everyone.
- Accurate final images at the procedure's completion, which can enhance overall results for the patient.
- Shorter procedure time, which may reduce the amount of anesthesia needed.
- A possible reduction in overall costs to patients due to shorter operation times and less anesthesia.

Inside one of our new hybrid ORs. Note the image of the aorta on the scanners; it's an example of what the surgeon can view with the patient lying on the table having a cardiovascular procedure. PHOTO: RICK WENNER



A WIDE RANGE OF PROCEDURES

Stony Brook's new hybrid ORs are predominantly used for cardiac and vascular procedures, but will also be equipped for trauma, spine, and urology surgeries.

The technology in these specialized ORs allows cardiovascular surgeons to safely and efficiently perform minimally invasive procedures, such as:

- Percutaneous (through the skin) valve replacements or repairs such as transcatheter aortic valve replacement (TAVR) that are done instead of open heart surgery.
- Cardiac catheterization and coronary interventions—to identify and open a blocked artery in the heart with angioplasty and stenting.
- Electrophysiology—tests to assess and treat the heart's electrical system.
- Endovascular procedures (using a catheter inserted through the skin to diagnose and treat vascular disease), such as:
 - Endovascular repair of aortic aneurysms in the abdomen or chest (EVAR, TEVAR).
 - Endovascular repair of aortic dissections.
 - Stent graft implantations.
 - Endovascular treatment of peripheral artery disease (PAD) with angioplasty and stenting.
 - Embolization of visceral artery aneurysms and vascular malformations.
 - Hybrid (part open and part endovascular) intervention to treat complex vascular problems.

Depending on the procedure, patients may have sedation or general anesthesia. Some will be able to go home the same day and others will stay in the hospital for a short time.

For consultations/appointments with our cardiac surgeons, please call (631) 444-1820. For consultations/appointments with our vascular surgeons, please call (631) 638-1670.

Stony Brook's Dedication to Excellence in Patient Care.

The hybrid ORs are part of Stony Brook's commitment to offer the best possible care for patients. We're committed to leading the way in patient care with the latest technology. Our new ORs are staffed by a multidisciplinary team of highly-trained and experienced specialists, including surgeons, interventionalists, nurses, anesthesiologists, and technicians. The new rooms are located in University Hospital on the fourth floor adjacent to the traditional ORs. We also have a hybrid OR at Stony Brook Southampton Hospital.

Recent Publications

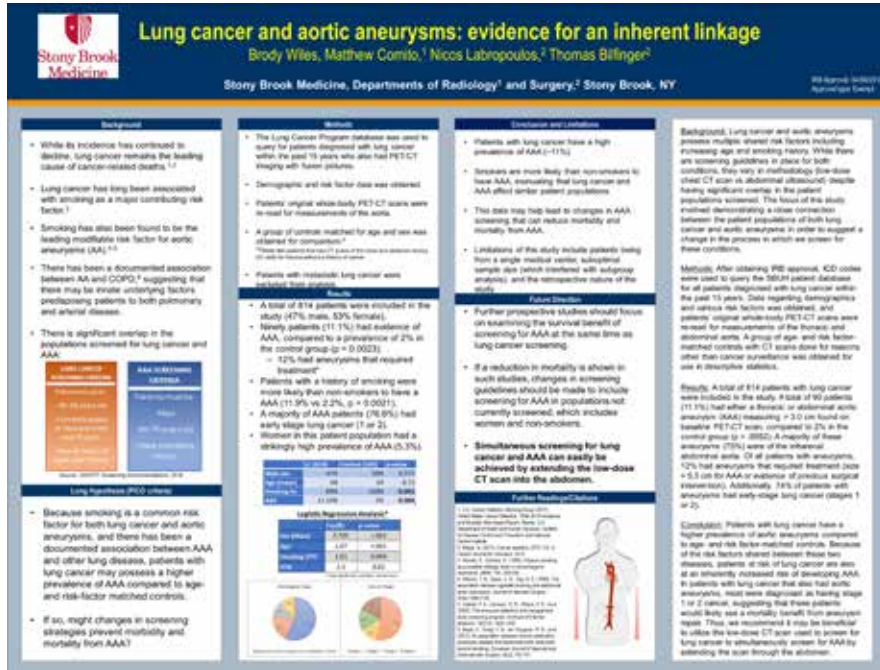
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Ninth Annual Research Day Focused On How We Make Surgery Better

The Department of Surgery's 9th Annual Research Day took place in May at the Charles B. Wang Center on west campus of Stony Brook University.



Commenting on the purpose of Research Day, A. Laurie W. Shroyer, PhD, MSHA, professor of surgery and vice chair for research, who oversees the event, says: "Research Day shows the commitment of our department to advancing scientific knowledge in order to improve patient care and population health."

"Residents and fellows, as well as junior faculty, utilize their research projects to address important clinical questions that they face each day, fostering their curiosity and building their excitement and enthusiasm for current and future biomedical research."

"By networking at events such as Research Day, they gain new opportunities for collaborative multidisciplinary team projects. Most important, our Research Day lights the pathway for trainees to envision a future career in academics."

This year's Research Day program was another great success, as the event continues to grow, with more research presentations and increased attendance.

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.

Opening the program, Kenneth Kaushansky, MD, dean of the School of Medicine and senior vice president of health sciences, said:

"I have attended virtually every Research Day since its inception, and I am very pleased to see the quality of research grow and the amount of research grow, together with the new horizons of research on display here today."

Mark A. Talamini, MD, professor and chairman of surgery and chief of surgical Medicine, emphasized: "Stony Brook Medicine is committed to making research happen."

"Our Research Day celebrates our discoveries, and also demonstrates that as academic surgeons our faculty not only has the job to take care of patients, but to make surgery better. This is what sets us apart from private-practice surgeons."

Research Day demonstrates how we're making surgery better and what sets us apart.

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

The keynote speaker was Jeffrey B. Matthews, MD, Dallas B. Phemister professor of surgery and chairman of the Department of Surgery at the University of Chicago.

Dr. Matthews's address, titled "Truth and Truthiness in Surgery," was a thought-provoking examination of the

validity of scientific evidence applied to clinical practice.

Early in his talk, Dr. Matthews made the compelling statement that "the current practice of surgery is an accumulated wisdom, mixing fact, opinion, and magical thinking in unknown proportions."

He showed that truth and truthiness—the preference for concepts or facts one wishes to be true rather than concepts or facts known to be true—coexist in the world of medicine.

He argued that it's okay to learn to trust one's gut; evidence is elusive and fluid; and knowledge is inseparable from experience.

Ultimately, Dr. Matthews stressed to the audience that evidence-based medicine inadequately accounts for the complexity of individual clinical decisions and the omnipresence of uncertainty. Experience and gut truthiness, not science alone, are essential for successful patient care.

Research Day lights the pathway for trainees to envision a future career in academics.

All categorical residents in our general surgery residency program are 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.

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 3.0 AMA PRA Category 1 Credits™.

2018 RESEARCH DAY POSTERS

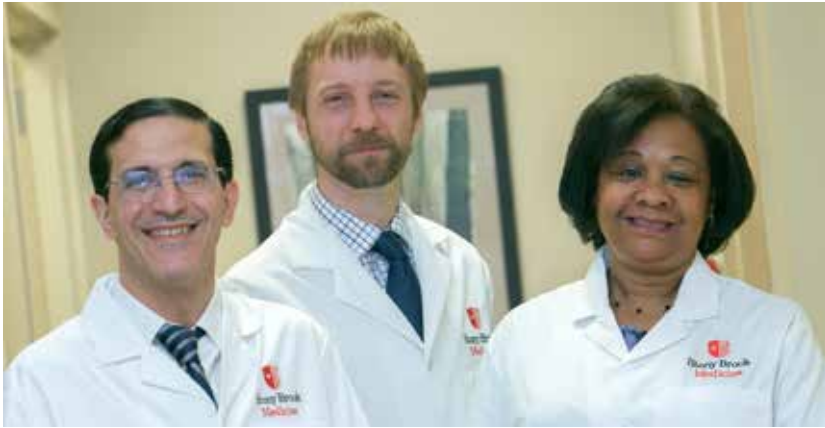
Here are the titles/authors of the posters exhibited at this year's Research Day. Together, they demonstrate the broad range of research activity within the Department of Surgery, and the impressive productivity of our residents and students:

- Abdominal wall reconstruction utilizing biologic meshes: comparison of outcomes and risk for readmission between three different meshes | Cary E, Jou C, Marquez J, Shih J, Klein G, Khan S.
- ABO blood group and prevalence of pulmonary embolism | Kim P, Tassiopoulos A, Probeck K, Elitharp D, Labropoulos N.
- Acellular dermal matrix sterility: does it affect microbial and clinical outcomes following implantation for breast reconstruction? | Klein G, Singh G, Gebre M, Barry R, Trostler M, Marquez J, Huston T, Ganz J, Khan S, Dagum A, Bui D. **Oral Presentation.**
- Alpha-gal: antibody-stimulated, macrophage-directed wound healing | Kaymakalan O, Dong X, Jin J, Akintayo R, Galili U, Spector J.
- Analysis on postoperative ileus after colectomy in patient with inflammatory bowel disease under ERAS protocol: retrospective study | Choi H, Denoya P.
- Antithrombotic agent use in older adult blunt trauma patients: prevalent and deadly | Chantachote C, Garry J, Singh G, Sikalas N, Labropoulos N. **Finalist in Outstanding Poster Competition.**
- Assessment of vascularized constructs within hard and soft tissues | Singh G, Kaymakalan O, Uddin S, Wiles B, Cordero J, Rafailovich M, Simon M, Bui D. **Finalist in Outstanding Poster Competition.**
- Bedside ultrasounds in conjunction with spirometry in the assessment of diaphragm function following blunt traumatic rib fractures: a feasibility study | O'Hara D, Ahmad S, Pasternak D, Huang E, Jawa R.
- Comparing superior versus inferior pedicle reduction mastopexy: evaluation of clinical outcome—a single surgeon's experience over 10 years | Bader A, Tembelis M, Marquez J, Klein G, Zhu C, Bui D.
- Current technology and devices for port closure: review | Basishvili G.
- Does bilateral reduction mastopexy facilitate subsequent weight loss? | Groves D, Marquez J, Trostler M, Pamen L, Medrano C, Kapadia K, Huston T.
- Does substance abuse increase risk for post-surgical complications in bariatric patients? | Bates A, Yang J, Altieri M, Karim S, Talamini M, Pryor A.
- Early ambulation after surgery in the age of fitness tracking | Weller R.
- Early predictive factors affecting risk of pneumonia, SICU length of stay and hospital length of stay in trauma patients with isolated rib fractures | Fleury M, Masson R.
- Endovascular thoracic aortic repair for catheter-associated aortic injury during thoracentesis | Skripochnik E, Tak V, Bilfinger T, Tassiopoulos A, Bannazadeh M.
- Estimating the incidence of stray energy burns during laparoscopic surgery based on two statewide databases and retrospective rates: an opportunity to improve patient safety | Guzman C, Forrester J, Fuchshuber P, Eakin J.
- Examining gender disparities in surgical case volumes in the state of New York | Altieri M, Yang J, Bevilacqua L, Zhu C, Talamini M, Pryor A.
- Impact of ongoing CPR on VA-ECMO outcomes | Rabenstein A, Fujita KJ, Chiu K, Chiu R, Seifert F, McLarty A. **Oral Presentation.**
- Incidence, outcomes and recidivism of elderly patients admitted for isolated hip fractures | Cabalaturan S, Divaris N, McCormack J, Huang E, Kamadoli R, Abdullah R, Vosswinkel J, Jawa R.
- Increased incidence of surgical site infection with a body mass index of >35 following abdominal wall reconstruction with open component separation | Svestka, M, Docimo S, Spaniolas K, Bates A, Sbaji S, Schnur J, Talamini M, Pryor A.
- Increased parathyroid hormone assay use not improved surgical outcomes | Ferrara A, Frenkel C, Yang J, Park J, Samara G.
- Initial single-center experience with gallium-68 DOTATATE scans for neuroendocrine cancers | Hirai K, Lin M, Georgakis G, Chimpiri R, Matthews R, Franceschi D, Sasson A, Kim J. **Finalist in Outstanding Poster Competition.**
- Investigation of the role of the etiology of deep venous thrombosis in the degree of recanalization and reflux development in the deep venous system in order to define the optimal duration of anti-coagulation after an episode of acute deep venous thrombosis | Volteas P.
- Laparoscopic paraesophageal hiatal hernia repair in a 13-month-old infant | Sosulski A, Burjonrappa S, Coren C, Brathwaite C.
- Late proximal neck failure after EVAR | Ribner A, Labropoulos N, Tassiopoulos A.
- Location, location, location! Stepping up to reach seniors for fall prevention | Ladowski K, Fantal S, Vosswinkel J, Jawa R.
- Lung cancer and aortic aneurysms: evidence for an inherent linkage | Wiles B, Comito M, Labropoulos N, Bilfinger T. **Winner of Outstanding Poster Competition.**
- Machine learning to reduce errors and time in patient admissions/consults | Connolly R.
- Marginal ulcer continues to be a major source of morbidity over the time following gastric bypass | Pyke O, Spaniolas K, Docimo S, Talamini M, Bates A, Pryor A.
- Outcomes of anti-reflux procedures in adolescents | Hesketh A, Yang J, Zhu C, Talamini M, Pryor A.
- Patterns of clinical manifestations and management of intestinal aspergillosis | Yelika S, Lung B, Crean A, Denoya P.
- Personalized medicine applications for endoscopic derived gastric cancer organoids | Lin M, Kirai K, Buscaglia J, Davis J, Powers S, Rao M, Georgakis G, Sasson A. **Oral Presentation.**
- Presentation, diagnosis, and treatment modalities for cecal bascule | Lung B, Yelika S, Denoya P.
- Proportion of laparoscopic versus open inguinal herniorrhaphy by year and patient age: the New York State experience | Bates A, Tembelis M, Marquez J, Klein G, Zhu C, Bui D.
- Regional patterns of fluid accumulation and fat hypertrophy in patients with lower extremity lymphedema: an MRA (magnetic resonance angiography)-based staging system | Dayan J, Verma R, Shen J, Talati N, Goldman D, Mehrara B, Smith M, Kagan A.
- Secondary intention healing after Mohs surgery: evaluation of wound characteristics and cosmetic outcomes | Liu K, Silvestri B, Huston T.
- Sleeve gastrectomy—the first three years: evaluation of re-operating, emergency department visits and readmissions for 14,080 patients in New York State | Altieri M, Gulamhusein T, Yang J, Obeid N, Park J, Talamini M, Pryor A.
- Spatial characterization of fibrin with an evolving venous thrombus | Chandrashekar A, Garry J, Gurte S, Sikalas N, Labropoulos N. **Oral Presentation.**
- Spontaneous celiac artery dissection complicated by gallbladder wall necrosis. A case report and literature review | Drakos P, Monastiriotsis S, Skripochnik E, Esarko P, Tassiopoulos A.
- Surgical boot camp for fourth year medical students: Impact on objective skills and subjective confidence | Bevilacqua L, Simon J, Rutigliano D, Sorrento J, Docimo S Jr., Verma R, Wackett A, Chandran L, Talamini M.
- Surgical boot camp for fourth-year medical students: impact on surgical skills and confidence | Simon J, Bevilacqua L, Docimo S, Rutigliano D, Chandran L, Wackett A.
- Surgical trainee impact on bariatric surgery safety | Goldberg I, Talamini M, Pryor A, Docimo S, Bates A, Park J, Yang J, Spaniolas K. **Oral Presentation.**
- The novel treatment of traumatic submandibular gland fracture with placement of sialo endoscopic stent | Svestka M, Laskowski R, Samara G.
- The rush to pre-hospital cervical spine clearance: are we at breakneck speed? | Laskowski R, Jawa R, McCormack J, Huang E, Vosswinkel J, Chaudhary N.
- Treatment of high-risk patients with carotid artery stenosis using transcatheter artery revascularization in a single academic center | Jasinski P, Panagiotis D, Tzavellas G, Tassiopoulos A, Loh S, Koullias G, Kokkosis A.
- Trends in diagnosis and management of cecal diverticulitis | Crean A, Lung B, Yelika S, Lung K, Denoya P.
- The use of computed tomography versus clinical acumen in diagnosing appendicitis in the pediatric population—interim report | Lacy R, El-Gohary Y, Gulamhusein T, Scriven R, Shapiro M.
- Use of flow-diverting stents in the treatment of complex visceral arterial aneurysms | Monastiriotsis S, Jasinski P, Koullias G, Landau D, Fiorella D, Tassiopoulos A.
- The use of indocyanine green angiography in post-mastectomy reconstruction: do outcomes improve over time? | Diep G, Schelomo M, Kizy S, Huang JL, Jensen EH, Portschy P, Cunningham B, Choudry U, Tuttle TM, Hui JC.
- The use of radiofrequency ablation in treatment of anal fistula | Dickler C, Lee K.

Next year's Research Day will take place on Thursday, May 30, 2019, from 8:00 am to noon, at the Medical and Research Translation (MART) Building. For more information, please call (631) 444-1820.

Multiple Specialists Collaborate Treating Head and Neck Cancers

The Multidisciplinary Appointment Makes Care Better for Patients



Our head and neck surgeons (l to r) Drs. Ghassan J. Samara and Lukasz Czerwotka with nurse navigator Gerty Fortune, RN.

PHOTO: JOHN GRIFFIN

Stony Brook University Cancer Center has used the team approach for many years. Specialists from different areas—surgery, medical oncology, radiation oncology, and nursing—work closely together as a team to evaluate the best course of treatment for each individual patient.

Ghassan J. Samara, MD, associate professor of surgery and leader of the head and neck, thyroid oncology team, explains that for new patients who have been diagnosed with a head and neck cancer, a multidisciplinary appointment is set up so that these patients can see all of their specialists at the same location on the same day in one single visit.

Keeping the patient's needs and convenience in mind, our nurse navigator Gerty Fortune, RN, coordinates appointments so the patient can be seen by different specialists on the team in one block of time.

Patients can hear from all the specialists involved with their treatment and receive all of the information about it at once.

On the appointment day, one specialist—for example, the

surgeon—may explain the specifics of the procedure he will provide, and be followed by another—for example, the radiation oncologist—who will discuss that treatment approach.

In some cases, two different specialists may meet with the patient together to explain how their treatments will be coordinated.

This collaboration is particularly important in head and neck cancers because they may require consideration of complex factors to be handled at the same time, such as dental, swallowing, speech, cosmetic, and other specialized areas of treatment.

The quality-of-life benefits to patients make the multidisciplinary appointment better for them.

The multidisciplinary appointment model used by our head and neck cancer team will serve as the care model for all Stony Brook Cancer Center's teams in the near future.

For consultations/appointments with our head and neck specialists, please call (631) 444-4121.



**Stony Brook
Medicine**

If you need surgery, why should you consider an academic medical center?

The answer is clear: to be in the place where the newest and the best surgery is being developed, practiced, and taught. And to be cared for by a team of the brightest, most engaged minds in medicine. This is what patients get at Stony Brook Medicine, where we are committed to innovation. **Our team is always asking, How can surgery be better?**

The physicians and other healthcare professionals of Stony Brook Surgical Associates—the clinical practice of the Department of Surgery—provide comprehensive care for both adults and children with a wide variety of problems requiring surgery.

In keeping with Stony Brook Medicine's mission of excellence in patient care, we offer specialized surgical services with several clinical programs and facilities unique in our region.

For our multiple practice locations and the phone numbers to call for consultations/appointments with our physicians, please see Page 23.

Bariatric Surgery Program Earns Blue Distinction Care Designation

The Kind of National Distinction That Makes All the Difference

The Stony Brook Bariatric and Metabolic Weight Loss Center in January was designated a Blue Distinction Center (BDC) for Bariatric Surgery® by Blue Cross Blue Shield. The application and completion of the review process took a year to accomplish.

Blue Distinction Specialty Care, a national designation program of Blue Cross Blue Shield, recognizes healthcare providers that demonstrate expertise in delivering quality specialty care—safely, effectively, and cost efficiently.

The goal of the program is to help consumers find both quality and value for their specialty care needs, while encouraging healthcare professionals to improve the overall quality and delivery of healthcare nationwide.

In order to be considered as a BDC by Blue Cross Blue Shield, the Bariatric and Metabolic Weight Loss Center met both volume and quality metrics.

Celebrating its sixth anniversary this year, the center provides outpatient services in both Centereach and Commack.

The center has also achieved top-level national accreditation from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery.

Since inception in 2006, Blue Distinction has recognized facilities that meet objective, evidence-based thresholds for clinical quality, developed in collaboration with expert physicians and medical organizations.

For consultations/appointments with our bariatric/weight loss specialists, please call (631) 444-BARI (2274).



Before and after weight loss surgery provided by our Bariatric and Metabolic Weight Loss Center.

Designated as a
**Blue
Distinction®**
Center for Bariatric Surgery

Understanding “Mesh” Used in Hernia Repairs

Clarifying the Controversy over Safety



Dr. Andrew T. Bates

product is commonly used in hernia repairs.

Hernia mesh has been around for over 50 years, and earlier versions of it have long been regarded as the “gold standard” to use in repairs. However, some websites today make claims that mesh is unsafe, and that repairing hernias without mesh is better.

Here, Andrew T. Bates, MD, director of the Stony Brook Comprehensive Hernia Center, answers frequently asked questions about hernias and the mesh used to repair them.

Q: Must a hernia be repaired?

All hernias have the potential for trapping abdominal contents, such as intestine, which is why we typically recommend repair in patients who are acceptable surgical candidates.

Not all hernias, though, are the same, and so we often employ a different approach based on the location of the hernia, such as groin or abdominal wall.

In the case of groin (inguinal) hernias, surgeons in the recent past advocated for “watchful waiting” for hernias that were not particularly bothersome.

However, based on newer research, we now know that a large percentage of these hernias will later become bothersome and require repair, possibly emergent, and therefore we advocate for repair.

Q: Does hernia repair require mesh?

Not necessarily, but usually. In the right patients, some groin hernias can be repaired without mesh and still have acceptable

Hernias are a common health problem, with more than one million hernia repairs performed each year in the United States.

Approximately 800,000 are done to fix hernias in the groin, and the rest are for other types of hernias in the abdomen.

A hernia occurs when there is a weakness, or opening, in the muscle and connective tissue that surround the belly area. Patients may feel a slight bulge, discomfort, or pressure as organs push out through this weakness.

However, many patients may have this opening/weakness even if organs aren’t actively pushing through. Over time, this bulge or area of weakness can grow in size. Occasionally, intestine can become trapped in the hernia, which requires emergency medical attention.

Not only are there different kinds of hernias, different methods and surgical approaches are currently used to repair them. Today, a “mesh”

PHOTO: JEANNE NEVILLE

PHOTO: JEANNE NEVILLE

success rates. Additionally, some small hernias at the belly button can be repaired with suture alone. Most repairs, though, do utilize prosthetic mesh to achieve a successful repair.

When patient care is seamless as done at Stony Brook, outcomes improve.

Q: What exactly is mesh?

The term “mesh” is used to describe a flat sheet of prosthetic material that is used to cover, or “patch,” a hernia.

Q: Are there different kinds of mesh? How are they different?

There is a sizable industry devoted to a large array of hernia meshes. Some are made of various plastics; some are made of biologic materials. Some are permanent and some are designed to degrade over time.

The most common type of mesh is made of a plastic material and closely resembles a window screen in appearance. Some meshes are also made with protective coatings that allow them to be placed in the abdomen near the abdominal organs.

Q: What are the advantages of using mesh in hernia repair?

Decades ago, hernia repairs were performed by simply suturing the hernia closed. For some types of hernias, this repair resulted in 25-50% of hernias later returning. Mesh changed that. By using mesh, the chance of hernia recurrence dropped to the low single-digits.

Q: Does mesh cause problems in hernia repair?

In most cases, using mesh is the acceptable standard of care. However, there can

certainly be complications related to the mesh.

Q: What specific problems are associated with mesh?

Mesh is a foreign body the human body incorporates to help strengthen the repair. However, being a foreign body, it can also become infected if it becomes contaminated either at the time of surgery or later. This may require mesh removal.

Mesh placed inside the abdomen can also lead to scar tissue, or adhesion, formation that can predispose patients to bowel obstruction down the road.

However, all patients who have had surgery in the abdomen also form these adhesions, so this is not a problem specific to the mesh itself.

Most brands and models of mesh have excellent safety profiles.

Q: Why are mesh companies being sued now?

There are many sizes and shapes of mesh, all with different strengths and flexibility. Some lightweight meshes were removed from the market after cases of breakage were reported, but most brands and models of mesh have excellent safety profiles.

There were also other surgeries that used mesh, such as vaginal sling surgery, which regrettably had a high complication rate but is a completely different surgery altogether. In the vast majority of cases, complications are the result of surgical technique and not the mesh used.

Q: When mesh is required, is traditional open surgery or minimally invasive laparoscopic surgery better?

This is impossible to answer because every patient is different and every hernia is different. What is right for one patient may not be best for another.

For this reason, an individualized approach is key. What our research has shown is that surgeon experience with a particular technique is the most important factor, whether it is laparoscopic or open.

Q: What do the latest major scientific studies say about mesh? Is there a consensus?

In most hernias, mesh is the standard of care. This is what the science clearly indicates, and it is backed up by well-designed clinical trials as well as retrospective studies.

Q: What is the advantage of having a hernia repair with mesh done at Stony Brook?

The advantage is two-fold: academic and comprehensive. By having a hernia repair at an academic institution like Stony Brook Medicine, one takes advantage of a surgery faculty that utilizes the newest techniques and, in many cases, is driving the field forward.

Our surgeons present their work at national societies, and have published countless articles about their research projects in respected surgical journals. As academic surgeons, we are committed to making surgery better.

“Comprehensive” means that all the patients’ needs are addressed under one roof, delivered by a collaborative team dedicated to excellent outcomes.

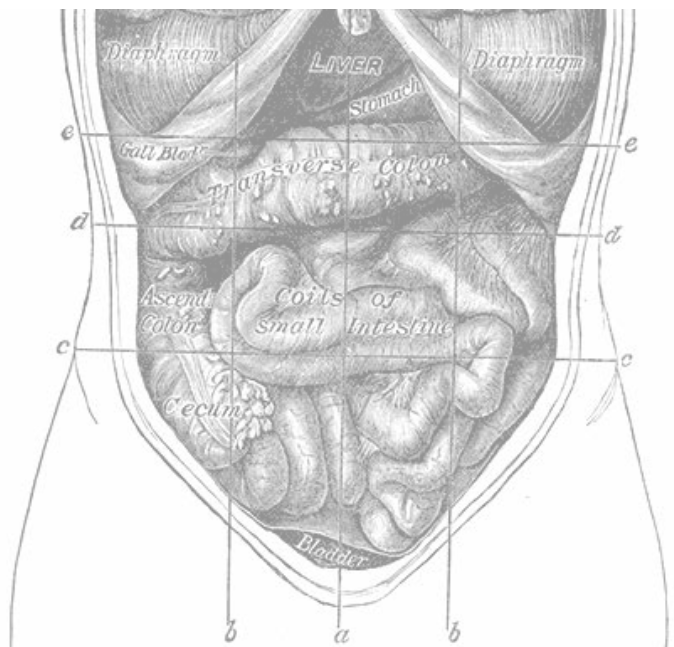
Our center includes open, laparoscopic, and robotic surgery specialists. We work closely with plastic surgeons for those patients that may require complex repair.

We have also integrated pain management specialists into our treatment protocols for those patients suffering from debilitating hernia-related pain. When patient care is seamless as done here at Stony Brook, outcomes improve.

Studies show that hernia surgeons who perform a high volume of repairs—like our surgeons—achieve the best outcomes.

For consultations/appointments with our specialists at the Stony Brook Comprehensive Hernia Center, please call (631) 638-0054.

Abdominal viscera; illustration from Henry Gray's *Anatomy of the Human Body* (1918).



ALUMNI NEWS

Dr. Nasrin Ansari ('02) continues to practice as a general surgeon, with special interest in breast surgery, at MedStar Montgomery Medical Center, which is a large hospital in Olney, MD, about 30 miles north of Washington. She appears in YouTube videos about her practice.

Dr. Cliff P. Connery ('89) is overall chief of the Thoracic Surgery Divisions at St. Luke's-Roosevelt Hospital Center and Beth Israel Medical Center in New York, as well as director of program development in thoracic oncology for Continuum Cancer Centers of New York. Under his guidance, the Thoracic Surgery Divisions have been recognized internationally for the development of innovative treatments for patients with benign and malignant disorders of the chest. There is extensive capability in minimally invasive techniques with a particular interest in robotics. A member of the surgical faculty at Columbia University College of Physicians & Surgeons, he continues his scholarly activity and recently published these papers:

- **Connery CP.** Reconstruction of the sympathetic chain. *Thorac Surg Clin* 2016;26:427-34.
- Flores RM, Nicastrì D, Bauer T, Aye R, Andaz S, Kohman L, Sheppard B, Mayfield W, Thurer R, Korst R, Straznicka M, Grannis F, Pass H, **Connery C**, et al.; Writing committee for the I-ELCAP Investigators. Computed tomography screening for lung cancer: mediastinal lymph node resection in stage IA nonsmall cell lung cancer manifesting as subsolid and solid nodules. *Ann Surg* 2017;265:1025-33.
- Hashmonai M, Cameron AEP, **Connery CP**, Perin N, Licht PB. The etiology of primary hyperhidrosis: a systematic review. *Clin Auton Res* 2017;27:379-83.

Dr. Christopher M. Genco ('89), cardiothoracic surgeon, has left Michigan where he had practiced for over 24 years in the Saginaw-Midland-Bay City area. He is now practicing in Zanesville, OH. In Michigan he was one of the top five busiest surgeons, performing between 200 and 350 open heart surgeries per year, as well as numerous vascular and thoracic cases. He has performed well over 5,000 open heart procedures in his career. He was also instrumental in starting the first transcatheter aortic valve replacement programs in mid-Michigan.

Dr. Marco A. Gonzalez ('10) has established a busy private practice in plastic surgery—called Envy Aesthetic Center—in El Paso, TX, the town where he grew up before coming to New York for his surgical training following medical school in Mexico. Visit his practice website at plasticsurgeryelpaso.net.

Dr. Mark M. Melendez ('10), who practices plastic surgery in Connecticut, in June was honored at our graduation ceremony with the 2018 Department of Surgery Legacy Award for his generous contribution of the Esther Rentas Resident Research Grant. Established in 2010 by Dr. Melendez in memory of his grandmother, this grant award helps our general surgery residents to pursue basic and clinical surgical research. It is given annually to a resident who has demonstrated an exceptional commitment to research, as had Dr. Melendez himself when a resident here (he did two extra years on a research fellowship supported by the National Institutes of Health).

Dr. Brett T. Phillips ('14) completed residency training in plastic and reconstructive surgery at Duke University, and then went on to do a fellowship in microvascular reconstructive surgery at University of Texas MD Anderson Cancer Center in Houston, TX. This July, he joined the Duke Division of Plastic, Maxillofacial, and Oral Surgery as assistant professor of surgery and associate director of the residency program. Recent publications include:

- Cho EH, Shammass RL, **Phillips BT**, Greenup RA, Hwang ES, Hollenbeck ST. Breast cancer after augmentation: oncologic and reconstructive considerations among women undergoing mastectomy. *Plast Reconstr Surg* 2017;139:1240-9e.
- Fourman MS, **Phillips BT**. Letter to the editor: the Chitranjan Ranawat Award: running subcuticular closure enables the most robust perfusion after TKA: a randomized clinical trial. *Clin Orthop Relat Res* 2017;475:2341-2.
- Klein GM, **Phillips BT**, Dagum AB, Bui DT, Khan SU. Infectious loss of tissue expanders in breast reconstruction: are we treating the right organisms? *Ann Plast Surg* 2017;78:149-52.
- **Phillips BT**, Halvorsen EG. Antibiotic prophylaxis following implant-based breast reconstruction: what is the evidence? *Plast Reconstr Surg* 2016;138:751-7.
- Sergesketter AR, Pyfer BJ, **Phillips BT**, Zhao R, Hollenbeck ST. Check the record: remote CT Scans for breast flap perforator mapping. *J Reconstr Microsurg* 2018;34:485-91.

Dr. Dimitrios Virvilis ('14) completed his fellowship training in vascular and endovascular surgery at the Cleveland Clinic in Cleveland, OH, and now is practicing as a vascular surgeon at Memorial Physician Clinics, Vascular Surgery Consultants, in Gulfport, MS, on the Gulf of Mexico, just over an hour's drive to New Orleans.



Dr. Robert A. Mason ('79) with wife Melanie on their farm in Upstate New York. A busy vascular surgeon for 36 years, he retired in 2015 and now full-time works the farm (450 acres) where they grow and sell Angus beef and daylilies, and also breed Labrador Retrievers. It's called Long Lesson Farm; read about it at www.longlesson.com. PHOTO: DAVID DELOZIER

Dr. Hussna Wakily ('13) completed her fellowship training in MIS/bariatric surgery at Beth Israel Deaconess Medical Center in Boston, MA. She now practices general surgery at the Gramercy Surgery Center in New York City.

{ ALUMNI NEWS SUBMISSIONS }

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

RESIDENCY UPDATE

Since 1975 when our first graduating residents entered the profession of surgery, 243 physicians have completed their residency training in general surgery at Stony Brook Medicine. The alumni of this residency program and our other residency and 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.

2018 Graduating Residents & Fellows

GENERAL SURGERY

Career Direction

Maria Altieri, MD.....	Minimally invasive surgery/bariatric fellowship, Washington University, St. Louis, MO
Chanak Chantachote, MD	Trauma/critical care fellowship, University of Arizona, Tucson, AZ
Taher Gulamhusein, MD	Minimally invasive surgery/bariatric fellowship, Cleveland Clinic, Cleveland, OH
Anthony Hesketh, MD	Minimally invasive surgery/bariatric fellowship, Stony Brook U
Ayesha Nzeribe, MD	Vascular surgery fellowship, Montefiore Medical Center, Bronx, NY
Amanda Sosulski, MD	Trauma/critical care fellowship, U of California, Los Angeles, CA
Michael Svestka, MD	Minimally invasive surgery/advanced GI/abdominal wall reconstruction fellowship, Cleveland Clinic, Cleveland, OH
Richa Verma, MD.....	Burn care fellowship, Jacobi Medical Center, Bronx, NY

VASCULAR SURGERY

Pamela Kim, MD.....	Assistant professorship in surgery (vascular), Stony Brook U
Spyridon Monastiriotis, MD	Private practice in vascular surgery, Bridgeport, WV (United Hospital Center)

COLORECTAL SURGERY

Alexander Crean, MD	Private practice in colorectal surgery, Jacksonville, FL (Memorial Hospital)
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TRAUMA/CRITICAL CARE

Irina Kovatch, MD	Assistant professorship in surgery (trauma/critical care), Stony Brook U
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MIS/BARIATRIC SURGERY

Tyler Cohn, MD	Private practice in bariatric surgery, Cincinnati, OH
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PHLEBOLOGY

Sahar Amery, MD.....	Private practice in cardiovascular medicine and phlebology/vein care
Joel Crawford, MD	Vascular surgery fellowship, Newark Beth Israel Medical Center, Newark, NJ

New Chief Residents

GENERAL SURGERY

Medical School (Grad Year)

Ryan Chiu, MD.....	Albany Medical College ('12)
Carl Dickler, MD.....	George Washington U ('14)
Syed Karim, MD.....	U of Maryland ('14)
Robert Laskowski, MD	Drexel U ('14)
Owen Pyke, MD	Stony Brook U ('14)

Incoming Residents / Categorical PGY-1

GENERAL SURGERY

Medical School (Grad Year)

Ryan Chan, MD.....	Albany Medical College ('18)
Juyeon Park, MD.....	Virginia Tech ('18)
David Restle, MD.....	Stony Brook U ('18)
Bryan Robins, MD.....	Rush U ('17)
Heitham Wady, MD	SUNY Upstate Medical U ('18)
Ross Weller, MD	Loyola U Chicago ('17)

OTOLARYNGOLOGY

Medical School (Grad Year)

James Metkus, MD	Thomas Jefferson U ('17)
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PLASTIC SURGERY

Medical School (Grad Year)

Abdel Armaiz-Flores, MD	U of Puerto Rico ('18)
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VASCULAR SURGERY

Medical School (Grad Year)

Edwin Cheung, MD	Thomas Jefferson U ('18)
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Incoming Fellows

COLORECTAL SURGERY

Medical School (Grad Year)

Carmen Fong, MD.....	Michigan State U ('13)
	[general surgery, Mount Sinai Beth Israel]

TRAUMA/CRITICAL CARE

Medical School (Grad Year)

Rachit Gupta, DO.....	New York Institute of Technology ('13)
	[general surgery, NYU]
Ricardo Jacquez, MD	U of Texas-Houston ('12)
	[general surgery, New York Presbyterian]

MIS/BARIATRIC SURGERY

Medical School (Grad Year)

Anthony Hesketh, MD	Wright State U ('10)
	[general surgery, Stony Brook U]
Talar Tatarian, MD	George Washington U ('12)
	[general surgery, Thomas Jefferson U]

NOTE:

"This is really a GREAT group of incoming residents! We only went down to the mid 20's on our list, which is the best we have done in my 10 years as the program director."—Richard J. Scriven, MD, director of general surgery residency



2018 graduates at the graduation ceremony banquet held in June at Willow Creek in Mt. Sinai: (l to r) Drs. Irina Kovatch, Pamela Kim, Maria Altieri, Amanda Sosulski, Ayesha Nzeribe, and Richa Verma. PHOTO: WALDIR SILVA



2018 Graduating Residents & Fellows

Dr. Richa Verma (center) received the 2018 Esther Rentas Resident Research Award, pictured here with Dr. Mark Melendez (SBM Surgery Class of '10; see page 17) and Dr. A. Laurie Shroyer. PHOTO: WALDIR SILVA



2018 graduates at the graduation ceremony banquet held in June at Willow Creek in Mt. Sinai: (l to r) Drs. Alexander Crean, Chanak Chantachote, Anthony Hesketh, Taher Gulamhusein, Michael Svestka, and Spyridon Monastiriotis. PHOTO: WALDIR SILVA



DIVISION BRIEFS

Bariatric, Foregut, and Advanced Gastrointestinal Surgery

Dr. Andrew T. Bates, assistant professor of surgery and director of the Comprehensive Hernia Center, in March presented the following two studies, done with Stony Brook colleagues, at the International Hernia Congress, held in Miami, FL:

- Effect of patient and surgeon age of utilization of laparoscopic inguinal hernia repair [authors: Bates A, Yang J, Nie L, Spaniolas K, Docimo S, Pryor A]
- It matters: surgeon volume in ventral hernia repair in New York State [authors: Bates A, Yang J, Beasley A, Price K, Docimo S, Spaniolas K, Pryor A]

The conclusion of the study of surgeon volume, in which the outcomes achieved by 4,210 surgeons were analyzed: **“Laparoscopic ventral hernia surgery by high-volume surgeons is associated with lower surgical site infection, hospital resource utilization, and long-term recurrence.”**

Dr. Salvatore Docimo

Jr., assistant professor of surgery, in May performed **Suffolk County’s first per-oral pyloromyotomy (POP)**—a novel, minimally invasive procedure to treat gastroparesis, a disorder in which food moves through the stomach into the intestines slower than normal. The POP procedure generally requires **no incision**.

Dr. Docimo is director of the **newly established Stony Brook Gastroparesis Center** that offers a multidisciplinary approach bringing together experts in the areas of surgery, gastroenterology, psychology, and nutrition. Consultations/appointments: (631) 444-8330/-2274.

The center’s goal is to provide patients with digestive disorders, especially gastroparesis, a wide spectrum of diagnostic and treatment options under one roof.

Dr. Aurora D. Pryor, professor of surgery and vice chair for clinical affairs, and chief of bariatric, foregut, and advanced gastrointestinal surgery, in April became **president-elect of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)**, representing over 6,000 surgeons.

Dr. Pryor will serve for one year in this position (2018-19) and then as president for one year (2019-20). She has been an active member of SAGES for the past two decades, with several different leadership roles.

Founded in 1981, the mission of SAGES is to improve quality patient care through education, research, innovation, and leadership, principally in gastrointestinal and endoscopic surgery.

Dr. Samer Sbaji, assistant professor of surgery and director of Exigent General Surgery, has undertaken the leadership role of **chief of our new Mastery in General Surgery fellowship** program sponsored by the American College of Surgeons.

The Mastery fellowship at Stony Brook provides recent general surgery residency graduates with the opportunity to hone their skills and acquire the confidence to transition to independent practice.

Dr. Sbaji in July joined the staff of our University Hospital’s chief medical information officer as **deputy chief medical information officer**.

Dr. Sbaji in June received the **Attending of the Year Award** presented by the graduating general surgery residents.

Dr. Sbaji in January was on the five-day Blanca’s House **medical mission in Ecuador**, in the town of Santa Elena, providing pro bono surgery for the underserved community.

Dr. Jessica R. Schnur, assistant professor of surgery, is **co-chief of the Mastery in General Surgery fellowship** program.

Dr. Konstantinos Spaniolas, associate professor of surgery and associate director of the Bariatric and Metabolic Weight Loss Center, is director of the **bariatric surgery program at Long Island Medical Center** (formerly, Brookhaven Memorial Hospital Medical Center) in Patchogue.

Dr. Spaniolas is pleased to announce that the Bariatric and Metabolic Weight Loss Center there, in April, received **full accreditation from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program**.

Dr. Mark A. Talamini, professor and chairman of surgery, and chief of surgical services at Stony Brook Medicine, in April was **elected chair of the board of directors of the Clinical Practice Management Plan (CPMP)** at Stony Brook Medicine.

As chair serving a three-year term, he will preside over the meetings of the CPMP board and the board’s Executive Committee. The CPMP board is responsible for ensuring that the plan properly manages and accounts for funds in its care.

CPMP was established by the SUNY Board of Trustees to manage clinical practice income earned from fees for professional services.

Breast Surgery

The **weekly Breast Conference** is designated for a maximum of 1 AMA PRA Category 1 Credit™. It takes place every Friday from 7:30 to 8:30 am in the Pathology Conference Room 766 on Level 2 of University Hospital.

Division faculty **Dr. Brian J. O’Hea**, associate professor of surgery and chief of breast surgery, **Dr. Anastasia Bakoulis**, assistant professor of surgery, and **Dr. Patricia A. Farrelly**, assistant professor of surgery, discuss breast cancer planning and treatment options with their multidisciplinary team.

The case presentations and discussions rely on national

breast cancer standards (as defined by the National Comprehensive Cancer Network). In this way, our faculty afford **best clinical practice** for our patients, as well as provide **continued medical education** at the same time.

For more information, please call (631) 444-5976.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of the Lung Cancer Evaluation Center, is **now seeing patients in Southampton** for pre- and post-op evaluation for both cardiac and thoracic (lung cancer) surgery.

Dr. Bilfinger this summer was **one of two faculty leaders in Africa** of Stony Brook University’s Tanzania Study Abroad program, which provides students with the opportunity to learn about its culture and immerse themselves in its customs and traditions. A portion of the program focuses on health facilities and delivery systems in this developing country.

Dr. Joanna Chikwe, professor of surgery and chief of cardiothoracic surgery, has been appointed **director of the Stony Brook Heart Institute**.

Dr. Chikwe was selected for inclusion in **New York Magazine’s Best Doctors** issue published in May. The 1,390 peer-selected physicians on the 2018 list represent the top 2% of physicians in the greater New York metropolitan area.

Dr. Allison J. McLarty, associate professor of surgery and surgical director of the left ventricular assist device (LVAD) program, in December started using the **new HeartMate 3 LVAD** for treating patients with advanced heart failure.

The advantages of the HeartMate 3 over the HeartMate 2 are 1) the absence of the complication of “pump thrombosis” because of improved blood flow through the pump and 2) the smaller size which avoids creation of an abdominal wall pump pocket.

The HeartMate 3 received FDA approval last August. It provides a new option for managing advanced heart failure patients in need of short-term hemodynamic support; that is, bridge-to-transplant.

The Heart Institute's LVAD program in March started **seeing patients in Southampton** to better serve pre- and post-op patients living on the East End.

Colon and Rectal Surgery

Dr. Marvin L. Corman, professor of surgery, last September attended the annual meeting of the Brazilian Society of Coloproctology, held in Foz do Iguaçu, Brazil, where he was honored at the book signing of the **Portuguese edition of his textbook, *Corman's Colon and Rectal Surgery***.

Now in its sixth edition in English, Dr. Corman's textbook has been established for more than 30 years as "the gold standard in its discipline" (JAMA). The Portuguese translation of it was published last year.

Dr. Paula I. Denoya, associate professor of surgery and director of the colon and rectal surgery residency, in March gave the following presentations at the Residents' Night program of the New York Society of Colon and Rectal Surgeons, held at the Cornell Club in New York:

- Intestinal aspergillosis: patterns of clinical presentation and management. A systematic review [podium presentation; authors: Yelika S, Lung B, Crean A, Denoya P]. (Also presented as a poster at the annual meeting of the American Society of Colon and Rectal Surgeons, held in April in Nashville, TN.)

- Trends in diagnosis and management of cecal diverticulitis [authors: Lung B, Crean A, Yelika S, Lung K, Denoya P]. **First prize for poster presentation!**

Otolaryngology-Head and Neck Surgery

Dr. Lukasz Czerwonka, assistant professor of surgery, and **Dr. Ghassan J. Samara**, associate professor of surgery and leader of the head and neck, thyroid oncology team, provide a **multidisciplinary head and neck cancer clinic**, in conjunction with radiation oncology and medical oncology, every Wednesday at ENT's East Setauket office (see page 14).

Dr. Melissa M. Mortensen, assistant professor of surgery and director of the otolaryngology-head and neck surgery residency, in April was **awarded first prize** in the poster competition at the annual meeting of the American Broncho-Esophagological Association, held in National Harbor, MD, for her poster titled "**Jigsaw Group-Based Learning Is a Successful Technique in Otolaryngology Residency Airway Didactics.**"

Dr. Mortensen provides a **multidisciplinary voice clinic**, with speech-language pathologist Marilyn Baricevac, MS, on Wednesday and Friday mornings at ENT's East Setauket office.

Pediatric Surgery

Dr. Christopher S. Muratore, professor of surgery and chief of pediatric surgery, last November was named **Knapp Swezey Chair in Pediatric Surgery**.

At the investiture ceremony, Dr. Muratore gave a speech in which he noted that across the country, the "vast

majority" of children's surgical care is being provided in non-children's hospitals by specialists in adults.

"We need to make children's healthcare services and children's surgical services a national priority," he said.

"A children's hospital as part of a larger hospital system is the crown jewel in an academic medical center."

Thanks to the contributions of the Knapp family and the Knapp Swezey Foundation, Stony Brook Children's Hospital can better rise to the occasion and be the stimulus for change.

The Cedric J. Priebe Jr., MD, Endowed Pediatric Surgery Lectureship last fall featured Gail E. Besner, MD, the H. William Clatworthy professor of pediatric surgery and chief of the Department of Pediatric Surgery at the Nationwide Children's Hospital in Columbus, OH. Her topic was "**Saving Your NEC: Research Challenges and Opportunities**" (NEC, necrotizing enterocolitis).

Primarily seen in premature infants, NEC is the most common and most serious gastrointestinal disorder among hospitalized preterm infants.

The Priebe Pediatric Surgery Lectureship supports an annual visiting professor's presentation centering on a current clinical or research issue in pediatric surgery.

Dr. Richard J. Scriven, associate professor of surgery and director of the general surgery residency, last fall soon after Hurricane Maria devastated the Caribbean

islands, took part in Stony Brook's 16-day **medical mission in Puerto Rico**, which was crippled by the hurricane.

Dr. Scriven was one of three physicians—with emergency medicine specialists Drs. R. Trevor Marshall and Rolando Valenzuela—from Stony Brook on the mission, which also included two nurse practitioners, nine nurses, four paramedics, four nursing assistants, and one pharmacist.

Dr. Scriven in January was on the five-day Blanca's House **medical mission in Ecuador**, in the town of Santa Elena, providing pro bono surgery for the underserved community.

With Dr. Scriven and the team were these general surgery residents: Drs. Jocellie Marquez (PGY-2), Anish Shah (PGY-3), and Jessica Simon (PGY-3).

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, professor of surgery and orthopaedics, executive vice chair of surgery, and chief of plastic and reconstructive surgery, was selected for inclusion in **New York Magazine's Best Doctors** issue published in May.

Dr. Dagum and **Dr. Duc T. Bui**, associate professor of surgery, in January were on the five-day Blanca's House **medical mission in Ecuador**, in the town of Santa Elena.

Providing pro bono surgery for the underserved community, they performed reconstructive procedures including repairs of cleft lips/palates, burn scars, and congenital anomalies.

Dr. Tara L. Huston in June was promoted to **associate professor of surgery and dermatology**.

Dr. Huston in July participated in the Early Career **Women Faculty Leadership Development Seminar**, sponsored by the Association of American Medical Colleges, held in Westminster, CO.

This three-and-a-half-day seminar, held twice a year,



On the medical mission in Ecuador with patients, (l to r) Drs. Samer Sbayi, Alexander B. Dagum, Duc T. Bui, Richard J. Scriven, and Anish Shah. PHOTO: BLANCA'S HOUSE

provides women at the assistant professor or instructor level with the knowledge and skills required to navigate the academic medicine enterprise as well as continue on the path to leadership.

Dr. David K. Lam, professor of surgery and chief of oral and maxillofacial surgery, in August with NuShores Biosciences received a **\$1.7 million grant** from the National Institutes of Health. He is the principal investigator for the Stony Brook team that will be validating a **novel bone scaffold for reconstruction** of traumatic and cancer defects in craniofacial tissues.

Surgical Oncology

Dr. Aaron R. Sasson, professor of surgery and chief of surgical oncology, in February assumed an additional leadership role as **interim director for clinical operations of the Stony Brook University Cancer Center**.

In this role, Dr. Sasson has direct supervision with the Cancer Center's nursing director and the executive administrator of all our clinical endeavors at the center, and also oversees with them the transition of our ambulatory cancer practice to the new Medical and Research Translation (MART) Building, which is scheduled to open in the very near future.

As part of its core mission, the MART Building will be devoted to cancer research and care, including the new home for the Cancer Center.

Surgical Research

Dr. A. Laurie W. Shroyer, professor of surgery and vice chair for research, in June received the Department of Medicine's **Clinical Research Award** "for an original clinical research manuscript published in a peer-reviewed journal with the last 18 months."

The cited article, titled **"Five-Year Outcomes after On-Pump and Off-Pump Coronary-Artery Bypass,"** appeared in the *New England Journal of Medicine*.

Dr. Shroyer in May published a news-making study in the *Annals of Thoracic Surgery*, titled **"Single- versus Multi-Center Surgeons' Risk-Adjusted Coronary Artery Bypass Graft Procedural Outcomes."**

The study found that single-center surgeons had better outcomes than multi-center surgeons, and that multi-center surgeons had better outcomes at their "home" versus "satellite" hospitals.

These findings will provide **new fuel to the ongoing debate over how to assure the quality of care in healthcare networks** that have multiple centers, versus one, where cardiac surgeons perform surgery.

Dr. Shroyer is the first author of the study, and Dr. Thomas V. Bilfinger the senior author. Other researchers involved in it were based at Stony Brook and at Duke and Georgetown universities.

The **"2018 Update on Research: Outcomes Analysis, Quality Improvement, and Patient Safety"** of the Society of Thoracic Surgeons (STS), which reports the STS leadership team's views of the "top" reports published or accepted by the journal in 2017 that will impact the future quality of cardiac surgical care, devoted an **entire section focused exclusively on the Shroyer-Bilfinger study**.

Trauma, Emergency Surgery, and Surgical Critical Care

Dr. Randeep S. Jawa, professor of surgery, in July joined the staff of our University Hospital's chief medical information officer as **deputy chief medical information officer**.

Dr. Jerry A. Rubano, assistant professor of surgery, in May was honored as the recipient of the 2018 **Teacher of the Year Award** presented by the Department of Surgery at the Research Day program.

The award is determined by all surgery residents and medical students who did their surgical clerkship in the 2017-18 year.

Dr. James A. Vosswinkel, assistant professor of surgery and chief of trauma, emergency surgery, and surgical critical care, as well as medical director of the Stony Brook Trauma Center, was chosen the 2017 **Times Beacon Record News Media "Person of the Year."**

Published in December, the TBR article announcing the high honor, titled **"Stony Brook Trauma Care Surgeon Is an Asset for Suffolk County,"** opened this way:

"When they come to him, they need something desperately. He empowers people, either to help themselves or others, in life and death situations or to prevent the kinds of traumatic injuries that would cause a crisis cascade."

Dr. Vosswinkel and his trauma/critical care team in February were featured in a *Newsday* article titled **"Stop the Bleed Training on Upswing in LI Schools."**

They are among the trauma specialists from local hospitals teaching Long Island teachers, school administrators, and staff how to tie tourniquets and dress wounds as part of a federal initiative called "Stop the Bleed," designed and funded by the Department of Homeland Security.

It is among the newest steps being taken to respond to casualties before first responders arrive at a mass shooting or other emergency situation.

"Ideally, we would love to prevent all of these tragic situations from occurring," Dr. Vosswinkel is quoted as saying. "Since we can't prevent them, we are obligated to prepare ourselves for when they do happen."

Vascular and Endovascular Surgery Long Islanders in February voted the Stony Brook Vascular Center & Center for Vein Care **"Best Vascular / Vein Practice on Long Island"** . . . Third year in a row!

The Bethpage Best of LI annual contest is a roadmap to the best businesses and services throughout both Nassau and Suffolk counties, as chosen by the residents and patrons who rely on them.

Dr. Shang A. Loh, associate professor of surgery and director of the vascular surgery residency, in June received the **Fabio Giron Teaching Award** given by the division based on the vote of all vascular surgery residents and fellows.

Dr. Apostolos K. Tassiopoulos, professor of surgery and chief of vascular and endovascular surgery, was selected for inclusion in *New York Magazine's Best Doctors* issue published in May.

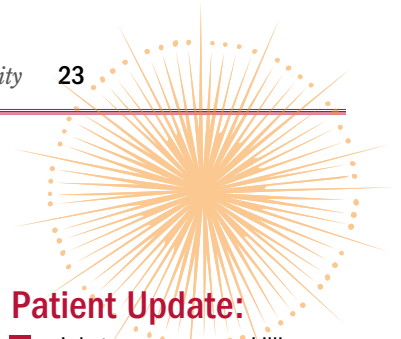
Dr. Tassiopoulos in June was the **2018 Distinguished Service Honoree at the annual Hamptons Heart Ball** held in Southampton to benefit the American Heart Association.

The **Ninth Annual Venous Symposium**—directed by **Dr. Antonios P. Gasparis**, professor of surgery, and **Dr. Nicos Labropoulos**, professor of surgery—took place in April in New York.

It was another **record-breaking year, with 680-plus participants from 45 states and countries**. The symposium has become one of the premier international conferences on issues and treatment related to vein pathology.

The symposium delivers practical education and updates on the current knowledge and management of venous disease. Next year's symposium will take place in New York on April 11-13, 2019.

For more information, visit www.venous-symposium.com.



PRACTICE LOCATIONS

Stony Brook Surgical Associates

Stony Brook University Hospital

101 Nicolls Road
Stony Brook, NY 11794
(631) 444-4000 (tel)

Heart Institute

University Hospital
Level 5
101 Nicolls Road
Stony Brook, NY 11794
(631) 444-6590 (tel)
(631) 444-8963 (fax)

Cancer Center & Carol M. Baldwin Breast Care Center

3 Edmund D. Pellegrino Road
Stony Brook, NY 11794
(631) 638-1000 (tel)
(631) 444-6348 (fax)

Surgical Care Center

37 Research Way
East Setauket, NY 11733
(631) 444-4545 (tel)
(631) 444-4539 (fax)
222 Middle Country Road
Suite 209
Smithtown, NY 11787
(631) 638-2800 (tel)
(631) 638-2830 (fax)

Plastic & Cosmetic Surgery Center

24 Research Way
Suite 100
East Setauket, NY 11733
(631) 444-4666 (tel)
(631) 444-4610 (fax)

Bellavie MedSpa

23 South Howell Avenue
Suite F
Centereach, NY 11720
(631) 638-3950 (tel)
(631) 638-3947 (fax)

General/Gastrointestinal Surgery Bariatric and Metabolic Weight Loss Center

Nicolls Professional Park
23 South Howell Avenue
Suite D
Centereach, NY 11720
~ General Surgery
(631) 638-3969 (tel)
(631) 638-0050 (fax)
~ Weight Loss
(631) 444-BARI (2274) (tel)
(631) 638-1227 (fax)

Comprehensive Hernia Center

Nicolls Professional Park
23 South Howell Avenue
Suite D
Centereach, NY 11720
and
37 Research Way
East Setauket, NY 11733
and
222 Middle Country Road
Suite 209
Smithtown, NY 11787
and
500 Commack Road
Suite 102
Commack, NY 11725
(631) 638-0054 (tel)
(631) 638-0050 (fax)

Vascular Center & Center for Vein Care

Nicolls Professional Park
23 South Howell Avenue
Suite G
Centereach, NY 11743
and
500 Commack Road
Suite 102
Commack, NY 11725
and
222 Middle Country Road
Suite 209
Smithtown, NY 11787
and
160 Middle Road
Suite 3
Sayville, NY 11782
and
225 West Montauk Highway
Hampton Bays, NY 11946
and
240 Meeting House Lane
The Schenck Building
Southampton, NY 11968
and
676 County Road 39A
Southampton, NY 11968
~ Vascular Center
(631) 638-1670 (tel)
(631) 638-1691 (fax)
~ Center for Vein Care
(800) 345-VEIN (8346) (tel)
(631) 638-1691 (fax)

Advanced Specialty Care

500 Commack Road
Suite 102
Commack, NY 11725
(631) 444-4545
(631) 444-4539

Long Island Community Hospital (formerly, Brookhaven Memorial Hospital Medical Center)

101 Hospital Road
Patchogue, NY 11772
~ Trauma Care
(631) 631-444-9051 (tel)
(631) 444-6176 (fax)
~ Vascular Care
(631) 638-1670 (tel)
(631) 638-1691 (fax)
~ Weight Loss
(631) 444-BARI (2274) (tel)
(631) 638-1227 (fax)

Outpatient Services Center

225 West Montauk Highway
Hampton Bays, NY 11946
(631) 723-5000 (tel)
(631) 723-5010 (fax)

Stony Brook Cardiology and Specialty Care

676 County Road 39A
Southampton, NY 11968
(631) 283-2070 (tel)
(631) 283-5927 (fax)

Southampton Vascular Office

240 Meeting House Lane
Schenck Building
Southampton, NY 11968
(631) 638-1670 (tel)
(631) 638-1691 (fax)

Stony Brook Southampton Hospital

240 Meeting House Lane
Southampton, NY 11968
(631) 726-8200 (tel)

Please visit the
Department of Surgery
websites:

Patient Care
surgery.stonybrookmedicine.edu
Academics
medicine.stonybrookmedicine.edu/surgery

Patient Update:

In July two years ago, Lillian Schneider was involved in a terrible car accident in Montauk on the East End. A pickup truck had crashed into the driver's side of her car—and she was the driver.

As the first responders arrived at the scene, they realized the gravity of the situation. Lillian had suffered extensive injury and was in shock. She required immediate lifesaving care.

They summoned the Suffolk County Police Department air ambulance to transport Lillian to the Stony Brook Trauma Center, the only Level 1 Trauma Center in Suffolk County.

Upon arrival at Stony Brook, a trauma activation was called, and the comprehensive group of staff and resources that make up our Trauma Center were mobilized and brought to Lillian's bedside.

Lillian had suffered trauma to multiple vital regions. When these injuries were summarized and graded, the totality of trauma put her in the most critically injured category.

Survival and recovery for an average patient would be a very tall order.

But Lillian isn't the average person. Despite spending over three weeks in the ICU and over one and a half months in the hospital, with additional time in rehab, Lillian got back to her normal state of health.

Last year, in grateful recognition of the care she received at Stony Brook and in memory of her late husband Leonard Schneider, Lillian established the Lillian and Leonard Schneider Endowed Professor in Trauma Surgery.

James A. Vosswinkel, MD, chief of trauma, emergency surgery, and surgical critical care, was honored with this professorship, the first endowed professorship in the Department of Surgery.



Stony Brook Medicine

Stony Brook Surgical Associates

SEE PATIENT UPDATE ON PAGE 23 | PHOTO: JOHN GRIFFIN

BARIATRIC SURGERY

(631) 444-2274 (tel)
(631) 638-1227 (fax)

Andrew T. Bates, MD
Salvatore Docimo Jr., DO, MS
Aurora D. Pryor, MD
Konstantinos Spaniolas, MD

BREAST SURGERY

(631) 638-1000 (tel)
(631) 638-0720 (fax)

Anastasia Bakoulis, DO
Patricia A. Farrelly, MD
Brian J. O'Hea, MD

BURN CARE

(631) 444-4545 (tel)
(631) 444-6176 (fax)

Steven Sandoval, MD
Marc J. Shapiro, MD

CARDIOTHORACIC SURGERY

(631) 444-1820 (tel)
(631) 444-8963 (fax)

Thomas V. Bilfinger, MD, ScD
Joanna Chikwe, MD
Allison J. McLarty, MD
Vinay M. Tak, MD
Henry J. Tannous, MD

COLON AND RECTAL SURGERY

(631) 444-1825 (tel)
(631) 444-7784 (fax)

Marvin L. Corman, MD
Paula I. Denoya, MD
Jill C. Genua, MD
Kathreen Lee, MD
Arnold R. Leiboff, MD
William B. Smithy, MD

GENERAL/GASTROINTESTINAL SURGERY

(631) 638-3969/444-4545 (tel)
(631) 638-0050 (fax)

Andrew T. Bates, MD
Salvatore Docimo Jr., DO, MS
Polikseni Eksarko, MD
Jill C. Genua, MD
Michael F. Paccione, MD
Aurora D. Pryor, MD
Jerry A. Rubano, MD
Daniel N. Rutigliano, DO
Steven Sandoval, MD
Samer Sbayi, MD, MBA
Jessica R. Schnur, MD
Marc J. Shapiro, MD
Konstantinos Spaniolas, MD
Mark A. Talamini, MD, MBA
James A. Vosswinkel, MD

OTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)

(631) 444-4121 (tel)
(631) 444-4189 (fax)

Sidrah M. Ahmad, MD
Lukasz Czerwinka, MD
Melissa M. Mortensen, MD
Ghassan J. Samara, MD
David A. Schessel, MD, PhD
Abbas A. Younes, MD

PEDIATRIC SURGERY

(631) 444-4545 (tel)
(631) 444-8824 (fax)

Charles V. Coren, MD
Erica R. Gross, MD
Helen Hsieh, MD, PhD
Christopher S. Muratore, MD
Richard J. Scriven, MD

PLASTIC AND RECONSTRUCTIVE SURGERY

(631) 444-4666 (tel)
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Christopher S. Bellber, MD
Duc T. Bui, MD
Alexander B. Dagum, MD
Jason C. Ganz, MD
Tara L. Huston, MD
Sami U. Khan, MD
Aleksandra Krajewski, MD
David K. Lam, MD, DDS, PhD

PODIATRIC SURGERY

(631) 444-4545 (tel)
(631) 444-4539 (fax)

Valerie A. Brunetti, DPM
Bernard F. Martin, DPM

SURGICAL ONCOLOGY

(631) 444-8086 (tel)
(631) 444-7871 (fax)

Georgios V. Georgakis, MD, PhD
Aaron R. Sasson, MD

TRAUMA/SURGICAL CRITICAL CARE

(631) 444-4545 (tel)
(631) 444-6176 (fax)

Polikseni Eksarko, MD
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Daniel N. Rutigliano, DO
Steven Sandoval, MD
Marc J. Shapiro, MD
James A. Vosswinkel, MD

VASCULAR SURGERY

(631) 638-1670 (tel)
(631) 638-1691 (fax)

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Mohsen Bannazadeh, MD
Joel M. Crawford, MD
Antonios P. Gasparis, MD
Angela A. Kokkosis, MD
George J. Koullias, MD, PhD
David S. Landau, MD
Shang A. Loh, MD
Nicholas Sikalas, MD
Apostolos K. Tassiopoulos, MD

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Academics: medicine.stonybrookmedicine.edu/surgery



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