

POST-OP



Outpatient Cancer Center Prepares for Opening

Optimizing Care of Patients with Cancer



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The Stony Brook University Cancer Center is preparing to move its outpatient services into a new facility located adjacent to the Ambulatory Surgery Center on the campus of Stony Brook University Medical Center. This move will bring the outpatient cancer services of the hospital and those in our East Setauket offices, including the Carol M. Baldwin Breast Care Center, to one convenient location.

The new Outpatient Imaging Center located in the facility is equipped with a full range of advanced diagnostic services and state-of-the-art equipment for timely, comprehensive results. Use of a wide spectrum of imaging systems, including ultrasound, MRI, CT, and PET scanning, and radiographic imaging, adds flexibility to diagnostic procedures and will speed up diagnoses for patients.

In addition, the Stony Brook University Pain Management Center will be moved into the facility and offers comprehensive management and treatment of chronic pain for outpatients.

The director of the Cancer Center, Martin S. Karpeh, Jr., MD, professor of surgery and chief of surgical oncology, comments:

“Providing the best quality surgical oncology requires coordinated planning between medical and radiation oncologist. Complete surgical resection of a patient’s tumor is often just the first step in the comprehensive treatment of this person’s cancer. The new Cancer Center will improve communication between doctors of multiple specialties, which results in better treatment planning for the patient.”

Performing Laparoscopic Surgery for Pancreatic Cancer

Advancing Minimally Invasive Surgery for Cancer

Pancreatic cancer is a disease with a generally poor prognosis. Delay in onset of symptoms leads to initial diagnoses in more advanced disease. Surgery is the only hope for potential cure, but is only available to patients whose disease has not spread outside of the pancreas.

Traditionally, there are two major “open” operations done to remove pancreatic cancers dependent on their location.

Laparoscopic pancreatic cancer resection (tumor removal) is now being championed by a

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Outpatient Cancer Center Preparing to Open

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While the inner workings of the new facility bring outpatient services and specialty care into one dynamic setting, the design of the building places a premium on comfort, convenience, and space. This is beneficial to patients and provides for a pleasant and efficient working environment.

The spacious and modern facility offers easy access, ample parking and valet services, bright and spacious treatment areas, tranquil lobbies, and on-site food services. A community resource center will provide patient education.

The new location is also an optimum setting for the multidisciplinary collaboration of 11 disease-specific cancer management teams in areas that include gastrointestinal (upper and lower GI tract), head and neck, prostate and other urologic cancers, and

breast, skin, lung, hematologic, pediatric, gynecologic, and neurologic cancers. In addition, an on-site cancer Clinical Trials Office will manage newly launched clinical trials conducted by the disease-specific teams.

Other strategies to advance the Stony Brook University Cancer Center as a “Center of Excellence” include a research and business plan. These plans, along with the clinical strategy, are part of an ongoing three-point plan aimed at developing relationships with community physicians and hospitals, invigorating the multidisciplinary team approach to patient care, and providing a model teaching environment for healthcare professionals.



“Having our outpatient services in one location, including imaging services, will cultivate the Cancer Center’s clinical strategy to build a ‘Center of Excellence,’” says **Dr. Martin S. Karpeh, Jr., professor of surgery and chief of surgical oncology, who also serves as director of the Stony Brook University Cancer Center.** **“The outpatient center also will give students a wonderful opportunity to learn how modern oncology should be practiced. And we expect to involve students more in cancer outreach programs by helping with patient education.”**

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INTRODUCING NEW FACULTY



Dr. Steven Sandoval

Burn Surgeon, Intensivist, General Surgeon

Steven Sandoval, MD, has joined our Division of General Surgery, Trauma, Surgical Critical Care, and Burns as assistant professor of surgery. Dr. Sandoval is a graduate of our residency in surgical critical care, who distinguished himself here. He came to Stony Brook after completing a fellowship in burn care at the Burn Center of Weill Cornell Medical Center in New York.

Dr. Sandoval's practice at Stony Brook will include traumatology and the surgical management of injured patients, as well as the management of major burns in adults and children. He will play an active role in the care of patients at our Burn Center.

In addition, Dr. Sandoval will practice general surgery, with emphasis on the management of diseases of the gastrointestinal system and the endocrine system.

Dr. Sandoval received his medical doctorate from Ross University School of Medicine (graduating with high honors) in 1998. He then went to the Hospital of the University of Pennsylvania, in Philadelphia, to do his surgical internship. He completed his residency training in general surgery at Maimonides Medical Center, in Brooklyn, graduating in 2004.

Before coming to Stony Brook in July 2005, Dr. Sandoval completed his burn fellowship at the William and Randolph Hearst Burn Center at Weill Cornell Medical Center.

For consultations/appointments with Dr. Sandoval, please call (631) 444-2565.



Dr. Sami U. Khan

Plastic Surgeon

Sami U. Khan, MD, has joined our Division of Plastic and Reconstructive Surgery as assistant professor of surgery. He comes to Stony Brook from a private practice on Long Island, in which he specialized in plastic and reconstructive surgery.

Board certified in surgery, Dr. Khan's practice at Stony Brook will include general plastic and reconstructive surgery, with an emphasis on cosmetic surgery and breast reconstruction.

Dr. Khan's research interests include the areas of reconstruction of complicated wounds and patient safety related to cosmetic surgery and body contouring.

Dr. Khan received his medical doctorate from the Medical College of Georgia in 1996. He completed his residency training in general surgery at the Medical Center of Delaware (Wilmington), and his training in plastic surgery at the Mayo Clinic.

Dr. Khan subsequently completed an additional fellowship in cosmetic surgery and breast reconstruction in Charlotte, NC.

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



Dr. Apostolos K. Tassiopoulos

Vascular Surgeon

Apostolos K. Tassiopoulos, MD, FACS, has joined our Division of Vascular Surgery as assistant professor of surgery. Dr. Tassiopoulos comes to Stony Brook from Rush University in Chicago, where he was an assistant professor of cardiovascular surgery, and a senior attending vascular surgeon at the John H. Stroger Jr. Hospital of Cook County.

Board certified in both general surgery and vascular surgery, Dr. Tassiopoulos' practice at Stony Brook will include minimally invasive endovascular surgery for the management of aortic aneurysms, lower extremity vascular disease, carotid disease, and venous disease; minimally invasive percutaneous closure for varicose veins; treatment of spider veins (laser and sclerotherapy); surgery for stroke prevention (carotid endarterectomy), aortic aneurysms, lower extremity vascular reconstruction, and dialysis access.

Dr. Tassiopoulos received his medical doctorate from Aristotle University Medical School in Thessaloniki, Greece, in 1989. He subsequently served for two years as a general medical officer in the Hellenic Air Force of Greece. In 1992, he moved to Houston, TX, to pursue a one-year postdoctoral fellowship in cardiovascular surgery at Baylor College of Medicine. He then completed his residency training in general surgery at SUNY Upstate Medical University in 1999, and went on to complete his training in vascular surgery at Loyola University.

For consultations/appointments with Dr. Tassiopoulos, please call (631) 444-2565.

Performing the Pillar Procedure

An Effective, First-Line Treatment For Sleep Apnea and Snoring

In addition to interrupted sleep and daytime fatigue, sleep apnea can lead to major health problems such as heart disease, high blood pressure, and stroke. Disruptive snoring also can contribute to conflict and stress for both sleep partners. Now there's a simple, minimally invasive option for treating mild obstructive sleep apnea and snoring.

Our otolaryngology (ENT) specialists have been using the newly developed Pillar procedure this past year, and find it to be a safe and effective method for treating mild sleep apnea and snoring. This new treatment is now among the innovative treatments they use for this problem, in addition to more invasive treatments for moderate and severe cases of it.

Many patients soon report a noticeable, lasting reduction in mild obstructive sleep apnea and snoring. In long-term (one year) clinical studies, obstructive sleep apnea was reduced in nearly 80% of the patients; for patients suffering from disruptive snoring, bed partner satisfaction was as high as 90%. Patients also experienced less daytime sleepiness.

Unlike surgical treatments, the Pillar procedure is performed in a single office visit using local anesthetic, and is completely reversible. The procedure places three small inserts in the patient's soft palate located at the back of the roof of the mouth. The procedure stiffens the palate, preventing or lessening blockages of the airway—effectively treating mild obstructive sleep apnea and substantially reducing the intensity of snoring in most individuals.

In addition, more than 80% of clinical trial patients—and their partners—would recommend the Pillar procedure.

THE PROCEDURE ITSELF

The Pillar implant addresses one of the anatomical components of sleep apnea and snoring: the soft palate. During the procedure, three tiny synthetic biocompatible inserts are placed in the soft palate to help reduce the vibration that causes snoring and the ability of the soft palate to obstruct the airway.

Once in place, the inserts add structural support to the soft palate. Over time, the body's natural tissue response to the inserts increases the structural integrity of the soft palate.

Pillar inserts are made of material used in implantable medical devices for more than 50 years. They are designed to be invisible, and should not be felt or interfere with swallowing or speech. Many patients resume normal diet and activities the same day they have the procedure.

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

Patient Selection And Efficacy Of Pillar Implant Technique

OBJECTIVE: Pillar implant technique (PIT) is a simple, office-based procedure with minimal morbidity that was introduced in 2003 to treat snoring and mild/moderate obstructive sleep apnea/hypopnea syndrome (OSAHS). We studied the: (1) success rate using subjective symptoms and objective polysomnographic improvement; (2) success rate based on BMI, OSAHS severity and Friedman tongue position (FTP); and (3) its value as an adjunctive or revision procedure.

STUDY DESIGN AND SETTING: Retrospective review of 125 patients who underwent the PIT for snoring and OSAHS. Patients were grouped: Group I had PIT only (n = 29); Group II received adjunctive nasal procedures (n = 37), Group III received adjunctive oropharyngeal procedures (n = 55); and Group IV had failed previous UPPP (n = 4).

RESULTS: Overall subjective and objective "cure" rates were 88.0% and 34.4%, respectively. Group IIb had the best objective cure rate of 46.7%. Neither AHI nor BMI correlated with outcome measures, whereas FTP did correlate. (FTP I and II had improved success vs FTP III and IV.) Ten patients had partial extrusion of the PIT. These were removed and new PIT were carried out at a later date.

CONCLUSIONS: Based on a short-term study, the Pillar implant is an effective treatment for snoring and OSAHS in selected patients and can be combined with adjunctive procedures to treat OSAHS.

Friedman M, Vidyasagar R, Bliznikas D, Joseph NJ. Patient selection and efficacy of Pillar implant technique for treatment of snoring and obstructive sleep apnea/hypopnea syndrome. *Otolaryngology-Head and Neck Surgery* 2000;134:187-96.

THE PILLAR PROCEDURE IS

- Less invasive and less painful than other surgical procedures
- Completed in a single office visit
- FDA-cleared and clinically proven, with results comparable to more aggressive surgical procedures

Good News For Pediatric Surgery Patients

Virtual Pre-Surgical Tour Now Available

The Child Life Program at Stony Brook University Medical Center is proud to announce the launch of its new online Pre-Surgical Tour for children and their families. The purpose of the tour is to provide patients who are scheduled for surgery a chance to see and know what to expect.

The website follows a 9-year-old girl named Jamie during her initial doctor's visit, getting ready to come to the hospital, during her preoperative preparation, into the operating room, onto the pediatrics inpatient unit, and finally through discharge.

The virtual tour can be accessed at:
www.stonybrookhospital.com/childlife/preoptour

The descriptive yet non-threatening narrative, accompanied by full-color pictures, offers a comprehensive virtual experience for what children and their family members will encounter when coming to Stony Brook University Medical Center. Further, the tour provides answers to many common questions that arise before surgery.

For more information about how children can be appropriately prepared for surgery, or for any other questions relating to the services that the Child Life Program provides, please call (631) 444-3840.

Minimally Traumatic Removal Of Tonsils and Adenoids

Less Pain and Faster Recovery

The new "coblation" procedure is a gentler procedure, compared with conventional methods, for removing both tonsils and adenoids, and it offers a faster and easier recovery.

Traditionally, tonsils and adenoids are removed by cutting or burning, which can cause extensive pain and damage to surrounding healthy tissue.

Coblation is an advanced technology that combines gentle radiofrequency energy in a natural salt solution—to quickly and safely remove tonsils and adenoids.

Because traditional procedures use high levels of heat to remove the tonsils and adenoids, damage to surrounding healthy tissue is common.

"This is a revolution in tonsillectomy and adenoidectomy surgery. Traditionally, postoperative pain had been a great concern with this procedure," says Dr. Denise C. Monte, our pediatric otolaryngologist.

"With the coblation technique, the children are in less pain, and this difference has been noticed by the nursing staff of the recovery room, the inpatient pediatric ward, and our outpatient office, as well as by parents. Coblation is now my preferred method of performing tonsillectomy and adenoidectomy."

Coblation does not remove the tonsils or adenoids by heating or burning, leaving the healthy tissue surrounding the tonsils unaffected.

The innovative approach of coblation results in less pain and a more rapid recovery for most patients, compared with the traditional surgery.

Denise C. Monte, MD, assistant professor of surgery (otolaryngology-head and neck surgery), is our pediatric otolaryngologist, and has been specially trained to perform coblation tonsillectomy and adenoidectomy.



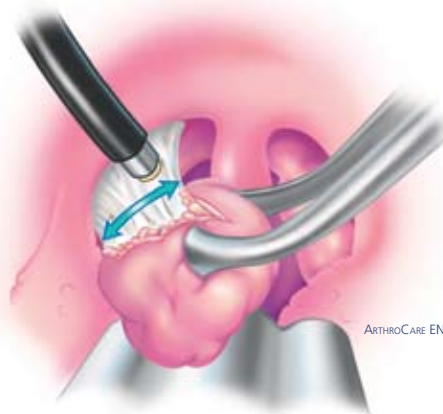
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Dr. Denise C. Monte

Dr. Monte has been performing this procedure since spring 2005, and is currently training other members of our otolaryngology-head and neck surgery service in this technique.

Dr. Monte's patients and their families say they are extremely satisfied with the results of the coblation operation they had at Stony Brook.

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



ARTHROCare ENT

Tonsillectomy with coblation device (left).

Stapled Transanal Rectal Resection (STARR) For Obstructed Defecation Syndrome

By Marvin L. Corman, MD

Chronic constipation is among the most common reasons for patients to solicit medical advice. In the United States alone, the cost of over-the-counter laxatives is estimated at close to one-half billion dollars per year. Older individuals and women are particularly likely to suffer from this complaint. Usually, the treatment of constipation includes appropriate dietary counseling, a regimen of activity, and often the use of laxatives, enema, or suppositories.

There are a number of pathologic causes of constipation, so it is critically important for the patient to undergo appropriate investigations. There is, however, an interesting, albeit uncommon, condition which affects primarily women (90%) and which produces symptoms of difficulty in eliminating—the so-called obstructed defecation syndrome (ODS).

ODS is a condition, often associated with anatomical anomalies of the pelvic floor, that affects thousands of people in the United States—primarily women. It produces symptoms of inability to effect bowel evacuation.

Those with ODS know that neither adequate nutrition and exercise nor medications resolve their problem. Biofeedback works occasionally. But now, ODS can be effectively treated by a minimally invasive surgical option known as the STARR procedure.

Stony Brook University Medical Center is the regional northeast training center for the STARR procedure, through a new program directed by Marvin L. Corman, MD, professor of surgery.

The etiology and pathophysiology of ODS are poorly understood. The characteristic complaint is that of an inability to effect evacuation by straining, and yet the patient does not necessarily report that she or he is having a problem with a hard bowel movement.

It is suggested that ODS requires two or more of the following symptoms: prolonged and unsuccessful straining at stool, a feeling of incomplete evacuation, the requirement for manual assistance, and the regular use of laxatives and enemas.

In order to identify and confirm the appropriateness of this specific surgical approach, an x-ray is required. This study is called a defecogram. Thickened barium is instilled into the rectum. It is then eliminated while the radiologist performs a video examination.

The classical finding is the inappropriate, paradoxical contraction of the sphincter

muscle, the muscle that controls bowel action. In other words, the muscle fails to relax, and the patient cannot eliminate. Those patients who present with this symptom complex and who don't respond to conservative measures may be candidates for the stapled transanal rectal resection (STARR) procedure.

ABOUT THE PROCEDURE

The STARR procedure is undertaken through the rectum. During the procedure a device that simultaneously cuts and staples tissue is placed transanally to remove any excess tissue and to reinforce the rectum. No external incisions are created. The surgeon uses two circular staplers to produce a circumferential transanal full-thickness resection of the lower rectum.

The combination of the two stapled resections aims to correct the structural abnormalities associated with ODS; namely, rectal intussusception, rectocele, and mucosal prolapse.

The procedure was originally described and invented in Europe. To date, approximately 300 surgeons have been trained to perform the STARR procedure throughout the world, and approximately 5,000 operations have been performed.

In the United States, there are a limited number of surgeons who have been trained and who have experience with the STARR procedure. Stony Brook University Medical Center is one of the select few hospitals in the country where this operation is performed.

Patients are typically hospitalized from one to three days. Results of the European experience and that of surgeons in the United States suggest that STARR significantly reduces ODS symptoms and significantly improves the quality of life for ODS patients.

Furthermore, researchers have documented that the benefits of the STARR procedure were sustained at the one-year follow-up, and European investigators have reported benefit in patients after a 20-month evaluation.

As with any surgical procedure, there are risks and complications that may be associated with the STARR procedure. Complications that may occur include bleeding, leaks from the rectum, infection, urinary retention, incontinence, fistula formation, or dyspareunia (painful intercourse). Pain also may persist for a time but is

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Performing Laparoscopic Surgery for Pancreatic Cancer

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few surgeons, who have the advanced skills to perform it, in order to provide patients with the advantages of the minimally invasive approach, compared with these conventional operations.



Dr. Kevin T. Watkins

In June, Kevin T. Watkins, MD, assistant professor of surgery and director of our Center for Minimally Invasive Surgery, performed the first laparoscopic pancreatic cancer resection at Stony Brook—the first operation of its kind done on Long Island.

The patient was a significant risk for surgery because of numerous co-morbid illnesses. He had his resection performed, and was discharged from the hospital without complication.

This patient has been able to start his systemic chemotherapy, which he is tolerating well. And he has also been able to return to his usual lifestyle.

A national leader in the field of laparoscopic surgery, Dr. Watkins performed his first laparoscopic pancreatic cancer resection in 2002, before any reports of this operation were published in the medical literature. He is now working to publish his long-term results with this operation.

To date, Dr. Watkins has performed 14 laparoscopic pancreatic resections, four of which were done for cancer. “The numbers are generally low because these are unusual cases,” he explains.

Four of these resections were done by Dr. Watkins here at Stony Brook, including a cystic tumor nearly 8 inches in size, since he joined our faculty in 2004.

Dr. Watkins also uses the laparoscopic approach to treat diseases of the pancreas other than cancer.

BENEFITS OF LAPAROSCOPIC PANCREATIC CANCER SURGERY

Laparoscopy offers the possibility to improve recovery time and restore normal functional activities more rapidly. Since the life expectancy of patients with pancreatic cancer is usually less than one year, these improvements in recovery should lead to significant increases in quality of life.

In addition, a faster recovery will mean that patients may start other forms of treatment, including chemotherapy, in a more expeditious fashion, compared with conventional surgery.

Moreover, because laparoscopic surgery results in less physiologic stress to the body, these patients may have a better chance of responding to the therapy.

The majority of pancreatic cancers occur in the head of the pancreas. Surgical removal of this area requires an extensive operation that, at this point, is not practical laparoscopically, at least to improve recovery times.

Laparoscopic pancreatic surgery represents the latest advances in minimally invasive surgery.

Only the most experienced laparoscopic surgeons are able to do it.

At Stony Brook, our surgeons can not only perform laparoscopic pancreatic surgery, but are among the nation’s leaders in this kind of minimally invasive surgery.

Our surgeons have more experience performing laparoscopic pancreatic surgery than any other surgeons on Long Island.

Lesions in the tail of the pancreas are potentially amenable to a laparoscopic approach to resection. Although reports of these operations being performed have been published in the medical literature, no large series with long-term outcome results have yet been reported.

Our efforts at Stony Brook to advance cancer care with the most sophisticated form of laparoscopic surgery reflects our commitment to excellence in patient care.

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

Residency Update

Since the class of 1975 entered the profession of surgery, 173 physicians have completed their residency training in general surgery at Stony Brook. The alumni of our residency program now practice surgery throughout the United States, as well as in numerous other countries around the world—and we're proud of their diverse achievements and contributions to healthcare.

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

In June, our proposal for a **residency program in colon and rectal surgery** was approved by the Accreditation Council for Graduate Medical Education. The one-year residency, directed by Marvin L. Corman, MD, professor of surgery, is now fully accredited, and it commenced in July with its first resident, Brett Ruffo, MD, one of this year's graduates of our residency in general surgery at Stony Brook.

2006 Graduating Residents

Name	Career Direction
General Surgery	
Victor Cruz, MD	Colorectal surgery fellowship at St. Mark's Hospital, Salt Lake City, UT
Andrew Monteleone, MD	Private practice in Middleton, NY
Aleksandr Reznichenko, MD	Minimally invasive surgery fellowship in Houston, TX
Brett Ruffo, MD	Colorectal surgery fellowship at Stony Brook U
Hiroshi Sogawa, MD	Transplantation fellowship at Mt. Sinai Medical Center, New York, NY
Otolaryngology	
Paul Bell, MD	Private practice in Garden City, NY
Vascular Surgery	
Jason K. Lee, MD	Private practice in Seattle, WA
Critical Care	
Solomon A. David, MD	Critical care at North Shore University Hospital, Manhasset, NY
Steven Sandoval, MD	Assistant professorship in surgery at Stony Brook U

New Chief Residents

Name	Medical School (Grad. Year)
Wei Chen, MD	SUNY Downstate Medical Center ('02)
Julia Gotte, MD	Christian-Albrechts-U ('99)
Roger Kim, MD	Northwestern U ('00)
Paul Kochupura, MD	SUNY Upstate Medical U ('01)
Kristen Rezak, MD	Ross U ('01)

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

Our accredited **vascular surgery** residency (fellowship) was established in 1980 by our Division of Vascular Surgery, and since then, 26 vascular surgeons have been trained at Stony Brook.

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

Incoming Residents/All Categorical PGY-1*

Name	Medical School (Grad. Year)
Christy Adamsky, MD	Stony Brook U ('06)
Neeta Chaudhary, MD	Buffalo U ('06)
Cristina Dracea, MD	Stony Brook U ('06)
James Jen, MD	Stony Brook U ('06)
Kathleen Llewellyn, MD	New York Medical College ('06)
Scott Sequeira, MD	Boston U ('05)

* As of July 1, 2006.



Our graduating otolaryngology resident, Dr. Paul Bell (right), with Dr. Arnold Katz.



Dr. John Ricotta (far left) and Dr. Eugene Mohan (far right) with our 2006 graduating chief residents (from left to right), Drs. Hiroshi Sogawa, Victor Cruz, Andrew Monteleone, and Aleksandr Reznichenko, at the graduation banquet held in June at Flowerfield, St. James, NY. (Dr. Brett Ruffo, also a graduating chief resident, is not seen here because he was at the hospital where his wife was delivering their first child.)



Photos by Gerald Bushart, Department of Surgery.

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

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

(above) Our graduating vascular surgery resident, Dr. Jason Lee (second from left), with (from left to right) Drs. John Ricotta, Cheng Lo, Apostolos Tassiopoulos, and Antonios Gasparis.

(above right) Our graduating critical care residents, Drs. Steven Sandoval (left) and Solomon David (center), with Dr. Marc Shapiro.

(right) Dr. Kristen Rezak (center) was the recipient of the 2006 David J. Kreis Jr. Award for Excellence in Trauma Surgery. Established in 2000, this annual award is presented to a senior (fourth-year) surgical resident by the Trauma Section in honor of the late Dr. Kreis, who was the founding chief of our trauma service, and who served with distinction on our faculty until his untimely death.



Alumni News

Dr. Noel L. Smith ('78) reports that he is currently located in Manhattan (downtown—one block west of Thomas Paine Park), where he is in private practice.

Dr. Victor A. Gallo ('79) has joined the voluntary faculty of the Department's newly established residency in colon and rectal surgery, along with fellow alums **Dr. Paul A. Hartendorp** ('86) and **Dr. Dean P. Pappas** ('99). Dr. Gallo is the residency program's on-site training director at Winthrop-University Hospital; his private practice in colorectal surgery is in Garden City, NY.

Dr. Tom R. Karl ('81), professor and chief of pediatric cardiothoracic surgery at the University of California-San Francisco (UCSF), continues to distinguish himself not only as a clinician, but also as a scholar. Among his recently published articles are the following:

Karl TR, Horton SB, Brizard C. Postoperative support with the centrifugal pump ventricular assist device (VAD). *Semin Thorac Cardiovasc Surg Pediatr Card Surg Annu* 2006;9:83-91.

Alphonso N, Anagnostopoulos PV, Azakie A, **Karl TR**. Undiagnosed coronary fistula causing low cardiac output syndrome after pediatric heart surgery. *Eur J Cardiothorac Surg* 2006;30:397-9.

Nolke L, Azakie A, Anagnostopoulos PV, Alphonso N, **Karl TR**. The Lecompte maneuver for relief of airway compression in absent pulmonary valve syndrome. *Ann Thorac Surg* 2006;81:1802-7.

Shih CY, Sapru A, Oishi P, Azakie A, **Karl TR**, Harmon C, Asija R, Adatia I, Fineman JR. Alterations in plasma B-type natriuretic peptide levels after repair of congenital heart defects: a potential perioperative marker. *J Thorac Cardiovasc Surg* 2006;131:632-8.

A specialist in surgical treatments for highly complex heart problems in newborns and children, Dr. Karl joined the UCSF School of Medicine and UCSF Children's Hospital as chief of pediatric cardiothoracic surgery in 2001.

Dr. Andreas G. Tzakis ('83), a pioneering transplant surgeon, recently received the annual James W. McLamore Outstanding Service Award given by the University of Miami, where he is a distinguished member of the surgical faculty. The McLamore Outstanding Service Award recognizes a member of the university community who has gone above and beyond the call of duty in service to the university. Dr. Tzakis was honored for his extraordinary clinical work and for his service to his patients, who are his biggest supporters. Several of his patients attended the award ceremony. Dr. Camillo

Ricordi, senior associate dean for research and a longtime colleague of the honoree, said: "Dr. Tzakis has not just performed more than 4,000 transplants in his lifetime; he's really made a mark on the lives of the people he's treated throughout the years." Dr. Tzakis is director of the Division of Liver and GI Transplantation, and an internationally renowned clinical innovator willing to push the limits of what medical science can accomplish.

Dr. Aaron H. Chevinsky ('88) is an associate professor of surgery at New Jersey Medical School, and chief of surgical oncology at Morristown Memorial Hospital, where he is co-director of the Carol G. Simon Cancer Center. In November, he served as a member of the faculty of the New York General Surgery Board Review Course, sponsored by the Department of Surgery at Columbia University, and held in Teaneck, NJ. He gave lectures on oncology, including melanoma and sarcoma, and pancreatic cancer (non-endocrine).

Dr. Christopher M. Genco ('89), a cardiothoracic surgeon practicing at the Michigan Cardiovascular Institute in Saginaw, MI, is a participating investigator in the national multicenter study of the Coapsys

Annuloplasty System in an FDA-regulated clinical trial called the RESTOR-MV (see page 11).

Dr. Kelly M. James ('93) has been appointed the trauma medical director at Centerpoint Medical Center, now under construction in Independence, MO. Scheduled to open in the spring of next year, the new 257-bed hospital will replace Independence Regional Health Center and the Medical Center of Independence.

Dr. Colleen J. Jambor ('02) has joined Johnson Memorial Hospital Medical Staff in Enfield, CT, and is now in practice at Johnson Professional Associates, PC. In her new practice, Dr. Jambor offers an array of plastic surgery procedures to help patients achieve the desired results. These include abdominoplasty (tummy tuck); breast lift, augmentation and reduction; liposuction; and medical skin care such as Botox, Restalyne, and collagen injections; laser hair removal; and microdermabrasion. After her residency at Stony Brook, Dr. Jambor completed both a plastic surgery residency and an aesthetic and breast surgery fellowship at the Cleveland Clinic of Cleveland, OH.

Division Briefs



New Referral Guide: Surgical Services at Stony Brook

To obtain a **free** copy of the new referral guide (third edition) for all surgical services of Stony Brook University Physicians, please call (631) 444-9829.



alum info and submissions

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

GENERAL SURGERY ALUMNI

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

Cardiothoracic Surgery

Dr. Todd K. Rosengart, professor of surgery and chief of cardiothoracic surgery, was recently **appointed to the council of the New York Society for Thoracic Surgery**.

Dr. Rosengart is now conducting a couple of clinical trials of new therapeutic approaches. He is one of the two principal investigators at Stony Brook (with **Dr. Thomas V. Bilfinger**, professor of surgery) participating in the nationwide effort to evaluate the Coapsys Annuloplasty System in an FDA-regulated clinical trial called the RESTOR-MV.

This newly developed technology makes possible the repair of a patient's damaged mitral valve during minimally invasive off-pump bypass surgery.

As part of the RESTOR-MV trial, the Coapsys device is implanted on a beating heart during an off-pump bypass procedure. The device is intended to reduce the amount of blood flowing backwards from the left ventricle (mitral regurgitation). It is also designed to improve cardiac function and potentially reduce overall treatment costs.

This new procedure will likely extend the promise of

minimally invasive off-pump heart surgery to now include patients with mitral valve disease.

In addition, Dr. Rosengart is one of the two principal investigators here (with **Dr. Frank C. Seifert**, associate professor of surgery) in the multicenter, multinational clinical trial called SYNTAX (SYnergy between percutaneous coronary intervention with TAXus and cardiac surgery).

Changes in the treatment of coronary artery disease both surgically and percutaneously have rendered the major randomized trials historical. Furthermore, the restrictive criteria of previous trials excluded most patients treated in daily practice.

Although coronary surgery is still considered the current, evidence-based, gold-standard treatment of left main and three-vessel coronary disease, the added benefit of drug-eluting stents has further expanded the use of percutaneous coronary intervention beyond less complex populations in daily practice.

The SYNTAX trial aims to compare the safety and efficacy of a certain type of drug-eluting coronary stent for patients with three-vessel or left main disease with what has previously been the

standard therapy for coronary artery bypass grafting (CABG).

The overall study goal is to assess the optimum revascularization treatment for patients with three-vessel coronary artery disease or left main disease by randomizing patients to either percutaneous coronary intervention with TAXus stents or CABG.

For more information about the RESTOR-MV trial and the SYNTAX trial, please call (631) 444-1820.

Our **minimally invasive heart valve surgery** program has recently been established. In one of the first cases under this program, the Stony Brook cardiac surgery team repaired the mitral valve via a 4-inch "mini-thoracotomy" incision placed under the right breast.

The use of this technologically advanced operation further reflects the current trend here and at other top heart centers nationwide, where patients requiring valve repair or replacement surgery now have a minimally invasive procedure.

A growing body of clinical evidence indicates that minimally invasive techniques may soon become standard for patients requiring surgical treatment of valvular heart disease. By

minimizing the operative incision and the amount of trauma and pain, these techniques generally shorten the postoperative recovery time and, thereby, offer considerable benefits to patients.

General Surgery, Trauma, Surgical Critical Care, and Burns

Dr. Kevin T. Watkins, assistant professor of surgery, now serves as director of our Center for Minimally Invasive Surgery, which provides a wide range of basic and advanced laparoscopic surgical care.

Dr. Watkins continues to expand our armamentarium in advanced minimally invasive surgery. In addition to performing laparoscopic pancreatic cancer surgery (see cover story), he recently has performed **laparoscopic esophageal surgery** in a patient who had multiple pulmonary complications from her age and pre-op status.

Dr. Watkins has also performed **laparoscopic liver resection for ruptured liver tumor** in a patient who did exceedingly well. This leading-

edge use of laparoscopy further demonstrates our commitment to excellence in patient care, as well as our commitment to advancing the art of surgery itself.

Otolaryngology-Head and Neck Surgery

Dr. Prajoy P. Kadkade, assistant professor of surgery, recently became a diplomate (fellow) of the American College of Surgeons (FACS).

Dr. Arnold E. Katz, professor of surgery and chief of otolaryngology-head and neck surgery, has published the second edition of his slide lecture titled *Local Flaps for Reconstruction of the Face* [co-authors: Siegel DM, Grande DJ, Martinez R]. This instructional work, issued as a CD by the American Academy of Otolaryngology-Head and Neck Surgery Foundation, stresses interdisciplinary approaches to reconstruction of common defects that result from MOHS excision of skin malignancies.

Dr. Maisie L. Shindo, associate professor of surgery and director of head and neck oncology, was again selected for inclusion in the “Best Doctors” listing of *New York Magazine* (June 19, 2006), representing the **top 2% of physicians** in the New York Metropolitan area.

Surgical Oncology

Dr. Marvin L. Corman, professor of surgery, in June was honored as an **inaugural member** of the John A. Hill Legacy Circle

of the American Society of Colon and Rectal Surgeons (ASCRS), in recognition of his significant contributions to the specialty. The ceremony took place at the society’s annual meeting held in Seattle.

Also at the ASCRS meeting, Dr. Corman took part in a symposium on the optimal therapy for fecal incontinence, where he made a presentation titled “The Optimal Patient for the Secca Procedure.” Over the past several years, evaluation and treatment of fecal incontinence have made significant progress. Several new treatment options, such as the Secca procedure that Dr. Corman performs, have been developed and treatment can be tailored according to patients’ symptoms and underlying pathophysiology.

Dr. Martin S. Karpeh, Jr., professor of surgery and chief of surgical oncology, was again selected for inclusion in the “Best Doctors” listing of *New York Magazine* (June 19, 2006), representing the **top 2% of physicians** in the New York Metropolitan area.

Dr. Brian J. O’Hea, assistant professor of surgery and director of the Carol M. Baldwin Breast Care Center, was again selected for inclusion in the “Best Doctors” listing of *New York Magazine* (June 19, 2006), representing the **top 2% of physicians** in the New York Metropolitan area.

Plastic and Cosmetic Surgery Center

Our new Plastic and Cosmetic Surgery Center, which opened in August, offers cosmetic services plus vein treatments. An aesthetician will be there as well, to perform facials, chemical peels, microdermabrasion, and other procedures.

All our surgeons are board certified, with specialty training in their respective fields of expertise that include plastic and reconstructive surgery, cosmetic surgery, and vascular surgery.



FROM “THE BIRTH OF VENUS” BY SANDRO BOTTICELLI (1484-86)

Our cosmetic services include:

- Botox/Restylane
- Breast augmentation
- Breast lift
- Eyelid rejuvenation
- Face & forehead lifts
- Hair transplantation
- Laser hair removal
- Liposuction
- Microdermabrasion
- Nose reshaping
- Spider & varicose vein treatments
- Total body contouring
- Tummy tuck
- Plus more

Dr. David E. Rivadeneira, assistant professor of surgery, recently became a diplomate (fellow) of the American College of Surgeons (FACS) and also the American Society of Colon and Rectal Surgeons (FASCRS).

In June, Dr. Rivadeneira gave an invited keynote address on **laparoscopic colon surgery**, in which he is widely known for his expertise, at the International Congress of Latin American Laparoscopic Surgeons (Asociación Latino Americana de Cirugía Endoscópica; ALACE), held in Miami.

An active instructor of laparoscopic colon surgery throughout the country, Dr. Rivadeneira has served as teaching faculty at multiple laparoscopic colon courses, including courses held at New York Presbyterian-Cornell, University of Massachusetts, University of Miami, and the latest Annual Clinical Congress of the American College of Surgeons in Chicago.

Also at the ACS Clinical Congress, Dr. Rivadeneira was a participant in the symposium “When Things Go Wrong: Optimizing Outcomes in the Operating Room”; the title of his presentation was “Laparoscopic Misadventures.”

Dr. Rivadeneira continues to serve as chair of the awards committee of the American Society of Colon and Rectal Surgeons, and as the institution representative for the Association of Academic Surgeons.

Vascular Surgery

Dr. John J. Ricotta, professor and chairman of surgery and chief of vascular surgery, was again selected for inclusion in the “Best Doctors” listing of *New York Magazine* (June 19, 2006), representing the **top 2% of physicians** in the New York Metropolitan area.

At the Annual Clinical Congress of the American College of Surgeons, held in September in Chicago, Dr. Ricotta gave a presentation titled “Operative Challenges with Ruptured Abdominal Aortic Aneurysms,” offering surgeons guidance on how to avoid complications.

Clinical Trial of Treatments For Peripheral Vascular Disease

Patient Volunteers Needed

Stony Brook has been selected as one of 15 sites nationwide to participate in a prospective randomized trial of medical therapy, supervised exercise, and angioplasty for the treatment of patients with intermittent claudication due to disease of the aorta and iliac arteries.

The CLEVER study (CLaudication: Exercise Versus Endoluminal Revascularization) is sponsored by the National Institutes of Health (NIH) through the Heart and Blood Institute, and is the first study to compare three forms of therapy for claudication in a prospective randomized fashion.

Eligible patients should be age 50 or above and have disabling claudication due to aortic or iliac disease. They should be candidates for participating in treadmill exercise and should not have a history of congestive heart failure (cilostazol will be part of medical therapy).

All patients will have a thorough vascular evaluation and a program aimed at risk factor reduction. Cilostazol will be provided at no cost to all patients for the 18-month duration of the study.

Patients randomized to exercise will undergo supervised graduated treadmill exercise three times per week for 6 months, followed by 12 months of a home walking program.

Angioplasty and stenting will be performed using standard techniques.

The primary endpoint of this study will be degree of improvement in maximum walking distance. In addition to free medication, patients will receive a small stipend to cover their costs of travel for follow-up evaluations.

For more information about the CLEVER study, please call the research study nurse at (631) 444-5454.

1988 Stony Brook NICU Grad Graduates from High School

*New Eagle Scout Expresses Gratitude
18 Years Later through Donation*

In June, the neonatal intensive care unit (NICU) at Stony Brook University Medical Center received an unexpected donation and letter of gratitude from a 2006 high school graduate/1988 NICU graduate named Christopher Burke who spent eight months in the unit 18 years ago.

Christopher, now a resident of Melbourne, FL, was born at 32 weeks with an esophageal atresia, a disorder of the digestive system in which the esophagus does not develop properly. His condition required five surgeries and an eight-month stay in the NICU.

Following is the content of Christopher Burke's recent letter to the NICU staff:

My name is Christopher Burke, I was born on October 14, 1987, and spent 8 months in the company of your staff. I was born 2 months pre-mature with an esophageal atresia. I required five surgeries all of which were performed by Dr. Priebe. The care I received and the care my family received is the reason for this letter.

Currently, I am a healthy 18-year-old graduating high school this May. I plan to attend the University of Central Florida and major in Forensic Analysis. On March 5, 2005, I received my Eagle Scout rank in Boy Scouts. This is the highest rank a Scout can achieve and took many long hours of study and commitment.

Traditionally, during their Eagle Scout Court of Honor scouts choose a charity or organization to donate to rather than accept gifts. I chose the NICU unit at Stony Brook Hospital. If it were not for the doctors and nurses on staff at the time of my birth, I would not be here. I am not sure if any of them are still there but enclosed is picture of me at birth and a current photo as well.

Enclosed please find the donations totaling \$930 from my Eagle Scout Court of Honor. It is my request that these funds go directly to the infants in your care. Please purchase any needed supplies (blankets, hats, toys, etc) for them.

I realize that these children are too small to know what they are receiving, but I am sure that their parents will appreciate it. I know that I spent Easter and Christmas with you and my family was grateful when there were toys and blankets placed in my bed.

Please accept this gift and my appreciation for all that you have done for me and all you will continue to do for others. God Bless you all.

Cedric J. Priebe, Jr., MD, professor of surgery and chief of pediatric surgery, performed the five procedures. "As a tiny premature infant Chris had a complex obstruction of his swallowing tube called long-gap esophageal atresia," said Dr. Priebe.

"He required a staged approach to his repair which also involved operative relief of airway obstruction and esophageal reflux. He received excellent care from the entire Stony Brook nursing and doctor team. It was gratifying to hear how well he has matured. His generosity and remembrance of the NICU are a tribute to his fine character and parental guidance."

Staffed with a team of seven perinatologists (doctors specializing in the care of women with high-risk pregnancies), six neonatologists (doctors who specialize in the care of newborns), 11 neonatal nurse practitioners and more than 100 specially trained nurses, Stony Brook University Medical Center is home to Suffolk County's only Regional Perinatal Center that cares for up to 50 critically ill newborns at a time.

Each year, the NICU admits more than 825 premature, sick and injured babies; 400 of those admissions were less than 37 weeks gestation and 456 of them were less than 5½ pounds. More than 150 infants and 125 high-risk pregnant women are transferred annually from other hospitals in the region to the Regional Perinatal Center at Stony Brook.



1988

2006



Providing the Best of Care In Pediatric Surgery

We are very proud of the results in pediatric surgery to which we contribute at Stony Brook University Medical Center. As measured by the University HealthSystem Consortium (UHC), the hospital-wide pediatric surgical mortality rate at Stony Brook over the past three and a half years is consistently lower than national and state averages. The table here presents data the UHC gathered from its membership.

Pediatric Surgical Mortality Rates: 2003-2006

Year	Stony Brook	NY State*	National†
2003	0.58%	1.22%	1.46%
2004	0.65%	1.28%	1.72%
2005	0.58%	0.97%	1.76%
2006‡	0.75%	1.59%	1.35%

* The statewide comparison group comprises Albany Medical Center; Mount Sinai Medical Center (New York); New York-Presbyterian Hospital (Columbia U/Cornell U); New York U Medical Center; Rochester General Hospital (U of Rochester); Strong Memorial Hospital (Rochester); SUNY Downstate Medical Center/University Hospital (Brooklyn); University Hospital of the SUNY Upstate Medical U (Syracuse).

† The nationwide comparison group comprises Emory University Hospital (Atlanta); Mount Sinai Medical Center (New York); New York-Presbyterian Hospital (Cornell U); New York U Medical Center; Stanford Hospital and Clinics; U of California-Los Angeles Healthcare Hospitals; U of California-San Francisco Medical Center; U of Chicago Hospitals; U of North Carolina Hospitals; Vanderbilt U Medical Center (Nashville).

‡ January through June.

Formed in 1984, the UHC is an alliance of academic health centers situated mainly in the United States. As a membership organization, UHC provides its 96 full members and 139 associate members with specific products and services to improve clinical, operational and financial performance. The UHC mission is to advance knowledge, foster collaboration, and promote change to help members succeed with their respective patient populations.

Some Recent Publications*

- Brenner B, Shah M, **Karpeh M**, Gonen M, Brennan M, Coit D, Klimstra D, Tang L, Kelsen D. A phase II trial of neoadjuvant cisplatin-fluorouracil followed by postoperative intraperitoneal floxuridine-leucovorin in patients with locally advanced gastric cancer. *Ann Oncol* 2006;17:1404-11.
- Caso G**, Garlick BA, Sasvary D, Garlick PJ [abstract]. Nutrients attenuate depressive effect of metabolic acidosis on muscle protein synthesis in rats. *FASEB J* 2006;20:A1044.
- Caso G**, Garlick PJ, Ballou LM, **Vosswinkel JA**, Gelato MC, **McNurlan MA**. The increase in human muscle protein synthesis induced by food intake is similar when assessed with the constant infusion and flooding techniques. *J Nutr* 2006;36:1504-10.
- Caso G**, **Vosswinkel JA**, Garlick PJ, Mileva I, Gelato MC, **McNurlan MA**. Response of human muscle protein to feeding: a comparison of methods [abstract]. *FASEB J* 2006;20:A8.
- Imoberdorf R, Garlick PJ, **McNurlan MA**, Casella GA, Marini JC, Turgay M, Bartsch P, Ballmer PE. Skeletal muscle protein synthesis after active or passive ascent to high altitude. *Med Sci Sports Exerc* 2006;38:1082-7.

- Karpeh MS Jr**. Preface. *Surg Oncol Clin N Am* 2006;15:xiii-xv.
- Lydic ML, **McNurlan M**, Bembo S, Mitchell L, Komaroff E, Gelato M. Chromium picolinate improves insulin sensitivity in obese subjects with polycystic ovary syndrome. *Fertil Steril* 2006;86:243-6.
- Patel KN**, Shaha AR. Poorly differentiated and anaplastic thyroid cancer. *Cancer Control* 2006;13:119-28.
- Patel KN**, Singh B. Genetic considerations in thyroid cancer. *Cancer Control* 2006;13:111-18.
- Rosengart TK**, Sweet JJ, Finin E, Wolfe P, Cashy J, Hahn E, Marymont J, Sanborn T. Stable cognition after coronary artery bypass grafting: comparisons with percutaneous intervention and normal controls. *Ann Thorac Surg* 2006;82:597-607.
- Shibata D, Mori Y, Cai K, Zhang L, Yin J, Elahi A, Hamelin R, Wong YF, Lo WK, Chung TK, Sato F, **Karpeh MS Jr**, Meltzer SJ. RAB32 hypermethylation and microsatellite instability in gastric and endometrial adenocarcinomas. *Int J Cancer* 2006;119:801-6.

* The names of faculty authors appear in boldface.

Our Electronic Physician Directory

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

www.uhmc.sunysb.edu/surgery



Dr. Marvin L. Corman

MD: University of Pennsylvania (1965).

Residency Training: General Surgery, Boston City Hospital (Harvard University).

Board Certification: [Colon and Rectal Surgery](#); [Surgery](#).

Specialties: Management of diseases of the small bowel, colon, rectum, and anus, including colon, rectal, and anal cancer, diverticulitis, familial polyposis, ulcerative colitis, Crohn's disease, ileoanal reservoir (J-pouch), colon polyps, prolapse, anorectal abscess, fistula, fissure, and

hemorrhoids (including stapled hemorrhoidectomy), obstructed defecation syndrome (STARR procedure), and fecal incontinence, including [Secca procedure](#) (see [patient information](#)), artificial anal sphincter, and muscle transplant.

Additional: Fellow, [American Society of Colon and Rectal Surgeons](#); fellow, [Society for Surgery of the Alimentary Tract](#); member, [American Surgical Association](#), New York Society of Colon and Rectal Surgeons, and New York Surgical Society; see [selected recent publications](#) ([click here](#) for online abstracts/full text of journal articles via National Library of Medicine); see [curriculum vitae](#).

Honors: John C. Goligher Memorial Medal of the Association of Coloproctology, Great Britain and Ireland, and the Section of Coloproctology, Royal Society of Medicine (1999); First Prize Medical Book Award of the American Medical Writers Association for the textbook, [Colon and Rectal Surgery](#); Piedmont Proctologic Society Award (1978).

Language Spoken: English.

Consultations/Appointments: 631-444-2565.

Stapled Transanal Rectal Resection (STARR) continued from Page 6

usually self-limited. Individuals who believe that they may have ODS should consult their primary care physician. It would not be surprising, however, if the physician may be unfamiliar with this condition and how it is evaluated and treated.

For more information regarding ODS, STARR, constipation in general, or to download a brochure that can help patients talk about ODS with their physician, visit www.starrinfo.com.

For consultations/appointments with Dr. Corman, please call (631) 444-2565.



Please visit the **Department of Surgery** website at www.uhmc.sunysb.edu/surgery

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