

POST-OP

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Department of Surgery*

*Stony Brook University
School of Medicine*

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Praise for Stony Brook Trauma Center As Police Officer Is Discharged from Hospital

*Odds Were against Officer Surviving
Traumatic Head Injury from Hit-Run Driver*



PHOTO: JOHN GRIFFIN

Dr. James A. Vosswinkel shakes hands with Officer Nicholas Guerrero as he enters ambulance taking him to a local rehabilitation facility.

“Statistically, he had only a one-in-three chance of surviving,” said James A. Vosswinkel, MD, chief of our Trauma, Emergency Surgery, and Surgical Critical Care Division and medical director of the Stony Brook Trauma Center, at the press conference held on the day of Officer Guerrero’s discharge.

“We are all ecstatic today at his great recovery. However, throughout this process, if it were not for Nick’s character, his strength, and his will, as well as the overwhelming support of his immediate family and his extended family of the police department, I truly don’t believe any of this could have happened.”

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The Suffolk County police officer who was critically injured by a hit-run driver in Huntington, NY, in September was discharged three and a half weeks later from Stony Brook University Hospital. It seemed miraculous!

Officer Nicholas Guerrero, 36, was escorted out of the hospital front lobby with applause from more than 100 fellow officers along with physicians, nurses, and other medical staff as he made his way to an ambulance that would transport him to a local rehabilitation facility.

Stony Brook Vein Center Earns IAC Accreditation, “Seal of Approval” Only Accredited Vein Center on Long Island And National Leader in Vein Care

The Stony Brook Vein Center this past summer was granted full accreditation by the Intersocietal Accreditation Commission (IAC).

IAC accreditation is a trusted “seal of approval” in healthcare today, and demonstrates our commitment to providing quality vein care to our patients.

“Our Vein Center is among only 12 in the United States and the two in New York State to obtain IAC accreditation,” says Antonios P. Gasparis, MD, professor of surgery and director of the Vein Center.

Dr. Gasparis adds that at present the IAC has received more than 70 applications for vein center accreditation.



Stony Brook Vein Center offers monthly free varicose vein screenings.

Our Vein Center specializes in providing the most sophisticated diagnosis and treatment—both

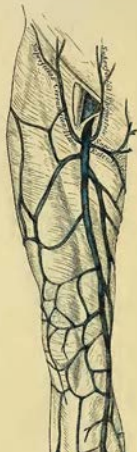
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...arteries and arterioles. These vessels originate directly from the main trunk, and are largest in the lumbar region. Near the base of the trunk, they divide into two or three small trunks, which communicate with the superficial veins, and then terminate in the superficial veins, or in the petrosal of the spinal nerves is accompanied far as the intervertebral foramina, in the other veins from the spinal are no valves in the spinal veins.

THE LOWER EXTREMITY.

of the lower extremity are divided, the upper, into two sets, superficial and deep, between the two layers of the deep veins accompanying and forming the venae comitantes. Both sets of veins are provided with valves which are more numerous in the deep set. These valves are also more numerous in the lower than in the upper extremity.

Internal Veins of the lower extremity—The internal or long saphenous, and the external or short saphenous. The internal saphenous vein (Fig. 224) commences at the plantar plexus, which covers the inner side of the foot; it ascends along the inner side of the ankle, and along the inner side of the tibia, and the inner margin of the tibia, and the internal saphenous nerve. It passes backwards behind the inner condyle of the femur, ascends along the inside of the femur, passing through the saphenous fascia lata, terminates in the femoral vein, and a half below Poupart's ligament receives in its course cutaneous branches from the leg and thigh, and at the saphenous



Praise for Stony Brook Trauma Center

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Officer Guerrero, a four-year veteran of the Suffolk County Police, spent weeks in a medically-induced coma after suffering a serious head injury.

“One of our heroes, Police Officer Nick Guerrero, who suffered life-threatening injuries from attempting to stop some of the bad guys out there doing harm in our community, will leave Stony Brook University Hospital today on the road to recovery,” said Suffolk County Executive Steve Bellone.

“Officer Guerrero’s injuries could have been much worse and fatal if it was not for the swift, immediate action from his colleagues, first responders, and the outstanding medical team here at Stony Brook University Hospital.”

Stony Brook University Hospital is the only regional trauma center for Suffolk County and its 1.5 million residents.



Fellow police officers line up to applaud and cheer Officer Guerrero as he leaves University Hospital.

PHOTO: JOHN GRIFFIN

Stony Brook University Hospital is Suffolk County’s only regional trauma center for both adult and pediatric patients, with the capabilities to care for the most complex illness and injuries. University Hospital is among four of 40 trauma centers in New York State whose survival rates for patients with severe traumatic injury have been significantly above the statewide average—and is one of only two centers recognized twice consecutively for this achievement.

Our trauma specialists coordinate the initial evaluation and treatment of all injured patients transported by ambulance or helicopter to the ER. Stony Brook Medicine’s trauma program has been recognized as being in the top 4%

nationally, and is the top-ranked center in the care of pedestrian trauma.

Officer Guerrero is expected to make a full recovery, and there is even hope that he will return to the police force.

Stony Brook Vein Center Continued from Page 1



The Stony Brook Vein Center team: (left to right) Aldona Wojdat; Krystal Sposito; Kristy Stanfield, PA; Antonios P. Gasparis, MD; Doreen Elitharp, NP; and Tina O’Connell. PHOTO: GERALD BUSHART

surgical and non-surgical—for superficial venous disorders, including varicose and spider veins of the leg, among other vein-related conditions.

The purpose of IAC accreditation is to ensure high-quality patient care and to promote healthcare by providing a mechanism to encourage and recognize the provision of quality imaging diagnostic evaluations by the accreditation process.

Through the accreditation process, facilities assess every aspect of daily operation and its impact on the quality of healthcare provided to patients. While completing the accreditation application, facilities often identify and correct potential problems, revise protocols, and validate quality improvement programs.

Varithena—first non-surgical treatment for varicose leg veins—is now available.

Because accreditation is renewed every three years, a long-term commitment to quality and self-assessment is developed and maintained.

The IAC provides accreditation programs for vascular testing, echocardiography, nuclear/PET, magnetic resonance imaging (MRI), diagnostic computed tomography (CT), dental CT, carotid stenting, and vein treatment and management.

Stony Brook Vein Center now offers evening hours on Mondays from 5:30 to 9:30 pm.

The IAC incorporated all of its divisions into one IAC organization in 2008, but its history began more than 20 years ago with the inception of the first of the IAC accreditation divisions, IAC Vascular Testing (formerly, the Intersocietal Commission for the Accreditation of Vascular Laboratories).

Modeled after the success of IAC Vascular Testing, IAC Vein Center was created last year to accredit vein centers, becoming the seventh member division of the IAC.

Our Vein Center currently has four offices in Suffolk County, the main office in East Setauket and branch offices in Smithtown, Sayville, and Huntington.

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

Please visit the Vein Center website at www.vein.stonybrookmedicine.edu

Introducing Purvi Y. Parikh, MD, Our New Hepatobiliary Surgeon



PHOTO: JEANNE NEVILLE

Dr. Purvi Y. Parikh

We are very pleased to introduce Purvi Y. Parikh, MD, who has joined our General Surgery Division as assistant professor of surgery.

Dr. Parikh comes to Stony Brook from Albany Medical Center, where since 2010 she was an attending surgeon and full-time member of the surgical faculty of SUNY's University at Albany.

Board certified in surgery, Dr. Parikh specializes in hepatobiliary and complex foregut general surgery. She performs a wide range of procedures. She has advanced training in hepatobiliary surgery, having completed a two-year fellowship at Indiana University.

Dr. Parikh's clinical interests include pancreatic cancer, liver cancer, and other complex biliary procedures with a specific interest in necrotizing pancreatitis and other benign pancreatic conditions. Additionally, she has an interest in complex gastrointestinal cancers.

Given the range of her surgical expertise, Dr. Parikh will contribute to our general surgery service, as well as to our upper gastrointestinal and general oncologic surgery service.

In addition, Dr. Parikh will contribute to our new exigent general surgery service that streamlines the care of patients presenting in the ER with acute abdominal conditions. Providing minimally invasive treatment in

most cases, this new service decreases both the time to surgery and the length of stay in the hospital.

Dr. Parikh's research interests include clinical research that focuses on pancreatic disorders, as well as other gastrointestinal and hepatobiliary diseases. By concentrating on clinical treatment regimens and outcomes research, her research examines quality, delivery, and financing of care in order to have an immediate impact on patient care and systems improvements.

Dr. Parikh received her MD from Drexel University in 2001. She completed her residency training in general surgery at the University of Nebraska Omaha, followed by her fellowship in hepatobiliary surgery at Indiana University.

For consultations/appointments with Dr. Parikh, please call (631) 444-4545 for general surgery and (631) 638-1000 for cancer care.

With the establishment this fall of our new exigent general surgery service, we have developed a protocol for patients with acute abdominal conditions.

Patients with such conditions are streamlined from initial presentation in the ER, to exigent general surgery service evaluation, to a dedicated exigent general surgery service operating room during daytime hours, then to the post-anesthesia care unit and discharge home within 24 hours.

For patients with more complicated cases, the exigent general surgery service is able to direct preoperative optimization so that the time-interval to surgery may be decreased.

Our goal is to overall decrease patient duration until surgery, length of stay, and hospital costs, while providing the best care for the patient.

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* The names of faculty authors appear in boldface.

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2016 Olympic Hopeful Has Career-Saving Surgery at Stony Brook

Boxer Travels from Greece to Be Treated By Our Doctors to Get Back in the Ring



Nikoleta Pita (center) with her parents, post-op.
PHOTO: OLYMPIA CHRISTOFORATOS

For the past five years, 17-year-old Nikoleta Pita of Piraeus, Greece, has dreamed of making her country's Olympic boxing team. As a two-year national team member with a strong won-lost record, her dream was getting close to becoming a reality.

But almost a year ago, after a period of intense weight training, her right arm and shoulder suddenly swelled up and became very painful. And she developed numbness in her fingers.

Doctors in Greece told her she had clotted her right subclavian and axillary veins, the main veins draining the arm, and to stop everything—making her dream to become an Olympian come to a screeching halt.

Ms. Pita was diagnosed with thoracic outlet syndrome (TOS), a disorder that occurs when the blood vessels or nerves of the arm become compressed in the space between the collarbone and the first rib (thoracic outlet).

She was offered only conservative treatment with blood thinners by her doctors in Greece, who strongly suggested that she should completely abandon boxing or any other sport that involves intense weight training of the arms.

The boxer in Ms. Pita was hit hard by all this, but she wasn't going to give up.



Drs. Thomas V. Bilfinger (left) and Apostolos K. Tassiopoulos, who operated together on Ms. Pita.
PHOTO: JEANNE NEVILLE

With the support of her family she found out that a surgical treatment could help her keep her boxing career alive, but she would have to travel abroad to get the treatment she needed.

Through a family friend who had visited Stony Brook

Medicine as an observing physician, Ms. Pita and her parents—Archilleas and Agapi Pita—learned of a doctor that could take care of her problem in the United States.

Apostolos K. Tassiopoulos, MD, professor of surgery and chief of vascular and endovascular surgery, who was in Athens for a scientific meeting, met with Ms. Pita and her family to discuss the surgical treatment that could get her back in the ring.

Ms. Pita arrived in New York on August 31. The next day, Dr. Tassiopoulos and his colleague Thomas V. Bilfinger, MD, ScD, professor of surgery and director of thoracic surgery, performed the surgery together to remove the first rib and free the attached muscles in order to free the compressed vein.

The surgeons made an incision in the armpit, and then removed the rib and the muscle attached to it, which allowed for more space around the vein. Patients usually need physical therapy after surgery to get their strength back.

One day after surgery, Ms. Pita felt great and ready to get back to her dream. "I'm feeling really strong, physically and mentally," she said. "This has definitely changed my life — Stony Brook saved my career, saved my dream."

Just after one week in the United States, Ms. Pita and her parents flew back to Greece.

ABOUT THORACIC OUTLET SYNDROME

Common causes of TOS can include physical trauma from a car accident, repetitive injuries from job- or sports-related activities, certain anatomical defects (such as having an extra rib), and pregnancy. However, often doctors cannot determine the exact cause of this syndrome.

TOS symptoms can vary, depending on which structures are compressed.

When nerves are compressed, signs and symptoms of TOS include wasting in the fleshy base of the thumb (Gilliat-Sumner hand); numbness or tingling in the arm or fingers; pain or aches in the neck, shoulder, or hand; and weakening grip.

The hallmark of venous compression is painful swelling of the forearm and back of the hand particularly, often accompanied by a bluish discoloration of the skin. Symptoms may include numbness, tingling, aching, swelling of the extremity and fingers, and weakness of the neck or arm.

When arteries are compressed, the most prominent features are change in color and cold sensitivity in the hands and fingers, swelling, heaviness, paresthesias (tingling, tickling, or burning sensation of the skin), and poor blood circulation in the arms, hands, and fingers.

TOS is more common in women. The onset of symptoms usually occurs between the ages of 20 and 50. Doctors usually recommend nerve conduction studies, electromyography, or imaging studies to confirm or rule out a diagnosis of TOS.

Common treatment for TOS usually involves physical therapy and pain relief measures. Often, when only nerves are compressed but blood vessels are intact, patients will improve with these approaches.

However, when clots develop in the blood vessels or when pain from nerve compression is not improved with conservative measures, doctors usually recommend surgery.

The purpose of thoracic outlet surgery is to release or remove the structures causing compression of the nerve or blood vessels. TOS is known to affect athletes, particularly overhead athletes such as swimmers and baseball players. With appropriate care, these athletes can return to full activity within three to four months from surgery.



From left, Mary Ann Donohue-Ryan, PhD, RN, Chief, Patient Care Services; Javed Butler, MD, Co-Director, Stony Brook Heart Institute; L. Reuven Pasternak, MD, CEO, Stony Brook University Hospital, and Vice President for Health Systems, Stony Brook Medicine; Carol Gomes, MS, Chief Operating Officer; Susan Cunneen, RN, Nurse Manager, CTICU; Kathy Sheriff, RN, Assistant Director, Nursing; Margaret Duffy, MS, RN, Associate Director, Nursing; James R. Taylor Jr., MD, Co-Director, Heart Institute; Joseph H. Laver, MD, Chief Medical Officer; and Harold A. Fernandez, MD, Co-Director, Heart Institute.

PHOTO: JEANNE NEVILLE

Expanded Cardiothoracic Intensive Care Unit Opens to Accommodate More Patients

Number of Patients Having Heart Surgery At Stony Brook Continues to Rise

The new 15-bed cardiothoracic intensive care unit (CTICU) at the Stony Brook University Heart Institute was unveiled in October at Stony Brook Medicine.

The CTICU provides care for patients immediately after cardiac surgery, which consists of one-on-one care from highly skilled nurses and a highly trained healthcare team of doctors, physician assistants, respiratory therapists, and physical therapists until patients are ready to progress to an intermediate care unit.

Between 2012 and 2013, the volume of patients receiving cardiothoracic surgery at the Heart Institute grew from 425 to 600, and the numbers continue to rise.

During the ceremony, L. Reuven Pasternak, MD, CEO of Stony Brook University Hospital and vice president for Health Systems at Stony Brook Medicine, applauded the CTICU team, led by co-directors of the Heart Institute James R. Taylor Jr., MD, professor of surgery and chief of cardiothoracic surgery, and Harold A. Fernandez, MD, professor of surgery and deputy chief of cardiothoracic surgery, for their tremendous strides in providing the quality care and service to patients at the Heart Institute that was instrumental in the creation of this new unit.

“Today’s event marks another important step along the way, in our journey toward creating a patient-centered culture of excellence,” said Dr. Pasternak.

The expanded CTICU allows for a spacious environment where caregivers can provide the high-quality care patients have come to expect from Stony Brook, including extracorporeal membrane oxygenation, Impella, continuous veno-venous hemofiltration dialysis, intra-aortic balloon pump, ventilator support, nitric oxide support, and ventricular assist devices.

The CTICU was honored last year with the Beacon Award of Excellence by the American Association of Critical Care Nurses which recognized the unit for meeting the highest standards of excellence in critical care. Stony Brook is one of only eight hospitals in New York State that have units with the Beacon designation.

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Performing Oncoplastic Breast Reduction

Maximizing Aesthetics and Surgical Margins

Advances in breast surgery in recent decades have dramatically changed the treatment of breast cancer. It's no longer simply the removal of the whole breast (mastectomy), or taking out the "lump" (tumor) in what's known as lumpectomy, or breast conserving surgery.

Now, women have more options made possible by the new multidisciplinary specialty called oncoplastic breast surgery. The term was actually coined in the mid-1990s. Since then, the specialty itself has grown rapidly, in part through demands made by women themselves.

Patients with breast cancer are more informed than ever, and they are encouraging their surgical teams to continue to evolve.

Oncoplastic breast surgery brings together breast surgeons and reconstructive plastic surgeons. It requires a team approach to produce positive long-term oncologic results as well as satisfactory cosmetic and functional outcomes.

Here, two members of our faculty, plastic surgeon Tara L. Huston, MD, assistant professor of surgery and dermatology, and breast surgeon Christine R. Rizk, MD, assistant professor of surgery, answer frequently asked questions about oncoplastic breast reduction.

Both doctors work together to provide this progressive care at Stony Brook Medicine.

Q: What is oncoplastic breast reduction?

Oncoplastic breast reduction is the combination of a traditional lumpectomy with a standard breast reduction. Lumpectomy is the surgical part of breast conservation therapy offered to women who wish to save their breasts and avoid mastectomy in the treatment of their breast cancer.

Breast reduction or reduction mammoplasty is a procedure offered to women with heavy, large breasts (macromastia) who would like a decrease in the size of their breasts to increase their comfort.

Q: Is oncoplastic breast reduction an effective treatment of breast cancer? Have clinical trials been conducted to evaluate its effectiveness?

Oncoplastic reduction allows large-breasted women to have the same breast tissue removed as they would with lumpectomy. In addition, the oncoplastic reduction is followed by radiation, just as the traditional lumpectomy would be. There is no compromise in cancer care.

New approaches today are dramatically changing breast cancer surgery, giving women more options.

Q: How do the long-term results of oncoplastic breast reduction compare with other surgical options, in terms of cancer therapy?



Drs. Tara L. Huston (left) and Christine R. Rizk

In large studies comparing standard breast conservation therapy to oncoplastic reduction, comparable outcomes have been found, demonstrating the equivalent oncologic safety between the two. The difference is in the cosmetic satisfaction, which has been found to be higher in women who undergo this type of immediate reconstruction, as their breast symmetry is much improved.

Q: What are the complications associated with oncoplastic breast reduction?

The possible complications are similar to both the lumpectomy and the traditional breast reduction operations. These include bleeding, infection, decrease or increase in nipple sensation, wound healing issues, asymmetry, cosmetic dissatisfaction, and need for further surgery.

To minimize the need for secondary surgery to treat the cancer, a preoperative MRI scan may be done to locate all the tumor and ensure there are no surprises in remaining breast tissue. As the remaining tissue is more or less scrambled during oncoplasty, it is really important to know the full extent of disease prior to the primary surgery.

Q: What does the breast reduction part of the surgery involve? Are the nipples and areolae moved?

Prior to operation, patients are marked in the preoperative holding area with the typical breast reduction pattern markings. The patient then goes to the operating room and goes to sleep with general anesthesia.

The breast surgeon begins with removing the tumor and an ample margin of healthy tissue. Oncoplasty generally involves especially good margins, which ensure adequate tumor removal. During this phase, the lymph nodes are checked as well. Either a sentinel lymph node or a complete axillary dissection can be paired with an oncoplastic reduction, depending on what is indicated.

When the oncologic surgery is complete, the plastic surgeon comes in, assesses what tissue remains, and reshapes a smaller, more elevated, and naturally rounded breast. The nipple-areolar complex remains attached to the underlying breast tissue in most cases, and is moved up higher on the chest wall.

If only one breast is treated for cancer, the other breast is often reduced at the same surgery. This way the patient

is able to undergo removal of her cancer and complete her reconstruction in just one operation. This is all done using a patient's own tissue.

Q: What kind of scars are created by the breast reduction?

There are two main types of incisions used in breast reduction, the "lollipop" and the Wise or "anchor" pattern. The lollipop scar is a circle around the areola and then a straight line down to the fold under the breast, resembling a lollipop. The anchor is the same circle around the areola and straight line down. However, the line also travels along the fold under the breast. This looks somewhat like an anchor; hence, its name.

The baseline shape of the breast, tumor location, and desired postoperative size will help the patient and her surgeons determine which incision is most appropriate.

We combine sound concepts of cancer removal with the most aesthetic approaches for breast reduction.

Q: Who is an ideal candidate for oncoplastic breast reduction?

The best candidates require a large-volume resection and have symptoms of macromastia (heavy, large breasts), including chronic headaches, back pain, neck pain, shoulder grooving, or rashes under the breast. Patients with moderate-to-large-sized breasts are still potential candidates. Also, oncoplastic reduction is possible in patients who have had prior breast surgery.

Q: Who is not a good candidate for oncoplastic breast reduction?

Women with small breasts, patients in whom it is not possible to achieve negative margins with repeated lumpectomy, and women who smoke are not good candidates.

Q: If only one breast is affected by cancer, how is symmetry with the healthy breast achieved?

Following completion of the oncoplastic reduction on the side with breast cancer, the opposite breast is then reduced to match in the standard breast-reduction fashion during the same operation. This way there is only one time under anesthesia for the patient.

Q: Since breasts may shrink or tighten as a result of radiation therapy, how can oncoplastic breast reduction ensure symmetry if only one breast requires radiation after surgery?

It is impossible to predict how a breast will respond to radiation therapy, whether or not reconstruction has been performed. That said, decrease in the size of the radiation-treated breast is more common. Therefore, we will often leave that side slightly larger in order to account for this. It is rare for a secondary operation to be required to enhance breast symmetry if changes due to radiation are marked.

Q: Is oncoplastic breast reduction only for women who have fully developed breasts? Can younger women qualify?

Oncoplastic breast reduction and traditional breast reduction are only possible for women with fully developed breasts. This tends to occur in the late

teen years. Mostly all women who are diagnosed with breast cancer are older than this.

Q: What is the Stony Brook difference with regard to having oncoplastic breast reduction?

Stony Brook Medicine's breast surgeons are experts in all types of cancer surgery, and our plastic surgeons are very experienced in different types of breast reduction procedures. This collective experience translates into the best possible outcomes.

"A team approach between reconstructive and breast surgeons produces positive long-term oncologic results as well as satisfactory cosmetic and functional outcomes, rendering oncoplastic breast reduction a favorable treatment option for certain patients with breast cancer."

—Michelle Milee Chang, **Tara Huston**, Jeffrey Ascherman, Christine Rohde. "Oncoplastic Breast Reduction: Maximizing Aesthetics and Surgical Margins," *International Journal of Surgical Oncology*

Selected Recent Publications
Continued from Page 5

- Rubano JA, **Shapiro MJ**. Adipose tissue on CT scans in critical care and trauma are associated with acute kidney injury. *Crit Care Med* 2014;42:1728-9.
- Sadigh K, **Gupta S**, Musani MH, Stergiopoulos K. Sinister syncope. *Acute Card Care* 2014;16:112-3.
- Sadot E, **Telem DA**, Cohen L, Arora M, Divino CM. Nonocclusive ischemic colitis: analysis of risk factors for severity. *Am Surg* 2014;80:454-60.
- Salwen JK, Hymowitz GF, O'Leary KD, **Pryor AD**, Vivian D. Childhood verbal abuse: a risk factor for depression in pre-bariatric surgery psychological evaluations. *Obes Surg* 2014;24:1572-5.
- Shroyer AL**, Hattler B, Wagner TH, Baltz JH, Collins JF, Carr BM, Almassi GH, Quin JA, Hawkins RB, Kozora E, Bishawi M, Ebrahimi R, Grover FL; VA #517 Randomized On/Off Bypass (ROOBY) Study Group. Comparing off-pump and on-pump clinical outcomes and costs for diabetic cardiac surgery patients. *Ann Thorac Surg* 2014;98:38-45.
- Stefanidis D, Montero P, Urbach DR, Qureshi A, Perry K, Bachman SL, Madan A, Petersen R, **Pryor AD**. SAGES research agenda in gastrointestinal and endoscopic surgery: updated results of a Delphi study. *Surg Endosc* 2014;28:2763-71.
- Telem DA**, Altieri M, **Gracia G**, **Pryor AD**. Perioperative outcome of esophageal fundoplication for gastroesophageal reflux disease in obese and morbidly obese patients. *Am J Surg* 2014;208:163-8.
- Telem DA**, **Pryor AD**. Google Trends: is it a real tool to predict the future of bariatric surgery or merely a marketing landmine? *Surg Obes Relat Dis* 2014;10:538-9.
- Thomas VC, Sadykov MR, Chaudhari SS, Jones J, Endres JL, Widhelm TJ, Ahn JS, **Jawa RS**, Zimmerman MC, Bayles KW. A central role for carbon-overflow pathways in the modulation of bacterial cell death. *PLoS Pathog* 2014;10:e1004205.
- Wood EA, Malgor RD, **Gasparis AP**, **Labropoulos N**. Reporting the impact of inferior vena cava perforation by filters. *Phlebology* 2013;29:471-5.
- Xenos M, Karakitsos D, **Labropoulos N**, **Tassiopoulos A**, **Bilfinger TV**, Bluestein D. Comparative study of flow in right-sided and left-sided aortas: numerical simulations in patient-based models. *Comput Methods Biomech Biomed Engin* 2015;18:414-25.

Stony Brook **SOAR** Collaborative

*Improving Outcomes
Through Innovation*



Outcomes research is applied clinical and population-based research that seeks to study and optimize the end results of healthcare in terms of benefits to patients and society. The intent of this research is to identify shortfalls in practice and to develop strategies to improve care.

Outcomes research is critical to the field of surgery, as it directly impacts healthcare delivery and financial reimbursement, and will likely drive the consumer healthcare market to which we are currently transitioning.

To this end, the Surgical Outcomes Analysis Research (SOAR) Collaborative was founded in March here at Stony Brook Medicine by Dana A. Telem, MD, assistant professor of surgery, and Mark A. Talamini, MD, professor and chairman of surgery.

Dr. Telem serves as director of the SOAR Collaborative. She is currently pursuing an MPH, with focus on healthcare quality improvement, at Columbia University's Mailman School of Public Health. Dr. Talamini, who has a long commitment to surgical excellence and innovation, serves as co-director.

"Surgeons have to play an active role in identifying problems, developing outcomes measures that are appropriate, and actively engaging in the process of improvement," says Dr. Telem.

Our SOAR Collaborative brings together faculty, residents, and students with an interest in outcomes-based research, clinical effectiveness, and healthcare policy.

SOAR aims to examine quality, delivery, and financing of healthcare in order to improve patient care through system improvements.

This group works together on addressing critical healthcare problems related to both specific surgical disciplines and to surgery as a whole.

Through analysis of data with both traditional and innovative research models, our SOAR group is driving improvements in healthcare and strives to significantly impact public policy and patient intervention.

SOAR requires a multidisciplinary team, and is open to all members of the Stony Brook faculty, residents, or students with an interest in healthcare outcomes and clinical effectiveness research—regardless of research experience.

To date, there are numerous active research projects across several divisions of the Department of Surgery, with

focus on vascular, plastic and reconstructive, colorectal, pediatric, hepatobiliary, bariatric, foregut, advanced gastrointestinal, and general surgery.

SOAR investigates diseases treated with surgery, analyzing factors that affect the outcomes, and providing innovative interventions.

Research from this collaborative has already gained national attention, and been presented at prestigious meetings, with the vast majority as oral presentations in plenaries and papers sessions.

These meetings include Digestive Disease Week via the Society for Surgery of the Alimentary Tract, Obesity Week via the American Society for Metabolic and Bariatric Surgery, Society of American Gastrointestinal and Endoscopic Surgeons, and the American College of Surgeons. Among our recent SOAR presentations are:

- Bariatric outcomes are significantly improved in hospitals with Fellowship Council-accredited bariatric fellowships [plenary podium presentation]. Digestive Disease Week. Chicago, IL; May 2014.
- Capturing accurate readmission rates: looking beyond our own institutions [podium presentation]. Obesity Week. Boston, MA; November 2014.
- Greater than 30-day hospital admission following bariatric surgery: patient and procedure matter [podium presentation]. SAGES Annual Meeting. Salt Lake City, UT; April 2014.
- Hospital charge is not a surrogate marker for healthcare quality in bariatric surgery [podium presentation]. American College of Surgeons Clinical Congress. San Francisco, CA; October 2014.
- Long-term mortality normalizes to the general population following bariatric surgery [plenary podium presentation]. SAGES Annual Meeting. Salt Lake City, UT; April 2014.



PHOTO: JEANNE NEVILLE

Dr. Dana A. Telem, SOAR Director.

Residents, medical students, and healthcare policy students may also present research ideas for discussion and will be partnered with a faculty mentor to aid with project design and execution.

To aid with this process, an experienced advisory board consisting of members of the Department of Surgery, Program in Public Health, Department of Economics, and Department of Preventive Medicine has been convened.

This board is charged with providing feedback and direction for SOAR’s research agenda and application of acquired data to health policy

and intervention. The board will provide advice, expertise, and recommendations to interested parties presenting research concepts.

In addition to Drs. Telem and Talamini, current members of the SOAR advisory board are: Lisa A. Benz Scott, PhD, associate professor of health technology and management, and director of the Program in Public Health; Aurora D. Pryor, MD, professor of surgery and chief of general surgery; John Rizzo, PhD, professor of economics and preventive medicine; and A. Laurie Shroyer, PhD, MSHA, professor of surgery and vice chair for research.

Interested individuals are asked to attend biweekly meetings focusing on participant initiated research ideas that are either discipline specific or concern overarching healthcare issues.

Faculty participants are paired with either a resident and/or medical student to further develop and carry projects to completion.

If you are a member of the Stony Brook University community and are interested in participating in our SOAR Collaborative, or have questions about it, please contact Dr. Telem at Dana.Telem@stonybrookmedicine.edu.

To join our SOAR list serve to receive email reminders about meeting dates and locations, please contact Laura Dinardo at Laura.Dinardo@stonybrookmedicine.edu.



PHOTO: JEANNE NEVILLE

“The establishment of SOAR in the Department of Surgery here at Stony Brook provides a means for participators at all levels, medical students to full professors, to have an impact. We all know and have heard of the impact of ‘big data’ on modern life.

“SOAR seeks to leverage large data sets to answer questions that cannot be answered easily with other research methods.

“But beyond that, SOAR will not have fully reached its potential until our findings are used to drive improvements in medical care through healthcare policy changes and changes in care. The SOAR moniker will appear on many important papers from Stony Brook.”

—Mark A. Talamini, MD, Professor and Chairman of Surgery, and Co-Director of the Stony Brook SOAR Collaborative



Our 2014-15 matched mentors: (left to right) Drs. Paula I. Denoya, Angela A. Kokkosis, Melissa M. Mortensen, Aurora D. Pryor, and A. Laurie W. Shroyer
PHOTO: JEANNE NEVILLE

Providing Special Guidance And Support to Female Medical Students

*Helping to Close the Gender Gap
In the Field of Surgery*

The Stony Brook Medicine Student Branch of the American Medical Women's Association (AMWA) sponsors a mentoring program for medical students to provide them with special guidance and support. Faculty in the Department of Surgery are active in the program, and of the 28 school-wide faculty matched this academic year to provide mentor oversight, five (18%) are from our department.

At the start of each academic year, the AMWA mentoring program pairs female faculty members with female students in Stony Brook's School of Medicine, providing them with opportunities to gain insight into their fields of interest from the perspectives of professional women who have gone through the process.

A common focus is placed on work/life balance, as well as long-term professional career development, scholarly endeavors, and life-long learning skills.

AMWA focuses on effective mentor-mentee interactions balancing three key elements: support, challenge, and a vision of the mentee's future career.

The Department of Surgery's faculty that matched as mentors this year are: Paula I. Denoya, MD, assistant professor of surgery; Angela A. Kokkosis, MD, assistant professor of surgery; Melissa M. Mortensen, MD, assistant professor of surgery; Aurora D. Pryor, MD, professor of surgery and chief of general surgery; and A. Laurie W. Shroyer, PhD, MSHA, professor of surgery and vice chair for research.

Dr. Shroyer says, "I strongly support this program, and I am very excited to see the very high participation rate of our Department of Surgery's female faculty members."

Eight students have been assigned to these mentors for the current academic year. Four are first-year students—Chelsea Dahl, Danielle Fassler, Malack Hamade, and Kelli Summers—and the others are second-year students—Sydney Beck, Nicole Golbari, Jessica Johl, and Lydia Liu.

One of Dr. Shroyer's several long-time mentees is Brianne Sullivan, a fourth-year student, who is applying to surgical residency programs this year.

She is a former co-president of Stony Brook's AMWA Student Branch.



Medical student Brianne Sullivan.

About her experience in the mentoring program, Ms. Sullivan says: "This program is wonderful, and I think it is very important for those seeking guidance and mentorship, especially when relating to some of the unique challenges faced by females in medicine.

"The program gave me a glimpse at my potential future, and made me realize that to a degree I needed to be considering future goals and plans. It gave me a rough idea of what to expect in the years to come.

"We have a potluck dinner where the faculty mentors come to meet the students, and

they discuss a little bit about their personal and professional life and how they got to where they are today.

Mentees are encouraged to look for opportunities to expand their network of colleagues and to acquire a multitude of individuals they admire and respect.

"I think this exposure is invaluable. I could look at successful women who at one point were in my shoes, wondering where medicine was going to take them, and hear about their journey. Their stories gave me confidence that I would make it too, and made me excited for the ride.

"Dr. Shroyer lent unconditional support and advice throughout my four years of medical school. Having a person like that to reach out to is very reassuring, and I am very grateful to have been involved in this program and to have met her.

"For me, surgery more fell into place once I did my third-year rotation and realized that I had the same passion for the OR and surgeries as the vascular surgeon I spoke to at the potluck dinner."

Commenting on the importance of the department's contribution to the AMWA mentoring program, Mark A. Talamini, MD, professor and chairman of surgery, says: "The specialty of surgery, unfortunately, is late in its appropriate incorporation of women at all levels into the field. There are reasons for this which are inherent in the specialty itself.

"We have made it difficult for women to both have a successful career in surgery and be effective in their family roles. This has been a deficit and a loss both for our patients and for our profession. We are in the process of correcting this, and the mentorship by our spectacular women surgeons and scientists will go a long way, person to person, to address the profession's shortfall."

While the gender gap remained particularly large among surgeons throughout the past century, the new century has seen the number of women attending US medical schools reach that of men, and the gap is apparently closing among graduates entering general surgery training programs, according to a recent study published in the *Journal of the American College of Surgeons*.

"We will continue to seek venues and ways to attract women to our field, and to our department here at Stony Brook," says Dr. Talamini. "Fortunately, we have a nucleus of absolutely outstanding women surgeons and scientists on our faculty who are naturally attractive as role models to our learners here at Stony Brook."

ALUMNI NEWS

Since 1975 when our first graduating residents entered the profession of surgery, 219 physicians have completed their residency training in general surgery at Stony Brook. The alumni of this residency program and our other residency (fellowship) programs now practice surgery throughout the United States, as well as in numerous other countries around the world—and we're proud of their diverse achievements and contributions to healthcare.

Dr. Elias R. Quintos ('87) recently relocated from Port Charlotte, FL, to Dothan, AL, where he continues to practice as a cardiothoracic surgeon. In March 2014, he performed the first robotic thoracic surgical procedure in the southeastern region of the state. The operation was a pulmonary procedure and included exploratory surgery.

Dr. Harvey L. Bumpers ('89) three years ago joined the surgery department at Michigan State University as professor of surgery and director of the MSU Breast Program. Previously, he had served as professor and interim chair of surgery at the Morehouse School of Medicine in Atlanta, GA. He also served as director of surgical oncology and breast services where he received numerous awards as an outstanding clinician and educator. His research interests are in the genomics of cancer and the translational application of nanotechnology to cancer care. His academic efforts have been supported by the National Institutes of Health.

Dr. Frank L. Ross ('90) joined NYU's Department of Surgery in 2010 as an assistant professor in the wound healing division. He served as acting clinical director of the Helen L. and Martin S. Kimmel Hyperbaric and Advanced Wound Healing Center in

Manhattan, and oversaw design of the new unit that opened in 2013. He is now the center's associate director and spends time teaching and lecturing both medical students and residents. He actively contributes to an advanced wound healing journal where he maintains a monthly blog. Last August, he presented "Extreme Wound Healing, NYU's Experience" at the first International Interprofessional Wound Care Course, hosted at NYU. He will lecture at NYU's first Wound Care Symposium in May. Recent publications include:

- Blumberg SN, Maggi J, Melamed J, Golinko M, **Ross F**, Chen W. A histopathologic basis for surgical debridement to promote healing of venous ulcers. *J Am Coll Surg* 2012;215:751-7.
- McMeeking A, Kim I, **Ross F**, Ayello EA, Brem H, Linton P, O'Neill DK. Wounds in patients with HIV. *Adv Skin Wound Care* 2014;27:396-9.
- Stone T, Berger A, Blumberg S, O'Neill D, **Ross F**, McMeeking A, Chen W, Pastar I. A multidisciplinary team approach to hydroxyurea-associated chronic wound with squamous cell carcinoma. *Int Wound J* 2012;9:324-9.

Dr. James K. Lukan ('99) practices vascular surgery, and is a member of the surgical faculty at the University of Buffalo, where he is assistant professor of surgery and associate general surgery residency program director.

Dr. Salvador A. Cuadra ('03) continues to practice vascular surgery in Westfield, NJ, where he is a member of the

Cardiovascular Care Group, which he joined in 2008. His surgical interests include minimally invasive treatments for peripheral vascular disease and abdominal aortic aneurysms. His expertise also lies in the management of patients with carotid artery disease and those needing hemodialysis access.

Dr. Denise M. Sanderson ('04) is a general surgeon in Stuart, FL, specializing in oncology. She completed her fellowship in surgical breast oncology at the Susan Komen Foundation at the University of Texas Southwestern. She has lived and practiced in the Treasure Coast for seven years, caring for women and men with breast cancer and melanoma. She participates in clinical research, and is active in community outreach.

Dr. Victor Cruz ('06) is now in private practice in Deming, NM, where he provides general surgery, advanced laparoscopic surgery, colorectal surgery, and endoscopy. He is affiliated with Mimbres Memorial Hospital there. His commitment to his community is also expressed by his contribution to it as a politician. Last March, he was elected to serve on Deming's city council, representing the district in which he lives with his wife and three sons.

Dr. Wei F. Chen ('07) is a plastic surgeon and member of

the “primary” full-time faculty of the surgery department at the University of Iowa in Iowa City, IA. About his practice he says: “In a cosmetic consultation, my job is to be an educator. Most patients come to me knowing exactly what they want to achieve. My job is to guide them and help them decide what procedures would be most appropriate in achieving their desired results.” Recent publications include:

- **Chen WF**, Eid A, Yamamoto T, Keith J, Nimmons GL, Lawrence WT. A novel supermicrosurgery training model: the chicken thigh. *J Plast Reconstr Aesthet Surg* 2014;67:973-8.
- **Chen WF**, Kung YP, Kang YC, Lawrence WT, Tsao CK. An old controversy revisited—one versus two venous anastomoses in microvascular head and neck reconstruction using anterolateral thigh flap. *Microsurgery* 2014;34:377-83.
- Heineman J, **Chen WF**. Ultrasonic evidence of vascular augmentation of reverse sural artery flap after the vascular delay procedure. *J Plast Reconstr Aesthet Surg* 2014;67:1767-9.

Dr. Julia M. Götte (’07) is a heart surgeon practicing in Stuttgart, Germany, at the Heart and Vascular Clinic. She returned to her homeland in 2010 after completing her fellowship training in cardiothoracic surgery at the University of California at San Francisco. She earned certification from the American Board of Thoracic Surgery in 2013. Recent publications include:

- Rutt kay T, Baksa G, **Götte J**, Glasz T, Patonay L, Galajda Z, Doll N, Czesla M. Comparative endoscopic anatomic description of the mitral valvular complex: a cadaveric study. *Thorac Cardiovasc Surg* 2014. Epub ahead of print.
- Rutt kay T, Czesla M, Nagy H, **Götte J**, Baksa G, Patonay L, Doll N, Galajda Z. Experimental transapical endoscopic ventricular visualization and mitral repair. *Thorac Cardiovasc Surg* 2014. Epub ahead of print.

Dr. Paul V. Kochupura (’07) since 2012 has been practicing as a vascular surgeon in Gastonia, NC, outside of Charlotte. He practices the full spectrum of vascular surgery including both open and catheter-based interventions for peripheral vascular disease, leading-edge approaches to venous disease including varicose veins and deep venous thrombosis, carotid disease, and endovascular repair of abdominal aortic aneurysms, as well as dialysis access and management.

Drs. Brett T. Phillips, Jerry A. Rubano, and Dimitrios Virvilis (’14) in November passed their oral examination for board certification in surgery by the American Board of Surgery. This great achievement for these young men is a great affirmation of our educational program!

{ ALUMNI NEWS SUBMISSIONS }

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

DIVISION BRIEFS

Breast and Oncologic Surgery

Dr. Brian J. O’Hea, associate professor of surgery and chief of breast and oncologic surgery, was selected for inclusion in the **2014 Best Doctors®** list by other doctors through a comprehensive review process. Every physician in the survey is asked, “If you or a loved one needed a doctor in a certain specialty, who would you choose?”

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, continues to give presentations at national and international meetings. Among his recent presentations are:

- CT nodule enhancement pattern in patients after stereotactic ablative radiotherapy. Radiological Society of North America Annual Meeting; Chicago, IL, November-December 2014 [authors: Moore WH, Chaudhry AA, Chaya Y, Bilfinger T, Glass SD, Gaur S, Mikhail G, Baker KS, Kim BS].
- Do lung cancer and arterial aneurysmal disease go hand in hand: a PET study? World Federation of Vascular Societies Meeting; Stellenbosch, South Africa, October 2014 [authors: Bilfinger TV, Spentzouris G, Putnam J, Labropoulos N].
- Lung cancer screening and self-reported distress. American College of Chest Physicians Annual Meeting; Austin, TX, November 2014 [authors: Plank A, Nemesure B, Aleyas S, Campolo S, Bilfinger TV].
- Lung nodule treatment with cryoablation versus radiofrequency ablation versus stereotactic ablative radiotherapy: a survival study. Radiological Society of North America Annual Meeting; Chicago, IL, November-December 2014 [authors: Mikhail G, Chaudhry AA, Yoon JH, Bilfinger T, Moore WH].
- Percutaneous right atrial thrombus removal via Angiovac: a review and discussion of the role of intraoperative TEE. American Society of Anesthesiologists Annual Meeting; New Orleans, LA, October 2014 [authors: Tam C, Cho B, Bilfinger TV, Izrailyan I].

Dr. Bilfinger and colleague Dr. William Moore (radiology) have received a two-year grant (\$150,000) for their clinical trial of **cryoablation to treat lung cancer metastasis**.

Dr. James R. Taylor Jr., professor of surgery and chief of cardiothoracic surgery, in a recent interview, talked about the advances he would like to make at Stony Brook:

“I’d like to advance the use of **robotic cardiac surgery**. Its advantages for patients are that you don’t have to open the sternum so there is much less discomfort in the early postoperative period.

“And the visualization offered by robotic surgery is exceptional. For example, with robotic mitral valve surgery, we can look at the mitral valve without having to distort or retract it as we would if going in through the sternum. Seeing it in situ helps us evaluate the valve better.”

Dr. Taylor noted that “we are honing our techniques for **robotic mitral valve repair**, and will be using this innovative technique regularly within a few months.”

Colon and Rectal Surgery

Dr. Roberto Bergamaschi, professor of surgery and chief of colon and rectal surgery, continues to give presentations—from lectures to posters—at regional, national, and international meetings. Among recent presentations are:

- Correlation of FDG PET-CT with pelvic MRI in staging of patients with rectal cancer using fusion PET-MRI. Radiological Society of North America Annual Meeting; Chicago, IL, November-December 2014 [authors: Gupta R, Safaie E, Matthews R, Bergamaschi R].

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- Evaluation of blood supply prior to intestinal anastomosing. Update on Digestive Diseases, Fall Meeting; Verona, Italy, November 2014 [authors: Foppa C, Bergamaschi R].
- Indocyanine green fluorescent dye during bowel surgery: are the blood supply guessing days over? New York Surgical Society Scientific Session; New York, NY, November 2014 [authors: Anderson C, Denoya PI, Bergamaschi R].
- Laparoscopic right colectomy versus laparoscopic-assisted colonoscopic polypectomy for endoscopically unresectable right colon polyps: a randomized controlled trial. New York Surgical Society Winter Scientific Session; New York, NY, February 2015 [authors: Connolly T, Yang K, Denoya PI, Lascarides C, Buscaglia J, Bergamaschi R].
- Update in MIS for mid/low rectal cancer [keynote lecture]. International Board of the Italian Society for Surgical Endoscopy and Surgical Society of Tuscany-Umbria; Florence, Italy, September 2014.

Dr. Marvin L. Corman, professor of surgery, was selected for inclusion in the **2014 Best Doctors®** list.

Dr. Paula I. Denoya, assistant professor of surgery, in October was an invited speaker at the Hospital Association Keystone: Surgery Workshop, held in Grand Rapids, MI, where she gave a lecture titled **“Implementing a Surgical Site Infection Reduction Strategy in Colorectal Surgery.”**

Dr. Denoya has been elected to serve as a **board member at large for the New York Society of Colorectal Surgeons**.

Dr. Denoya has been appointed to serve as **program director for the Department’s colorectal surgery residency program**. Our one-year fully accredited clinical residency prepares surgeons for the pursuit of an academic career in colon and rectal surgery

equally as well as for private practice.

General Surgery

Dr. Aurora D. Pryor, professor of surgery and chief of general surgery, in October directed the following courses at the Latin American IRCAD-AMITS (Research Institute against Digestive Cancer-American Institute of Telesurgery) Center in Barretos, Brazil:

- Evaluation and procedure choice for revisional bariatric surgery
- Managing reflux in bariatric surgery patients
- The history of metabolic surgery

Dr. Pryor in October gave the following presentations at the annual Clinical Congress of the American College of Surgeons held in San Francisco:

- Hospital charge is not associated with outcomes for bariatric surgery
- Management of the bariatric patient presenting to the emergency department with abdominal pain
- Procedures for metabolic surgery

Dr. Pryor has been appointed **associate editor of *Surgery for Obesity and Related Diseases***, the official journal of the American Society for Metabolic and Bariatric Surgery and the Brazilian Society for Bariatric Surgery, which is ranked 7th of 202 journals in the Surgery category in the 2013 Journal Citation Reports.

Dr. Pryor has been appointed to the **executive committee of the American Society for Bariatric and Metabolic Surgery** as a member at large.

Dr. Mark A. Talamini, professor and chairman of surgery, in October chaired the FDA’s Gastroenterology-Urology Devices Panel, which

reviews and evaluates data on the safety and effectiveness of marketed and investigational devices, and makes appropriate recommendations to the FDA for approval decisions. He has chaired this panel since May 2012.

Concerning the first-of-its-kind device for obesity management just approved in January (it curbs the appetite by electrically stimulating stomach nerves and offers an alternative to conventional bariatric surgery), Dr. Talamini says:

“I am very glad the FDA elected to approve the Maestro device. First, obesity is a huge public health problem in the United States, and we need all of the tools possible in our arsenal to help obese patients. Second, if innovative devices like this don’t come to market, it will discourage other ideas, startup companies, and venture capital from participating in this critical arena.”

As editor-in-chief since 2009 of *Surgical Endoscopy*, the official journal of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and European Association for Endoscopic Surgery (EAES), Dr. Talamini continues to support the science that drives innovative advances in minimally invasive surgery.

Dr. Dana A. Telem, assistant professor of surgery, in October was inducted as a **fellow of the American College of Surgeons (FACS)**.

Dr. Telem in November at the program of the American Society for Metabolic and Bariatric Surgery Obesity Week, held in Boston, co-chaired the video session titled “How I Do It.” She also gave the following two podium presentations:

- Capturing accurate readmission rates: looking beyond our own institutions
- The association between sleeve gastrectomy and histopathologic changes consistent with esophagitis in a rodent model

Dr. Telem in October gave the following presentations at the annual Clinical Congress of the American College of Surgeons:

- Hospital charge is not a surrogate marker for healthcare quality in bariatric surgery [podium presentation]
- Management of bariatric surgical complications [invited lecturer]
- Postoperative rates of DVT and PE in normal weight versus obese and morbidly obese surgical patients in the era post VTE prophylaxis guidelines [poster presentation]

Dr. Telem was recently **elected to the board** of the Long Island Chapter of the American College of Surgeons.

Concerning research, Dr. Telem was recently awarded a grant (\$196,130) from Cook Medical for her project titled, **“Tissue Remodeling in Hiatal Hernia Repair: The Effect of Adipose-Derived Stem Cells and Platelet Rich Plasma.”**

Otolaryngology-Head and Neck Surgery

Dr. Elliot Regenbogen, assistant professor of surgery, in December received a competitive **G-I-N Conference Scholar award** from the American Academy of Otolaryngology-Head and Neck Surgery Foundation.

This award will enable him to participate in the March 2015 conference in New York, “Evidence-Based Guidelines Affecting Policy, Practice, and Stakeholders,” sponsored by the Guidelines International Network North America (G-I-N NA) and New York Academy of Medicine.

Only six awards were made. Candidates were assessed according to qualifications and experience, and interest and engagement in the clinical practice guideline development process.

Dr. Regenbogen in October gave the following presentation at his division's Alumni Day held at Stony Brook Medicine: "**Oral Cavity Disorders in Geriatric Patients.**"

Dr. Regenbogen in September gave the following presentation at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery, held in Orlando, FL: "**Extraesophageal Reflux in Patients Undergoing General Endotracheal Tube Anesthesia**" (authors: Regenbogen E, Oleszak SP, Corrado T, Vanner EA, Shroyer AL, Goldstein J, Marzouk M, Pearl ML).

Dr. Ghassan J. Samara, associate professor of surgery, leader of our **robotic head-and-neck surgery** program, in September gave the following presentation at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery held in Orlando, FL: "**Robot-Assisted Sialolithotomy with Sialoendoscopy: A Novel Approach to Management of Large Submandibular Gland Stones**" (authors: Razavi C, Pascheles C, Samara GJ, Marzouk M).

Dr. Samara and **Dr. David A. Schessel**, associate professor of surgery and chief of otolaryngology-head and neck surgery, were selected for inclusion in the **2014 Best Doctors®** list.

Pediatric Surgery

Dr. Richard J. Scriven, associate professor of surgery and director of the general surgery residency, in November received a \$300 check from **4-year-old Bobby Volk**, who organized a bake sale to benefit Stony Brook Children's Hospital and the Child Life Services. (See their picture on back cover.)

Dr. Scriven in September had taken care of Bobby, performing **emergency surgery for a testicular torsion**, a condition not typically seen in a boy his age.

After a positive experience at the Children's Hospital, Bobby was watching a television show and the episode was about a bake sale. He told his mother he wanted to have one for Dr. Scriven, his team, and all the other children at Stony Brook, stating that "**they need stuff.**"

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, in November was honored by Blanca House for his **exemplary volunteerism and distinguished service** to its mission of providing quality medical care to countries in Latin America, helping needy people in outlying communities, some of whom have been flown to Long Island for his care at Stony Brook Medicine.

Dr. Dagum has also participated in several missions to Ecuador sponsored by Blanca House.

Dr. Dagum is co-principal investigator of a clinical trial at Stony Brook studying the safety and effectiveness of an **investigational drug (injection) to treat cellulite** in women.

Dr. Dagum's recent presentations with Stony Brook colleagues include the following three studies at the Northeastern Society of Plastic Surgeons Annual Scientific Meeting, held in September in Providence, RI:

- A prospective analysis of physical exam findings in the diagnosis of facial fractures: determining predictive value [authors: Timashpolsky A, Sayeed SM, Romeiser JL, Rosenfeld EA, Conkling N, Dagum AB]
- Quantitative analysis of nipple areola complex tattoo fade patterns: results of a prospective study [authors: Levites HA, Lyubchik A, Trasolini NA, Fromm IM, Fourman MS., Phillips BT, Khan SU, Dagum AB, Bui DT]
- Risk analysis for post-operative complications after immediate tissue expander breast reconstruction (TE-IBR) [authors: Klein G, Landford W, Shroyer AL, Yang J, Meng Z, O'Hea B, Dagum A, Bui DT, Khan SJ]

Dr. Dagum, who serves as co-director of the Stony Brook Cleft Palate-Craniofacial Center, in November gave a presentation titled "**Current Management of Cleft Lip and Palate**" at the Suffolk County Dental Society General Meeting, held in Hauppauge, NY.

Dr. Tara L. Huston, assistant professor of surgery and dermatology, in October was inducted as a **fellow of the American College of Surgeons (FACS)**.

Surgical Research

Dr. A. Laurie W. Shroyer, professor of surgery and vice chair for research, gave the following two courses at the American Association for Thoracic Surgery's Clinical Trials Methods Course, held in October in Chicago: "**Ethics of Clinical Trials**" and "**How to Design a Randomized Clinical Trial.**"

Trauma, Emergency Surgery, and Surgical Critical Care

Dr. Randeep S. Jawa, associate professor of surgery, in September gave the following presentation with division colleagues at the annual meeting of the American Association for the Surgery of Trauma and Clinical Congress of Acute Care Surgery, held in Philadelphia: "**Pre-Admission Do Not Resuscitate (DNR): An Independent Predictor of Death Following Trauma?**" (authors: Jawa RS, McCormack JE, Rutigliano DN, Huang EC, Sandoval S, Paccione M, Shapiro M, Vosswinkel JA).

Dr. James A. Vosswinkel, assistant professor of surgery and chief of trauma, emergency surgery, and surgical critical care, in November received the **Long Island Business News Physician Hero Award** for his contribution to the health and well-being of Long Island residents.

Honorees are selected by a committee of business and healthcare leaders based on the biographical information sent to *Long Island Business News* reflecting each nominee's career and professional accomplishments.

Dr. Vosswinkel made national and international news as a **trauma expert on midair plane disasters**, in media coverage last July of the downing of the Malaysian airliner over Ukraine.

Dr. Vosswinkel was quoted as saying: "You have such horrific forces that it's essentially unsurvivable. No one was conscious or experienced that fall." He had led a definitive study with our trauma team of TWA Flight 800 that exploded and crashed off Long Island in 1996, which was published in the *Journal of Trauma*.

Upper Gastrointestinal and General Oncologic Surgery

Dr. Philip Q. Bao, assistant professor of surgery, has been joined by **Dr. Purvi Y. Parikh**, assistant professor of surgery, who will contribute as a hepatobiliary specialist to the care of patients with cancer (see page 3).

Vascular and Endovascular Surgery

Dr. Antonios P. Gasparis, professor of surgery and director of the Stony Brook Vein Center, continues to contribute to national and international vascular surgery meetings. Among his recent presentations are:

- Evaluating risks on venous thromboembolic disease. National Congress of Angiology and Vascular Surgery; Guadalajara, Mexico, October 2014.
- IVC filters: current trends and controversies. American College of Phlebology Annual Congress; Phoenix, AZ, November 2014.
- Monitoring patients with dialysis access. National Congress of Angiology and Vascular Surgery; Guadalajara, Mexico, October 2014.
- Pelvic congestion syndrome. World Federation of Vascular Societies; Cape Town, South Africa, October 2014.
- Phlebectomies: during or after endovenous ablation? National Congress of Angiology and Vascular Surgery; Guadalajara, Mexico, October 2014.
- Stenting for venous outflow obstruction. World Federation of Vascular Societies Congress; Stellenbosch, South Africa, October 2014.
- Treatment for proximal venous obstruction. National Congress of Angiology and Vascular Surgery; Guadalajara, Mexico, October 2014.
- Use of angio-CT scan for the evaluation of venous disease. National Congress of Angiology and Vascular Surgery; Guadalajara, Mexico, October 2014.

Dr. Gasparis in October directed the **first training course for pelvic vein embolization for the treatment of pelvic congestion syndrome** at Stony Brook Medicine.

Dr. Gasparis is the principal investigator at Stony Brook of a clinical trial of **sound wave**

imaging of the inside of leg veins, in combination with standard x-ray imaging, to gain additional information about the severity and nature of vein blockages.

Dr. David S. Landau, assistant professor of surgery, in November gave the following presentation about his clinical research at the Veith Symposium on Vascular and Endovascular Issues, held in New York: **“First-in-Man Experience with the ReVive PV Peripheral Thrombectomy Device for the Revascularization of Below-the-Knee Embolic Occlusions.”**

Dr. Shang A. Loh, assistant professor of surgery, in October was inducted as a **fellow of the American College of Surgeons (FACS)**.

Dr. Loh is heading up two new clinical trials investigating **endovascular grafts for low-profile abdominal aortic aneurysms and endovascular interventions using a novel anticoagulation drug**.

Dr. Apostolos K. Tassiopoulos, professor of surgery and chief of vascular and endovascular surgery, continues to provide leadership in vascular surgery worldwide, as demonstrated by the following selected presentations:

- Access remains a contraindication for EVAR [podium presentation]. International Meeting on Aortic Diseases; Liège, Belgium, September 2014.
- Arteriovenous access: why use vein first and avoid catheter use? [podium presentation]. National Congress of Angiology and Vascular Surgery; Guadalajara, Mexico, October 2014.
- IVC filters 2014. Benefit or not? [podium presentation]. World Federation of Vascular Societies Congress; Stellenbosch, South Africa, October 2014.
- Radiofrequency ablation for small saphenous vein disease [podium presentation].

World Federation of Vascular Societies Congress; Stellenbosch, South Africa, October 2014.

- Results of radiofrequency ablation for venous insufficiency [podium presentation]. World Federation of Vascular Societies Congress; Stellenbosch, South Africa, October 2014.
- Should young patients with AAA be offered EVAR? [podium presentation]. National Congress of Angiology and Vascular Surgery; Guadalajara, Mexico, October 2014.
- Should young patients with AAA receive open surgery and not EVAR? [podium presentation]. International Meeting on Aortic Diseases; Liège, Belgium, September 2014.
- Treating a type IA endoleak with endo-stapling and proximal extension [podium presentation]. VAST Meeting; Saratoga Springs, NY, September 2014.

The **Stony Brook Vein Center** has opened an **additional office in Huntington, NY**. Together with its offices in East Setauket, Smithtown, and Sayville, this new office will expand access to our vascular services and vein care specialists.

The **Fifth Annual Venous Symposium**—directed by **Dr. Antonios P. Gasparis** and **Dr. Nicos Labropoulos**, professor of surgery—has established itself as one of the premier international vein meetings, and provides all specialists a complete program on the current knowledge and management of venous disease. Participation provides a maximum of 22.75 AMA PRA Category 1 Credits™.

The 2015 symposium will take place on April 16-18 in New York. For more information, please visit the symposium’s website: www.venous-symposium.com.

CME CME CME

CME credit through the School of Medicine

Surgical Grand Rounds

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

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

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

For more information, please call (631) 444-1611.

Vascular Surgery Conference

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

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

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

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

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



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

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Breast Care Center**
3 Edmund D. Pellegrino Road
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Plastic & Cosmetic Surgery Center
24 Research Way, Suite 100
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