

Performing Breast Reconstruction

Using State-of-the-Art Techniques

Mastectomy for cancer is the most common reason that women have breast reconstruction. In fact, the number of women undergoing this reconstructive surgery has increased dramatically over the past 15 years, and the trend for immediate breast reconstruction after mastectomy has grown from 10% in the 1980s to about 50% today.

At Stony Brook's Carol M. Baldwin Breast Care Center, our plastic surgeons use the state-of-the-art reconstructive techniques, providing a range of different options to patients wanting breast reconstruction.

Our plastic surgeons can create a breast that closely approximates the form, feel, and appearance of a normal breast.

Both Alexander B. Dagum, MD, associate professor of surgery and chief of plastic and reconstructive surgery, and Steven M. Katz, MD, assistant professor of surgery, of our Division of Plastic and Reconstructive Surgery—along with nurse practitioner Sharon Valentine, RN, NP—have been actively involved in reconstructive breast surgery for many years.



Patients at the Breast Care Center are able to receive the most sophisticated, compassionate care in a coordinated and timely fashion. This requires very close cooperation among the different physicians of the comprehensive breast service, which includes the oncologic surgeon and the medical and radiation oncologists, all of whom work closely with our plastic surgeons.

Breast reconstruction is an operation carried out to restore breast shape and replace breast tissue lost during a mastectomy or, occasionally, a lumpectomy. The operative goal is to match the opposite breast as closely as possible.

There are many benefits to breast reconstruction. These include restoration of a woman's feeling of being whole again, as well as her self-confidence and feelings of femininity. In clothes, the appearance of the reconstructed breast will be similar to

THE STONY BROOK VASCULAR CENTER PROVIDES DIAGNOSIS AND TREATMENT OF VASCULAR DISEASE RANGING FROM ROUTINE TO HIGHLY COMPLEX CASES:

- Complete, nationally accredited Non-Invasive Vascular Laboratory
- Minimally invasive vascular therapies using the latest treatment advances, including angioplasty, stent therapy, and stent graft repair
- State-of-the-art surgical treatment of carotid artery disease, aneurysms, and leg ischemia
- Sclerotherapy, laser therapy, and surgery as indicated for varicose/spider veins
- Screenings for vascular disease (carotid artery, for risk of stroke; abdominal aorta, for presence of aneurysms; lower extremity, for risk of peripheral vascular disease)

Our physicians see patients at Stony Brook, as well as at our satellite offices in East Setauket and Hampton Bays. For consultations/appointments, please call...

- (631) 444-2565 for University Hospital and Medical Center at Stony Brook
- (631) 444-4545 for the Stony Brook Surgical Care Center in East Setauket
- (631) 723-5000 for the Stony Brook Out-patient Services Center in Hampton Bays

(Continued on Page 2)

Performing Breast Reconstruction

(Continued)

that prior to the mastectomy, and without clothes the breast mound will restore the natural shape of her breast.

On a practical side, breast reconstruction eliminates the need for external artificial breasts (prostheses) which can be uncomfortable and awkward to wear.

It is important to note that reconstructive breast surgery does not interfere with future treatments such as radiotherapy, chemotherapy, or detection of recurrent breast cancer. It also does not increase the risk of recurrence of the breast cancer.

Although breast reconstruction aims to match as closely as possible one's previous breast, patients must bear in mind that this surgery will not precisely restore the breast appearance and shape they once had, nor will it have the same sensitivity or allow for lactation.

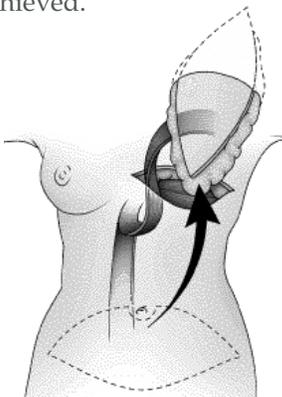
IMMEDIATE RECONSTRUCTION

The trend at major breast cancer centers, such as the Carol M. Baldwin Breast Care Center, has been to offer immediate reconstructive surgery for mastectomy patients. In fact, now in New York it is required that this surgery be offered to every woman undergoing a mastectomy. However, there are still legitimate reasons to wait and have the reconstruction done later.

Some women are not comfortable weighing all the options while they are struggling to cope with the diagnosis of breast cancer. Breast reconstruction can certainly be performed at a later date. However, the advantages of immediate breast reconstruction are that not only is the patient spared a second major operation and hospitalization, but after the mastectomy, she wakes up with a breast and is spared the psychological feeling of a lost breast.

For most patients, breast reconstruction will require from one to three surgical procedures to achieve the desired result. The first procedure is the most lengthy and complex, while the other procedures tend to be done on an outpatient basis and are more in the realm of perfecting form.

The first procedure involves creation of the breast mound or breast shape. There are many ways this can be achieved.



TRAM flap reconstruction with pedicled/tunneled rectus abdominus muscle and abdominal "skin island" for creation of breast.

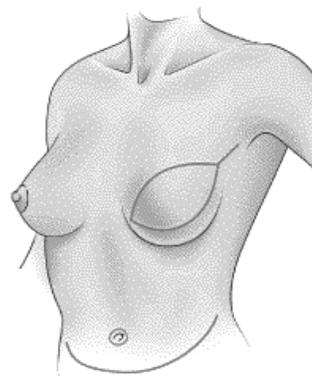
RECONSTRUCTIVE OPTIONS

The type of breast reconstruction to be chosen depends on the desires of the individual patient, as well as the surgical factors that determine the reconstructive possibilities in each case.

The transverse rectus abdominus muscle (TRAM) flap reconstruction is—from the surgeon's viewpoint—perhaps one of the most rewarding ways to reconstruct a breast. From the patient's viewpoint, the TRAM reconstruction is especially attractive because the outcome is very natural, from materials to appearance.

This operation, popularized in the early 1980s, involves using entirely the patient's own tissue to build the new breast. The skin and subcutaneous fat, which would be taken out with a standard abdominoplasty (tummy tuck), is brought up to the mastectomy site pedicled on the

rectus abdominus muscle. It is shaped into a new breast closely matching the opposite breast.



Finished TRAM reconstruction (prior to creation of nipple-areola) showing scarlines: the breast scar may vary in appearance; the scar on the lower abdomen generally runs from hip to hip, but is low enough to be concealed under many types of swim suits.

(Continued on Page 3)

STONY BROOK

POST-OP is published by the Department of Surgery University Hospital and Medical Center State University of New York at Stony Brook Stony Brook, New York

Editor-in-Chief
John J. Ricotta, MD

Writer/Editor
Jonathan Cohen, PhD

Advisory Board
Collin E.M. Brathwaite, MD
Alexander B. Dagum, MD
Peter J. Garlick, PhD
Fabio Giron, MD, PhD
Arnold E. Katz, MD
Irvin B. Krukenkamp, MD
Cedric J. Priebe, Jr., MD
Harry S. Soroff, MD

All correspondence should be sent to:
Dr. Jonathan Cohen
Writer/Editor, POST-OP
Department of Surgery/HSC T19
University Hospital and Medical Center
Stony Brook, NY 11794-8191, USA

New York law requires that every woman undergoing a mastectomy be offered reconstructive breast surgery.

The TRAM operation is lengthier than other reconstructive options and requires slightly more time for recovery, but it yields the most natural-looking breast. Occasionally, skin and muscle will be brought from the back to reconstruct the missing breast. However, with this latter technique, an implant is usually required if a larger breast needs to be made.

The most common way to reconstruct a breast is to use a combination of a tissue expander and an implant. A tissue expander is a small "balloon" that is placed beneath the chest muscle (pectoralis muscle) at the time of the mastectomy. Over the ensuing six weeks, the balloon is then filled with saline through a small port using a syringe and needle. This process allows for the creation and stretching of skin, much like what happens to a woman's belly during pregnancy.

This remodeling of the skin requires about six weeks. After sufficient skin has been created, a second operation, in which the tissue expander is removed and a permanent breast implant placed, is performed several months later. The current breast implants are made of silicone and filled with saline (salt water). Gell-filled implants, which have a more natural feel, are also available, but are still considered experimental.

Every effort is made to achieve the best possible result from the reconstruction. The results, however, can vary a great deal. Although it is impossible to achieve a perfect match, it is generally possible to achieve a close match that, even in a bathing suit or low-cut dress, looks "the same" as the opposite breast.

Most women are very satisfied with the final result of reconstructive breast surgery, and feel a significant improvement in their appearance and quality of life.

OUR NEW PEDIATRIC SURGEON

This May, Richard J. Scriven, MD, joined our Division of Pediatric Surgery as assistant professor of surgery. He comes to Stony Brook from the North Shore-Long Island Jewish Health System, where he practiced for the past two years.

Dr. Scriven received his MD in 1990 from the Albert Einstein College of Medicine. He subsequently completed his residency in general surgery at the SUNY Health Science Center at Brooklyn, where he also completed his fellowship training in pediatric surgery. He is board certified in both general surgery and pediatric surgery.

Dr. Scriven's clinical practice at Stony Brook will provide comprehensive surgical care for children—from newborn infants to adolescents—with congenital or acquired diseases of the neck, chest, abdomen, and soft tissues.

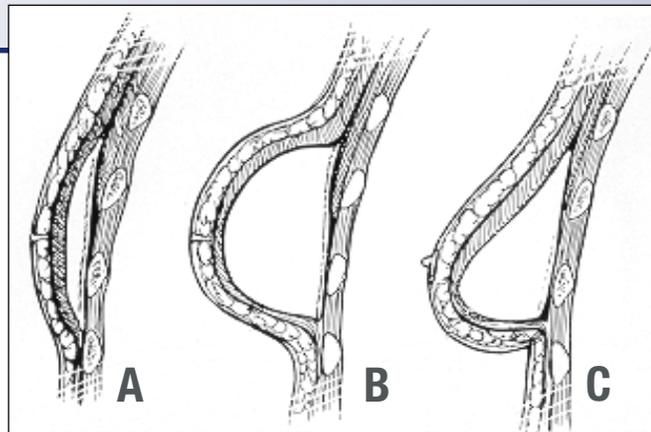
Areas of special interest include congenital anomalies of the esophagus, necrotizing enterocolitis, and pediatric trauma. His current research interests are microvascular reactivity and mesenteric blood-flow changes during fetal development.

In joining our Division of Pediatric Surgery, Dr. Scriven will work closely with Cedric J. Priebe, Jr., MD, professor of clinical surgery and chief of pediatric surgery at University Hospital and Medical Center.

For consultations/appointments with Dr. Scriven, please call (631) 444-4538.



Dr. Richard J. Scriven



Reconstruction with skin expansion. **A**, The tissue expander is placed beneath the chest muscle. **B**, Full expansion with saline occurs after about six weeks. **C**, At a second operation, the tissue expander is exchanged for a permanent breast implant to match the opposite breast, and the nipple-areola is reconstructed, too.

For more information about breast reconstruction performed by our plastic surgeons, please call (631) 444-4545.

OUR NEW LAPAROSCOPIC AND GENERAL SURGEON



Dr. Arif Ahmad

This July, Arif Ahmad, MBBS, FRCS(Edin), FRCS(Eng), assistant professor of surgery, joined our Division of General Surgery as director of the Center for Minimally Invasive Surgery. He comes to Stony Brook from the University of Virginia, where he just completed a fellowship in advanced laparoscopic surgery, and was on the surgical faculty as laparoscopic instructor.

Dr. Ahmad received his medical degree (Bachelor of Medicine and Bachelor of Surgery: MBBS) from the University of Calcutta in 1985, with numerous distinctions and awards. He then underwent postgraduate surgical training, for which he received his Master of Surgery (MS), and was awarded the Gold Medal in Surgery for best performance among all surgical trainees of the MS program.

In 1989, Dr. Ahmad moved to England and spent four years in surgical training, equivalent to residency, as "registrar" in surgery at medical centers of the University of Liverpool. He had become a Fellow of the Royal College of Surgeons of Edinburgh in 1988, and in 1991 he became a Fellow of the Royal College of Surgeons of England.

Dr. Ahmad's interest in academic surgery then motivated him to come to the United States in 1994, and he was clinical fellow in surgery (surgical nutrition and metabolic care) at the New England Deaconess Hospital, Harvard Medical School, from 1994 to mid-1995.

From Harvard, Dr. Ahmad moved to the University of Connecticut to complete a five-year surgical residency (1995-2000), in order to meet the requirements for board certification in surgery in the U.S.

At Stony Brook, Dr. Ahmad will practice his specialty of laparoscopic and general surgery. He will also serve to direct and further develop the Center of Minimally Invasive Surgery.

Dr. Ahmad's special interest and expertise are in conventional as well as laparoscopic gastrointestinal/foregut surgery, including laparoscopic antireflux surgery and laparoscopic bariatric surgery.

An active scholar, Dr. Ahmad has published several research papers in peer-reviewed journals and also book chapters. His current research interests are in the areas of surgical nutrition, bariatric surgery, and laparoscopic surgery.

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

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

Some Recent Publications*

Barle H, Rahlen L, Essen P, **McNurlan MA, Garlick PJ**, Holgersson J, Wernerman J. Stimulation of human albumin synthesis and gene expression by growth hormone treatment. *Clin Nutr* 2001;20:59-67.

Barraco R, Brathwaite CE, Brebbia JS, Perez JM, Smith TR. Percutaneous versus open tracheostomy: is it a fair comparison? *Crit Care Med* 2000;28:3371.

Barraco RD, Scalea TM. Changing the face of elder trauma: one center's experience. *Surg Forum* 2000;51:516.

Barraco RD, Scalea TM. Dislodgment of inferior vena cava filters during central line placement: case report. *J Trauma* 2000;48:140-2.

Bilfinger TV. Coronary artery bypass stapling: does it reduce the immune response? *Mod Aspects Immunobiol* 2000;1:119-20.

Bluestein D, Yanmei L, Yang HY, **Krukenkamp IB**. Free emboli formation and procoagulant properties of platelets induced by flow past mechanical heart valves [abstract]. *Ann Biomed Engin* 2000;28:564.

Brix-Christensen V, Goumon Y, Tonnesen E, Chew M, **Bilfinger T, Stefano GB**. Endogenous morphine is produced in response to cardiopulmonary bypass in neonatal pigs. *Acta Anaesthesiol Scand* 2000;44:1204-8.

Caso G, Ford GC, Nair KS, Vosswinkel JA, **Garlick PJ, McNurlan MA**. Increased concentration of tracee affects estimates of muscle protein synthesis. *Am J Physiol* 2001;280:E937-46.

Garlick PJ. Tissue protein synthesis. In: Shetty P, editor. *Nutritional Metabolism and Malnutrition: A Festschrift for John Conrad Waterlow*. London: Smith-Gordon, 2000: 41-55.

Gaudette DR, Todaro J, Chiang FP, **Krukenkamp IB**. Assessing ventricular mechanics with computer aided speckle interferometry [abstract]. *Ann Biomed Engin* 2000;28:558.

Hammarqvist F, Sandgren A, Andersson K, Essen P, **McNurlan MA, Garlick PJ**, Wernerman J. Growth hormone together with glutamine-containing total parenteral nutrition maintains muscle glutamine levels and results in a less negative nitrogen balance after surgical trauma. *Surgery* 2001;129:576-86.

Harris L, O'Brien-Irr M, **Ricotta JJ**. Long-term assessment of cryopreserved vein bypass grafting success. *J Vasc Surg* 2001;33:528-32.

Hunter KA, **Garlick PJ**, Broom I, Anderson SE, **McNurlan MA**. Effects of smoking and abstinence from smoking on fibrinogen synthesis in humans. *Clin Sci* 2001;100:459-65.

Januszkiewicz A, Essen P, **McNurlan MA**, Ringden O, **Garlick PJ**, Wernerman J. Determination of in vivo protein synthesis in human T lymphocytes. *Clin Nutr* 2001;20:181-2.

(Continued on Page 11)

* The names of faculty authors appear in boldface

Bariatric Surgery Program Is Changing Lives

In June, our bariatric program for the treatment of morbid obesity marked its first year and a half of clinical service. A total of 42 patients have had gastric bypass surgery thus far, changing their lives for the better in terms of physical health and psychosocial well-being.

Among our patients, the average weight loss at two weeks has been 19 pounds, at three months 50 pounds, at six months 90 pounds, and at one year 112 pounds.

Our bariatric program is unique in that patients are treated by a multidisciplinary healthcare team not only preoperatively, but postoperatively as well. In addition to the surgeon, this team may include an internist, nutritionist, physical therapist, social worker, and psychologist, among others. Our patients are followed very closely after they undergo surgery in order to prevent nutritional or other complications from developing.

Our bariatric program is unique in that patients are treated by a multidisciplinary healthcare team not only preoperatively, but postoperatively as well.

This program is directed by Collin E.M. Brathwaite, MD, associate professor of surgery and chief of trauma/surgical critical care, who is an active general surgeon with considerable experience in nutrition (he currently chairs University Hospital's nutrition committee). Arif Ahmad, MBBS, John S. Brebbia, MD, and Louis T. Merriam, MD, all assistant professors of surgery, are also involved in the program.

Barbara Smith, RN, MS, is the nurse practitioner who coordinates the patient care and facilitates the monthly support group. Having worked closely with all patients treated so far, she says, "It's very rewarding to see patients smiling and developing a sense of humor where there was none before and, above all, to see them restore their health."

Morbid obesity is that state where body weight exceeds ideal body weight by 100 pounds or more. Most of the serious diseases that are associated with it are improved, if not totally reversed, after gastric bypass surgery. This treatment is a tremendous opportunity for those individuals who face shortened life spans due to their obesity.

Although this particular surgery is not for everybody, it works well for those who have tried every other method of weight loss without success and who are committed to making major behavioral lifestyle changes in order to be healthier, feel better, and live longer.

For more information about our bariatric program, please call Barbara Smith, NP, at (631) 444-1045.

... And at six months after surgery, showing weight loss of 100 pounds.

WHAT OUR PATIENTS HAVE SAID ABOUT THE OUTCOMES OF THEIR BARIATRIC SURGERY:

"I am becoming a new person; I should have done this years ago."

"I was a type 2 diabetic with high blood pressure and high cholesterol; now all of that is gone and I no longer take any medication."

"It's like being reborn, but this time I like myself."

"I haven't been this healthy in 20 years."

"This is a long-time prayer answered for me."

"I feel so good."

"I have no regrets."

"I would never trade how I look now for being able to eat the way I did before."

Patient before surgery weighing 273 pounds...



Cardiac Lab Enables Two Intel Semifinalists

Last January, among the 12 students at the local public high school who were chosen as semifinalists in the prestigious Intel Science Talent Search (STS), two had performed their studies in the cardiac laboratory of our Division of Cardiothoracic Surgery. Both seniors at Ward Melville High School in East Setauket, NY, these two students were Miriam D. Lense and Elizabeth M. Reitano.



Elizabeth M. Reitano



Miriam D. Lense

The students had worked closely with the cardiac research team led by Irvin B. Krukenkamp, MD, professor of surgery and chief of cardiothoracic surgery. They developed their own research projects through their participation in the weekly meetings of this research team.

Lense's study was titled "Computer-Aided Speckle Interferometry as a Novel Technique for Measuring Myocardial Deformation with High Spatial Resolution."

Reitano's study was titled "Effects of Aspirin on the Cardioprotective Benefits of Arachidonic Acid in Ischemic Preconditioning and Myocardial Infarction."

Commenting on their work, Dr. Krukenkamp says: "It was amazing to watch Ms. Reitano and Ms. Lense delve into these complex areas of investigation with such dogged determination and a refreshing unbiased perspective. Their hypotheses, experimentation, and analyses contributed significantly to the scientific knowledge in each area, and to our research

program. We are proud of them, and indebted to them for their hard work."

The nation's oldest and most prestigious pre-college science competition, the Intel STS is often considered the "Junior Nobel Prize." Top scientists from around the country judge the students' research reports in terms of their research ability, scientific originality, and creative thinking.

The projects done by the students cover all disciplines of science, including chemistry, physics, mathematics, engineering, social science, and biology.

This year there were 300 semifinalists chosen from among 1,592 applicants. In addition to the \$1,000 scholarship award, all semifinalists are recommended to select colleges and universities. Although they did not become finalists, both Lense and Reitano benefitted from the STS experience, and will be going to Harvard University and Georgetown University, respectively, in the fall.

Annual David J. Kreis, Jr., Award For Excellence in Trauma Surgery

The David J. Kreis, Jr., Award for Excellence in Trauma Surgery is an annual award given to a senior (fourth-year) surgical resident by the Division of Trauma/Surgical Critical Care in honor of the late Dr. Kreis, who served with distinction on our faculty from 1986 until his untimely death in 1989. He was the founding chief of the division.

Presented at our annual graduation banquet in June, this award recognizes the unique characteristics that make a trauma surgeon—the characteristics that Dr. Kreis personified: integrity, educational acumen, leadership, and excellence both in clinical practice and medical research.

In addition to an engraved plaque, the winning resident receives funding towards attendance at a national conference on trauma/surgical critical care.

The David J. Kreis, Jr., Memorial Fund was established in the Department of Surgery soon after his death. The Fund supports the annual award which was first given last year. It is also used to underwrite resident travel to research conferences, and to support other educational activities related to trauma/surgical critical care in the Department.

Donations to the David J. Kreis, Jr., Memorial Fund are tax-deductible. For information, please call (631) 444-8330.

WE WISH TO EXPRESS OUR SINCERE GRATITUDE TO THE RECENT CONTRIBUTORS TO THE FUND:

- Christina Berninger
- Evelyn Crouse
- James & Kellyann Horne
- Catherine & John Phelan, Jeanette Hunter, Edna Petri, and Kay Phelan
- Merck & Co
- Wyeth Ayerst
- Myrna Zaffina



Dr. Colleen Willett (left) receiving award from Dr. Collin E.M. Brathwaite and Jane E. McCormack, RN.

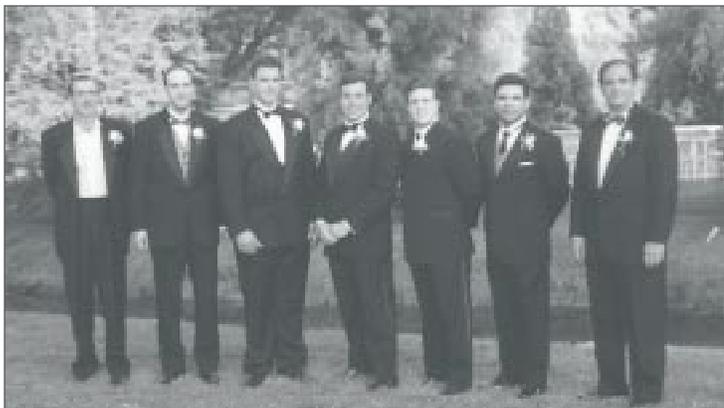
The second David J. Kreis, Jr., Award for Excellence in Trauma Surgery was presented to Colleen Willett, MD, at our resident graduation banquet on June 10, 2001.

Dr. Willett received her medical degree from George Washington University in 1997, and in July of that year, she started her surgical residency at Stony Brook.

Residency Update

Since the class of 1975 entered the profession of surgery, 149 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 medicine.

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



Dr. Eugene Mohan (left) and Dr. John Ricotta (right) with our 2001 graduating chief residents (from left to right), Drs. Jonas DeMuro, Hector Dourron, James Vosswinkel, Chad Caldwell, and Behdad Aryavand, at the graduation banquet held on June 10.



Our graduating vascular surgery resident (right), Dr. Mohammad Eslami, with Dr. John Ricotta.



Our graduating otolaryngology resident (left), Dr. Roger Horioglu, with Dr. Arnold Katz.

2001 Graduating Chief Residents

<u>Name</u>	<u>Medical School (Grad. Year)</u>	<u>Career Direction</u>
Behdad Aryavand, MD	Ross U ('95)	Private practice
Chad Caldwell, MD	Medical College of Pennsylvania ('96)	Private practice in North Carolina
Jonas DeMuro, MD	SUNY-Stony Brook ('96)	Private practice
Hector Dourron, MD	U of Buenos Aires ('94)	Vascular surgery fellowship at U of Michigan
James Vosswinkel, MD	SUNY-Syracuse ('95)	Trauma/surgical critical care fellowship at Yale U

New Chief Residents

<u>Name</u>	<u>Medical School (Grad. Year)</u>
Nasrin Ansari, MD	Robert Wood Johnson ('94)
Leo Cheng, MD	SUNY-Buffalo ('96)
Zhanna Logman, MD	SUNY Downstate ('97)
John Platz, MD	N Y Medical College ('97)
Colleen Willett, MD	George Washington U ('97)

Incoming Residents / All Categorical PGY-1*

<u>Name</u>	<u>Medical School (Grad. Year)</u>
Seung Hong, MD	Temple U ('01)
Paul Kochupura	SUNY Upstate Medical U ('01)
George Manis, MD	Creighton U ('96)
Andrew Monteleone, MD	Eastern Virginia Medical School ('01)
Brett Ruffo, MD	Ross U ('00)

* As of July 1, 2001.

Alumni News

Dr. Alessandro Ferrero ('76), who was recertified in thoracic surgery two years ago, continues to enjoy his practice in Winter Park, FL, called Vascular & Thoracic Surgery of Central Florida.

Dr. Tom R. Karl ('81), senior cardiac surgeon at the Children's Hospital of Philadelphia (CHOP), has recently been appointed professor of surgery at the University of Pennsylvania. Still a world traveler, he flew to Japan last September to give two presentations at the annual meeting of the Asian Society for Cardiovascular Surgery: "Hypoplastic Left Heart Syndrome: Surgical Strategies and Outcome" and "Neonatal Cardiac Surgery." The following month, he led a surgical mission to Managua, Nicaragua, for two weeks. In December, he traveled to Santiago, Chile, to give four lectures dealing with congenital heart disease for the Chilean Cardiovascular Society. In February, he was an invited speaker in meetings in Orlando, FL, and in Vail, CO. With more than 70 peer-reviewed journal publications so far, he recently published the following two articles:

- Wilkinson JL, Cochrane AD, **Karl TR**. Congenital Heart Surgery Nomenclature and Database Project: corrected (discordant) transposition of the great arteries (and related malformations). *Ann Thorac Surg* 2000;69(4 Suppl):S236-48.
- Asou T, Matsuzaki K, Matsui K, **Karl TR**, Mee RB. Veno-venous bypass to prevent myocardial ischemia during right heart bypass operation in PA, IVS, and RV dependent coronary circulation. *Ann Thorac Surg* 2000;69:955-6.

Both a clinical and research center, CHOP is a tertiary referral hospital with one of the largest pediatric cardiac units in the world, performing 800-900 cardiac surgical cases per year.

Dr. Curtis C. Marder ('82) is practicing cardiac, thoracic, and vascular surgery in Marquette, MI, and on staff at Marquette General Hospital. He is well known in upper Michigan for his use of the latest operative techniques, such as off-pump coronary bypass, stent-less valve procedures, and aortic root replacement.

Dr. John T. Lettieri ('87) is practicing plastic surgery in the Carolinas, with an office in Spartanburg, SC, and another in Hendersonville, NC.

Dr. Mark P. Honig ('90) who in 1996 started Navy-sponsored training in plastic and reconstructive surgery at UCLA is now practicing at the Naval Medical Center in Portsmouth, VA. Currently a commander in the Navy, he is slated to be the next head of the plastic surgery department at this institution, which is a 360-bed tertiary care hospital. A recent publication of his was done with former colleagues at UCLA:

- Miller TA, Rudkin G, **Honig M**, Elahi M, Adams J. Lateral subcutaneous brow lift and interbrow muscle resection: clinical experience and anatomic studies. *Plast Reconstr Surg* 2000;105:1120-8.

Dr. Steven J. Busuttill ('94) is currently an assistant professor of surgery at Case Western Reserve University in Cleveland, OH. He joined the faculty there in 1996, after completing his vascular surgery residency at Geisinger Medical Center in Danville, PA. He earned board certification in general surgery in 1996 and in vascular surgery two years later. A member of the vascular surgery division, he is now chief of vascular surgery at the Cleveland Veterans Affairs Medical Center. Among his publications are these two recent reports:

- **Busuttill SJ**, Drumm C, Ploplis VA, Plow EF. Endoluminal arterial injury in plasminogen-deficient mice. *J Surg Res* 2000;91:159-64.
- Snajdar RM, **Busuttill SJ**, Averbook A, Graham DJ. Inhibition of endothelial cell migration by cigarette smoke condensate. *J Surg Res* 2001;96:10-16.

Dr. Alex F. Argotte ('97) has just established his new practice in general, vascular, and thoracic surgery, in Mayfield, KY.

Dr. Javad Golzarian ('98) is a member of the surgical staff of the Clinic for Colon and Rectal Surgery in Huntsville, AL. One of four general surgeons in this busy group, he became board certified in surgery in February 1999 and board certified in colon and rectal surgery in October 2000.

Dr. Saad A. Shukri ('99), now in private practice in East Patchogue, NY, became board certified in surgery in October 2000.



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

For news about Stony Brook's School of Medicine, see the latest edition of Dean's Notebook at www.uhmc.sunysb.edu/som/dnotebook.html

GENERAL SURGERY ALUMNI: Please send your e-mail address—for inclusion in the Alumni Directory—to cohen@surg.som.sunysb.edu

Division Briefs

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of clinical surgery, was among five distinguished members of the Stony Brook faculty to be honored in Albany last January, at the **SUNY Recognition Dinner Honoring Research in Science and Medicine**.

Dr. Bilfinger's main research contributions are in the field of vascular neuroimmune biology, which concerns itself with regulatory mechanisms that govern the immune neurological and hemodynamic state of an organism.

For the most part, his research activity has been possible through collaboration with the Neuroscience Institute at SUNY-Old Westbury. This collaboration transcends the usual arrangements between scientists in that it involves graduate and undergraduate students from both Stony Brook and Old Westbury.

"Especially gratifying," says Dr. Bilfinger, "is the fact that the collaboration has made it possible for the largely minority students of Old Westbury to become involved through Fogarty and other mechanisms in national and international exchanges with prestigious institutions—opportunities which, in many instances, have led to career choices and graduate education in the biomedical sciences."

As another expression of his scholarly activity, Dr. Bilfinger has joined the editorial boards of two peer-reviewed journals: *Modern Aspects of Immunobiology* and *Placebo*.

Dr. Irvin B. Krukenkamp, professor of surgery and chief of cardiothoracic surgery, last fall gave several presentations of research conducted in his laboratory. In October, at the annual meeting of the Biomedical Engineering Society held in Seattle, he presented two studies: "Free Emboli

Formation and Procoagulant Properties of Platelets Induced by Flow Past Mechanical Heart Valves" and "Assessing Ventricular Mechanics with Computer Aided Speckle Interferometry."

In November, at the annual scientific sessions of the American Heart Association held in New Orleans, Dr. Krukenkamp presented two studies: "Preconditioning on Failed Heart Does Not Afford Myoprotection Due to Downregulation of Beta-Adrenergic Receptor" and "Bcl-2 Expression Is Upregulated in Ischemic Preconditioning." In addition, he chaired two sessions at this meeting: "Advances in Cardiac Surgery" and "Organ Protection in Cardiac Surgery."

That month, Dr. Krukenkamp also presented a study titled "Role of CPB in Predicting Operative Mortality for CABG" (authors: Seifert FC, Bilfinger TV, Saltman AE, McLarty AJ, Krukenkamp IB), at the scientific session of the NY Society for Thoracic Surgery held in New York; and a study titled "Using Computer Aided Speckle Interferometry to Measure Deformation in the Non-Beating Perfused Rabbit Heart," at the meeting of the International Mechanical Engineering Congress and Exposition held in Orlando.

More recently, at the annual scientific session of the American College of Cardiology held in March in Orlando, Dr. Krukenkamp and his colleagues presented a study titled "Indomethacin in OPCAB Reduces Postoperative AFIB" (authors: McLarty AJ, Woodford E, Seifert FC, Bilfinger TV, Saltman AE, Krukenkamp IB).

General/Gastrointestinal Surgery

Dr. Louis T. Merriam, assistant professor of surgery, is co-author of a study to be presented at the upcoming annual meeting of the Association for Academic Surgery: "Risk Factors for Conversion of Laparoscopic to Open Cholecystectomy" (authors: Kanaan SA, Murayama KM, Merriam LT, Dawes LG, Prystowsky JB, Rege RV, Joehl RJ).

Otolaryngology-Head and Neck Surgery

Dr. Arnold E. Katz, professor of clinical surgery and chief of otolaryngology-head and neck surgery, has made several presentations in recent months. Last September, at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery held in Washington, he gave two presentations, one on reconstruction of large facial defects after Mohs surgery, and the other on head and neck tumor immunology. In November, at the invitation of the Puerto Rican Society of Pulmonology, he traveled to Puerto Rico to lecture on benign and malignant diseases of the larynx.

This year, at the Eastern Section Meeting of the Triological Society held in January in Toronto, Dr. Katz gave two presentations: "Repair of an Alar Defect with an Alar Rotational Flap" and "Cosmetic Considerations during Nasal Reconstruction Following Mohs Surgery." In March, at the Annual Symposium on Facial Plastic Surgery sponsored by the NJ Academy of Otolaryngology-Head and Neck Surgery, he participated in a panel discussion on treatment options in periorbital and upper facial rejuvenation, and also gave a lecture on reconstruction of cervicofacial defects following Mohs surgery.

(Continued on Page 10)

Dr. Eric E. Smouha, associate professor of surgery and neurological surgery, last september gave a presentation titled "Principles of Facial Nerve Monitoring" at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery.

In collaboration with Jerome Liang, PhD, and his co-workers from the Department of Radiology, Dr. Smouha has recently developed a **new method of depicting the anatomy of the ear in three dimensions**. This novel technique allows for an accurate rendering of the complex spatial relationships inside the ear. Because the hearing and balance organs of the ear are encased in bone, Dr. Smouha and his colleagues had to develop special software to help differentiate between structures with very similar appearance on computed tomographic (CT) scan. The resulting images provide the surgeon with a unique picture of the internal organs of the ear.

This technique has proved very helpful in planning complicated surgical operations. One such surgery is the repair of congenital malformations of the ear ("congenital aural atresia"), a rare condition in which the ear canal and middle ear do not form before birth.

Using computer-aided CT reconstructions, **the surgeon can visualize the complex anatomy before surgery, and even perform a "virtual operation"** on the computer before bringing the patient to the operating room. Dr. Smouha and his colleagues believe this new technology will find widespread application in the treatment of ear disease, and they have applied for research funding to continue this important and exciting work.

Surgical Research

Dr. Peter J. Garlick, professor of surgery and chief of surgical research, last year was awarded a research grant of \$1,475,000 over four years from the National Institute of Diabetes, and Digestive and Kidney Diseases to perform a study titled "pH Control of Protein Synthesis," of which he is principal investigator.

Trauma/Surgical Critical Care

Dr. Robert D. Barraco, assistant professor of surgery, gave an oral presentation titled "Changing the Face of Elder Trauma: One Center's Experience," last October at the Clinical Congress of the American College of Surgeons. In January, he was an invited discussant at the scientific assembly of the Eastern Association for the Surgery of Trauma, held in Palm Harbor, FL.

Dr. Collin E.M. Brathwaite, associate professor of surgery and chief of trauma/surgical critical care, in March received a grant of \$399,294 from the National Institutes of Health (National Institute of General Medical Sciences) to pursue a two-year study titled "Bioabsorbable Nanostructured Membranes for Prevention of Postoperative Adhesions." Dr. Brathwaite is the co-principal investigator of this research with Benjamin S. Hsiao, PhD, associate professor of chemistry.

Vascular Surgery

Dr. John J. Ricotta, professor and chairman of surgery, was selected for inclusion in the first edition (2001) of the Castle Connolly Guide, *America's Top Doctors*; he is also one of the "Doctors of Excellence" featured in the latest (2001) edition of the Castle Connolly Guide, *Top Doctors: New York Metro Area*.

As the past year's president of the Eastern Vascular Society, Dr. Ricotta gave the presidential address at the society's annual meeting held in May in Washington, DC. He focused on the concept of competence as it relates to the delivery of vascular care, and asserted that **the definition and measurement of competence should be the guiding principle of vascular surgeons** as they address the current controversies over who should treat patients with vascular disease.

"In the final analysis," said Dr. Ricotta to his audience of fellow vascular surgeons, "our ability to address this issue constructively is our best hope to secure both our future as a medical specialty and the welfare of our patients."

Having completed his presidency with the Eastern Vascular Society, Dr. Ricotta is now serving as president of the Society for Clinical Vascular Surgery, a national society whose mission is "to advance the art and science of vascular surgery; to provide a forum for vascular surgeons; and to improve the delivery of health care in vascular disease."



In Memory of Felix T. Rapaport, MD 1929-2001

Dr. Felix T. Rapaport, SUNY distinguished professor emeritus and founder of our Division of Transplantation, passed away in mid-April. He had retired from the Department last fall, after 23 years of service at Stony Brook.

Recent Publications

(Continued from Page 4)

- Li B, Chen D, **Smouha EE**, Liang Z. Computer aided surgical planning for congenital aural atresia. *SPIE Med Imaging* 2000;3976:394-400.
- Matsuyama N, Leavens JE, McKinnon D, Gaudette GR, Aksehirli TO, **Krukenkamp IB**. Ischemic but not pharmacological preconditioning requires protein synthesis. *Circulation* 2000;102(19 Suppl S):312-8.
- Mieno S, Horimoto H, Sawa Y, Nakai Y, Nakahara K, Gaudette GR, **Krukenkamp IB**. Ischemic preconditioning on failed heart does not afford myoprotection due to downregulation of beta-adrenergic receptor [abstract]. *Circulation* 2000;102;II580.
- Mynarcik DC, **McNurlan MA**, Steigbigel RT, Fuhrer J, Gelato MC. Association of severe insulin resistance with both loss of limb fat and elevated serum tumor necrosis factor receptor levels in HIV lipodystrophy. *J Acquir Immune Defic Syndr* 2000;25:312-21.
- O'Hea BJ**, Tornos C. Mild ductal atypia after large-core needle biopsy: is surgical excision always necessary? *Surgery* 2000;128:738-43.
- Saeed RW, **Stefano GB**, Murga JD, Short TW, Qi F, **Bilfinger TV**, Magazine HI. Expression of functional delta opioid receptors in vascular smooth muscle. *Int J Mol Med* 2000;6:673-7.
- Saltman AE**, Chandy J, Gaudette GR, Murthy J, **Krukenkamp IB**. The topical application of anti-inflammatory drugs prevents postoperative atrial fibrillation in a canine model. *Surg Forum* 2000;51:76-8.
- Shindo M**, Fong BP, Funk GF, Karnell LH. The fibula osteocutaneous flap in head and neck reconstruction - a critical evaluation of donor site morbidity. *Arch Otolaryngol Head Neck Surg* 2000;126:1467-72.
- Smouha EE**, Chen D, Li B, Liang Z. Computer-aided virtual surgery for congenital aural atresia. *Am J Otol* 2001;22:178-2.
- Stefano GB**, **Bilfinger TV**, Rialas CM, Deutsch DG. 2-arachidonyl-glycerol stimulates nitric oxide release from human immune and vascular tissues and invertebrate immunocytes by cannabinoid receptor 1. *Pharmacol Res* 2000;42:317-22.
- Tasiemski A, Salzet M, Benson H, Fricchione GL, **Bilfinger TV**, Goumon Y, Metz-Boutigue MH, Aunis D, **Stefano GB**. The presence of antibacterial and opioid peptides in human plasma during coronary artery bypass surgery. *J Neuroimmunol* 2000;109:228-35.
- Tornos C, **O'Hea BJ**. Ductal carcinoma in situ of the breast: pathologic features predictive of residual disease after initial excisional biopsy. *Mod Pathol* 2000;1:48A.
- Tracz M, Gaudette GR, Shulimovich M, Murtha J, Matsuyama N, **Krukenkamp IB**. Bcl-2 expression is upregulated in ischemic preconditioning [abstract]. *Circulation* 2000;102:II581.
- Tran HS, Moncure M, Tarnoff M, Goodman M, Puc MM, Kroon D, **Brathwaite CE**, Eydelman J, Ross SE. Predictors of operative outcome in patients with human immunodeficiency virus infection and acquired immunodeficiency syndrome. *Am J Surg* 2000;180:228-33.

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 page below), as well as our programs in patient care, education, research, and community service:

www.uhmc.sunysb.edu/surgery



Dr. Thomas V. Bilfinger

MD: University of Zurich (1978).

ScD (Doctor of Science): University of Zurich (1979).

Residency Training: General Surgery, University of Chicago; General Surgery, University of Texas Medical Branch.

Fellowship Training: Cardiothoracic Surgery, University of Texas Medical Branch.

Board Certification: [Thoracic Surgery](#); [Surgery](#); [Surgical Critical Care](#).

Specialties: Surgery for all forms of adult heart disease, including high-risk states after acute myocardial infarctions and congestive heart failure;

aneurysm surgery; thoracic vascular surgery; valve repair surgery; esophageal surgery; [lung volume reduction surgery](#); minimally invasive surgery, including videoscopic lung surgery.

Additional: Chief of Thoracic Surgery; Fellow, American College of Surgeons ([FACS](#)); Fellow, American College of Cardiology ([FACC](#)); Fellow, College of Chest Physicians ([FCCP](#)); see [selected recent publications](#).

Honors: One of the "Doctors of Excellence" featured in recent editions of the Castle Connolly Guide, *How to Find the Best Doctors—New York Metro Area* (1997, 1998, 1999, 2000); one of the "Best Doctors in New York" featured in *New York* magazine (June 9, 1999; June 5, 2000).

Languages Spoken: English; German; French; Italian.

Consultations/Appointments: 631-444-1820.

Email (to contact Dr. Bilfinger directly): bilfinge@surg.som.sunysb.edu.

lung cancer evaluation center

The **Lung Cancer Evaluation Center**, established by the Cancer Institute of Long Island at Stony Brook, provides comprehensive care for patients with known or suspected lung cancer, as well as those individuals at special risk of developing lung cancer.

Patients who have x-ray abnormalities that might represent lung cancer, or patients who have a known diagnosis of cancer, can undergo evaluation by all of the physicians involved in the diagnosis and treatment of lung cancer.

At the conclusion of the initial visit, each patient's case has been reviewed by the Center's multidisciplinary team of physicians, and a plan for diagnosis or treatment is then formulated based on their combined expert opinion.

For more information, please call the program coordinator, Eileen Vilim, RN, at (631) 444-2981.

STONY BROOK SURGICAL ASSOCIATES, PC

BREAST CARE

John S. Brebbia, MD
Martyn W. Burk, MD, PhD
Louis T. Merriam, MD
Brian J. O'Hea, MD

BURN CARE

Collin E.M. Brathwaite, MD
John S. Brebbia, MD
Harry S. Soroff, MD

CARDIOTHORACIC SURGERY

Thomas V. Bilfinger, MD, ScD
Irvin B. Krukenkamp, MD
Allison J. McLarty, MD
Adam E. Saltman, MD, PhD
Frank C. Seifert, MD

GENERAL/ GASTROINTESTINAL SURGERY

Arif Ahmad, MBBS
Robert D. Barraco, MD
Collin E.M. Brathwaite, MD
John S. Brebbia, MD
Martyn W. Burk, MD, PhD
Louis T. Merriam, MD
J. Martin Perez, MD

OTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)

Arnold E. Katz, MD
Denise C. Monte, MD
Ghassan J. Samara, MD
Maisie L. Shindo, MD
Eric E. Smouha, MD

PEDIATRIC SURGERY

Cedric J. Priebe, Jr., MD
Richard J. Scriven, MD

PLASTIC AND RECONSTRUCTIVE SURGERY

Balvant P. Arora, MBBS
Alexander B. Dagum, MD
Steven M. Katz, MD

SURGICAL ONCOLOGY

Martyn W. Burk, MD, PhD
Louis T. Merriam, MD
Brian J. O'Hea, MD

TRANSPLANTATION

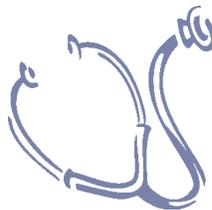
John J. Ricotta, MD
Wayne C. Waltzer, MD

TRAUMA/SURGICAL CRITICAL CARE

Robert D. Barraco, MD
Collin E.M. Brathwaite, MD
John S. Brebbia, MD
J. Martin Perez, MD

VASCULAR SURGERY

Fabio Giron, MD, PhD
David B. Gitlitz, MD
John J. Ricotta, MD
Paul S. van Bemmelen, MD, PhD



For consultations/appointments with our physicians, please call

- (631) **444-4550** for our specialists in breast care
- (631) **444-1820** for our specialists in cardiothoracic surgery
- (631) **444-4545** for our specialists in general/gastrointestinal surgery
- (631) **444-4121** for our specialists in otolaryngology-head and neck surgery (ENT)
- (631) **444-4538** for our specialists in pediatric surgery
- (631) **444-4545** for our specialists in plastic and reconstructive surgery
- (631) **444-4545** for our specialists in surgical oncology
- (631) **444-2209** for our specialists in transplantation
- (631) **444-1045** for our specialists in trauma/surgical critical care
- (631) **444-2565** for our specialists in vascular surgery
- (631) **723-5000** for our specialists at Stony Brook Outpatient Services in Hampton Bays: breast care - general/gastrointestinal surgery - pediatric surgery - vascular surgery

The State University of New York at Stony Brook is an equal opportunity/affirmative action educator and employer. This publication can be made available in alternative format.

STATE UNIVERSITY OF NEW YORK



UNIVERSITY HOSPITAL AND
MEDICAL CENTER

DEPARTMENT OF SURGERY

SCHOOL OF MEDICINE

STATE UNIVERSITY OF NEW YORK

AT STONY BROOK

Stony Brook, New York 11794-8191

In this issue . . .

- *Performing Breast Reconstruction*
- *Introducing New Faculty*
- *Update on Bariatric Program*
- *Two Intel Semifinalists*
- *David J. Kreis, Jr., Award*
- *Electronic Physician Directory*
- *Residency Update & Alumni News*
- *Division Briefs—And More!*