

# POST *Op*

FALL 1998  
Number 8

*News Update from the Department of Surgery*

UNIVERSITY HOSPITAL AND MEDICAL CENTER AT STONY BROOK

## INTRODUCING DR. COLLIN E.M. BRATHWAITE

*Our New Chief of Trauma/  
Surgical Critical Care*

**W**e are very pleased to introduce Collin E.M. Brathwaite, MD, who joined our faculty in August as chief of the Division of Trauma/Surgical Critical Care. He comes to Stony Brook from Allegheny University of the Health Sciences (formerly the Medical College of Pennsylvania and Hahnemann University) in Philadelphia, PA, through which he served as chief of trauma and co-director of the intensive care unit of Crozer-Chester Medical Center.

As the new director of our Regional (Level I) Trauma Center, Dr. Brathwaite will coordinate the continued growth and development of our program. University Hospital earned its designation as a Level I Trauma Center in 1993, and has since assumed a vital leadership role in the optimization of care given injured patients on Long Island.

Dr. Brathwaite is committed to the multidisciplinary team approach to trauma management. At the top of his agenda at present is the implementation of standardized protocols and guidelines for our trauma program.

As chief of our surgical critical care program, Dr. Brathwaite will focus on maximizing the capacity and



*Dr. Collin E.M. Brathwaite attending to a patient in the surgical intensive care unit.*

efficiency of our highly specialized surgical intensive care unit (SICU), which provides advanced tertiary medical care to critically ill adult patients.

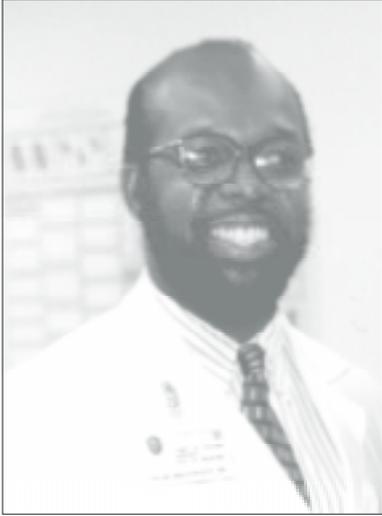
Our SICU offers ventilatory management using all modalities of respiratory support, including positive end-respiratory pressure, high-frequency ventilation, intermittent mandatory ventilation, pressure supported ventilation, and pressure controlled ventilation. It also offers cardiac monitoring and management, including vasoactive drips, invasive monitoring, and continuous oximetry.

*Dr. Brathwaite was recently recognized by Philadelphia Magazine (1996) as one of the "Top Docs" in trauma surgery based on the preferences of physicians, and honored by the Pennsylvania Division of the American Trauma Society which bestowed on him its 1997 Recognition Award for Trauma Prevention.*

Dr. Brathwaite's SICU team manages the critical care of pre- and post-operative patients from all of the hospital's surgical services, except for the cardiovascular and pediatric

*(Continued on Page 2)*

services which have their own ICU's. Our critical care specialists are also available to provide consultation for all types of surgical patients, including general surgery, trauma, orthopedics, neurosurgery, vascular, and transplantation.



Dr. Collin E.M. Brathwaite

*As a practicing general surgeon, Dr. Brathwaite's clinical interests include all aspects of general surgery, and he will be active on our breast care and general/gastrointestinal services, using both conventional and minimally invasive approaches for the surgical treatment of abdominal disease.*

As part of his practice in general surgery, Dr. Brathwaite plans to establish a multidisciplinary obesity surgery program for the treatment of morbid obesity—that state where body weight exceeds ideal body weight by 100 pounds or more, increasing the risk of early mortality and other serious complications.

## EDUCATION AND EXPERIENCE

Dr. Brathwaite received his MD from Howard University in 1983, and completed his residency training in general surgery at St. Vincent's Hospital and Medical Center in New York in 1988. He went on to complete a one-year fellowship in traumatology/critical care at the prestigious Maryland Institute for Emergency Medical Services Systems of the University of Maryland in Baltimore.

He then joined the faculty of UMDNJ/Robert Wood Johnson Medical School as an assistant professor of surgery. There, he co-directed the trauma ICU, and rose to the rank of associate professor in 1995, having distinguished himself as a physician, researcher, and educator.

The following year, Dr. Brathwaite joined the faculty of Allegheny University of the Health Sciences, and assumed leadership of the trauma program at Crozer, which houses that region's largest Burn Center.

Dr. Brathwaite's research interests include post-traumatic sepsis and nutritional support. He has published more than 33 peer-reviewed journal articles, 28 abstracts, and two book chapters.

Board certified in Surgery and in Surgical Critical Care, Dr. Brathwaite is a Fellow of the American College of Surgeons (FACS) and a Fellow of the American College of Critical Care Medicine (FCCM).

*For consultations/appointments with Dr. Brathwaite, please call (516) 444-4550 for breast care and (516) 444-4545 for general/gastrointestinal/obesity surgery.*

*For consultations concerning surgical critical care, physicians should call (516) 444-1045.*

**STONY  
BROOK**

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## LASER TREATMENT OF VASCULAR DISORDERS

*Our New Laserscope System Is State of the Art*

Varicose veins and telangiectasias (small spider-like veins) can be painful and may lead to more serious problems if not treated. Laser therapy, alone or in conjunction with other therapeutic interventions, is a new approach for treating these lesions. The laser procedure our vascular specialists now perform—made possible by our newly acquired Laserscope system—is less painful than conventional surgery or injections, and results in less bruising, swelling, and scarring.

# PERFORMING THE NEW BATISTA OPERATION FOR HEART FAILURE

*As of September, Irvin B. Krukenkamp, MD, professor of surgery and chief of cardiothoracic surgery, has successfully performed six Batista operations. With no mortalities, his results compare favorably to what has been achieved at other heart centers nationwide.*

The newly developed Batista operation—named after Brazilian surgeon Dr. Randas Batista, who introduced the procedure in 1995—is a left ventricular remodeling operation for patients with end-stage heart failure, and it offers them new hope as a potential bridge to transplantation.

In this innovative operation which is technically called partial left ventriculectomy, or reduction left ventriculoplasty, a portion of heart muscle is removed and the geometry of the heart remodeled, thus improving the heart's ability to pump blood.

When the heart starts to fail, it increases in volume, occasionally to twice its original size. As a result, it loses its ability to pump blood effectively. Why this happens is not known. Typically, the only cure for patients with end-stage heart failure is a heart transplant. In the United States, these patients have about a one in ten chance of receiving a donor heart.

Now the Batista operation may provide these patients with relief from heart failure, and prolong their lives until a heart transplant can be performed. The early experience with this new operation is encouraging. Not all patients with end-stage heart failure can be candidates for it, but there are certain patients who might particularly benefit from it, especially those with very dilated (enlarged) hearts.

*(Continued on Page 11)*

This particular laser therapy, moreover, provides results that are superior to what other laser systems achieve. It is performed on an outpatient basis at the Stony Brook Surgical Care Center in East Setauket, and patients should be able to return to work immediately.

## WHAT CAN THE LASER TREAT?

- SMALL LEG VEINS/  
TELANGIECTASIAS
- CHERRY ANGIOMAS
- HEMANGIOMAS
- FACIAL SPIDER VEINS

The new Laserscope system was created to minimize the undesirable side effects resulting from leg vein

treatment using argon lasers, pulsed dye lasers, or filtered flashlamp systems. It enables our physicians to deliver fully-variable bursts of laser energy at pulse widths in the 1 to 50 millisecond range.

This clinically-proven treatment range permits precise matching of the laser's pulse width with the thermal relaxation times of the targeted blood vessel. The pulse widths created by this system are long enough to prevent bruising and short enough to prevent scarring.

*For more information, please call (516) 444-4545.*

## Some Recent Publications\*

Barle H, Nyberg B, Andersson K, Essen P, **McNurlan MA**, Wernerman J, **Garlick PJ**. The effects of short-term parenteral nutrition on human liver protein and amino acid metabolism during laparoscopic surgery. *JPEN* 1997;21:330-5.

**Bilfinger TV, Stefano GB**, editors. Downregulating the diffuse inflammatory potential following surgery. *Int J Cardiol* 1998;64(Suppl 1).

**Brathwaite CE**, Rosko M, McDowell R, Gallagher J, Proenca J, Spott MA. A critical analysis of the effect of on-scene helicopter transport on survival in a statewide trauma system. *J Trauma* 1998;45:140-6.

Brix-Christensen V, Tonnesen E, Sorensen IJ, **Bilfinger TV**, Sanchez RG, **Stefano GB**. Effects of anaesthesia based on high versus low doses of opioids on the cytokine and acute-phase protein responses in patients undergoing cardiac surgery. *Acta Anaesthesiol Scand* 1998;42:63-70.

Dilmanian FA, Wu XY, Ren B, Huang X, Thomlinson WC, Button TM, **Petersen MJ**, Chapman D. Xenon K edge imaging with a monochromatic CT scanner to selectively image fat in rats: relevance to compositional imaging of carotid atherosclerotic plaques. *NSLS Proc* 1997:112.

Eubanks PJ, Sawicki MP, **Samara GJ**, Wan YJ, Gatti RA, Hurwitz M, Passaro E Jr. Pancreatic endocrine tumors with loss of heterozygosity at the multiple endocrine neoplasia type I locus. *Am J Surg* 1997;173:518-20.

Fricchione GL, **Bilfinger TV, Stefano GB**. Aspirin inhibits granulocyte and monocyte adherence to saphenous vein endothelium in a process not mediated by nitric oxide. *Int J Cardiol* 1998;64(Suppl 1):S29-33.

**Garlick PJ, McNurlan MA**, Caso G. Critical assessment of methods used to measure protein synthesis in human subjects. *Yale J Biol Med* 1998;70:65-76.

Harris LM, Armstrong D, Browne R, Al-Jada A, Peer R, Upson J, Pillai L, Curl GR, **Ricotta JJ**. Premature peripheral vascular disease: clinical profile and abnormal lipid peroxidation. *Cardiovasc Surg* 1998;6:188-93.

Li YF, Wang JX, Shao L, Ding CF, Ottaviani E, **Stefano GB, Bilfinger TV**, Fan SG. Naltrexone suppresses the rejection of cardiac tissue transplantation. *Int J Cardiol* 1998;64(Suppl 1):S23-7.

**McLarty AJ**, Phillips MR, Holmes DR, Schaff HV. Aortocoronary bypass grafting with expanded polytetrafluoroethylene—12-year patency. *Ann Thor Surg* 1998;65:1442-44.

**O'Hea BJ**, Hill AD, El-Shirbiny AM, Yeh SD, Rosen PP, Coit DG, Borgen PI, Cody HS III. Sentinel lymph node biopsy in breast cancer: initial experience at Memorial Sloan-Kettering Cancer Center. *J Am Coll Surg* 1998;186:423-7.

*(Continued on Page 11)*

\* The names of faculty authors appear in boldface

## Research Focus

# CAROTID ENDARTERECTOMY IN OPEN HEART SURGERY

**S**troke is the most serious non-cardiac complication of coronary artery bypass grafting (CABG) surgery. While the overall incidence of stroke is low after CABG, it may occur in 10% or more of patients with carotid stenosis. The recent correlation of stroke risk with carotid artery disease has caused physicians to consider the possibility of performing CABG and carotid endarterectomy (CEA) during the same operation in selected patients.

A large series of cases from the Texas Heart Institute and our own series from University Hospital show a decrease in stroke rates with synchronous CEA/CABG's compared with historic controls. Since other changes have occurred over time, such as therapeutic and technical advances in the areas of myocardial protection, patient monitoring, and medical management, these findings warrant a prospective randomized study.

Our cardiovascular team, led by Dr. John J. Ricotta, professor and chairman of surgery, is now organizing such a study.

### *Does prophylactic carotid endarterectomy reduce the risk of stroke during or after coronary artery bypass surgery?*

Strokes often occur two to five days after CABG. The incidence is high enough that the New York State Cardiac Reporting System now distinguishes between strokes occurring within the first 24 hours of surgery and strokes occurring thereafter.

At Stony Brook in 1992, a stroke rate of 4.3% was observed. This led to an institutional policy whereby all patients were screened for carotid obstructions and all patients with lesions in excess of 80% would undergo CEA, with the exception of complete obstructions.

This policy requiring prophylactic CEA, which we perform synchronously with CABG, has lowered the overall stroke rate to 1.9% in the last five years. These data suggest that the policy of combined surgery reduces stroke risk.

Additional potential benefits of CEA performed synchronously with CABG include decreased hospital stay and significant cost savings.

According to Dr. Ricotta, "This new study will test our hypothesis that carotid endarterectomy reduces the risk of perioperative stroke in at-risk patients undergoing heart surgery. Our clinical experience strongly suggests that combined surgery using state-of-the-art surgical and anesthetic techniques can be performed safely with decreased risk of stroke and death."

*For consultations/appointments with our vascular specialists, please call (516) 444-2565.*

## *Carotid Endarterectomy*

Well established as a measure to prevent stroke, carotid endarterectomy is a vascular operation in which the surgeon removes an obstruction in the carotid (neck) artery caused by atherosclerosis, commonly known as hardening of the arteries.

The problem corrected by this operation is due to arterial disease. As we age, our arteries narrow. They lose their flexibility and the linings crack. When the arteries in the neck begin to narrow, blood clots may develop. The carotid artery may become completely blocked or a piece of clot may break off and travel to the brain. In both cases a stroke may result.

Risk of stroke increases as the artery becomes more and more narrow. The risk is particularly high after the artery is blocked more than 70%. The amount of blockage may be determined by a simple painless test called a "carotid Doppler" or "carotid ultrasound."

People at greatest risk for carotid artery narrowing are those over age 65 (particularly smokers) and those who already have poor circulation in the legs or the heart. Patients who have temporary loss of vision or speech and/or weakening of an arm or leg may have had a "mini-stroke" and should see their doctor.

Carotid endarterectomy by an experienced surgeon is a very effective way to reduce the risk of stroke. People who are considering carotid endarterectomy should ask their potential surgeon about his/her experience and results. In general, the chance of complication occurring during surgery should be less than 4% in stable patients.

Carotid disease is only one of several types of hardening of the arteries. Our surgeons perform a broad range of operations including carotid endarterectomy to correct arterial problems.

# RAPAPORT RECEIVES HIGH HONORS

*Awarded the Medawar Prize, Decorated with Argentina's Order of May*

On July 15, Felix T. Rapaport, MD, SUNY distinguished professor (surgery), was awarded the prestigious Medawar Prize—the ultimate accolade of world transplantation—at the World Congress of the Transplantation Society, held in Montreal, Canada.

The two other recipients of this year's Prize are Dr. Fritz Bach, the Lewis Thomas professor of medicine, and Dr. Anthony Monaco, the Peter Medawar professor of transplantation surgery, of Harvard University. The Prize itself includes a medal, a plaque, and 100,000 Swiss francs.

In his introduction of Dr. Rapaport at the award ceremony, Dr. Thomas Starzl, past-president of the Transplantation Society, celebrated his colleague as a "peerless educator, scientist, and transplant surgeon." Highlighted were Dr. Rapaport's diverse scientific contributions over the past four decades that, according to Dr. Starzl, have had a "vast influence on transplantation," starting with his reports of the first systematic study of skin allograft rejection in humans which suggested the possible existence of tissue types.

This early work led to the discovery made by Dr. Rapaport, together with Dr. Jean Dausset, of the human leukocyte antigen (HLA) system of human histocompatibility, which laid the scientific foundation for organ transplantation.

Funded by Sandoz Pharmaceuticals, the Medawar Prize is awarded biennially to one or more persons for a major scientific discovery or a focused body of work in immunobiology or experimental/clinical transplantation.



*(From left to right) President Carlos S. Menem, Dr. Felix T. Rapaport, and Dr. Thomas E. Starzl*

The Prize was established in 1988 in honor and memory of the Society's first president, Sir Peter Medawar (1915-1987), who is considered the founder of transplantation immunology.

## **CELEBRATED IN ARGENTINA**

On June 1, Dr. Rapaport was decorated personally by the President of Argentina, Carlos S. Menem, with the Order of May at the rank of commander. The Order of May, which is Argentina's highest civil decoration, was bestowed upon Dr. Rapaport to express the nation's permanent gratitude for his efforts to advance organ transplantation in Argentina. The ceremony was held in the Presidential Palace, in Buenos Aires.

Fellow transplant leader Dr. Thomas Starzl also received the Order of May, as part of Argentina's celebration of both physicians. Drs. Rapaport and Starzl are the first two physicians to ever receive this decoration in the history of the Order.

At the decoration ceremony, President Menem said, "Drs. Rapaport and Starzl are great medical figures whose achievements, which are as

countless as their works, need no qualification. Both men have made an outstanding contribution to benefit our nation and the world at large. Their work transcends the self, and that is why they set a double example for the next generation of physicians and researchers."

The Order of May was established by Argentina in 1946. This decoration expresses the nation's gratitude to those who, through their efforts, have contributed uniquely to its progress, well-being, culture, and international solidarity and collaboration. It was originally named the Order of Merit. Its name was formally changed in 1957 to reaffirm the ideals of the leaders of the May Revolution (1810), which launched Argentina's long struggle for independence.

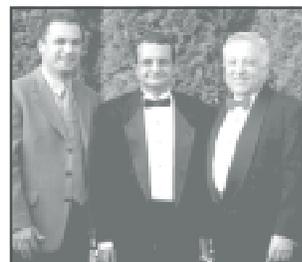
Argentina's celebration of Drs. Rapaport and Starzl coincided with a special two-day international festschrift in honor of both physicians, held on June 1-2 in Buenos Aires. The festschrift, titled "Present and Future Challenges in Transplantation," was attended by more than 400 participants. The 18 invited guest speakers represented the cutting edge of transplantation research worldwide.

# Residency Update

Our fully accredited five-year nonpyramidal residency program in general surgery fulfills the standards for professional excellence adopted by the American Board of Surgery, and leads to Board eligibility. Our residents receive a broad-based surgical education, which includes not only the clinical but the biological aspects of surgery as well, and provides the foundation for a successful career in private practice, research, or academic surgery. Five surgical residents are selected each year through the National Resident Matching Program.



Drs. John Ricotta (left) and Brian Pinard (right) with 1998 graduating chief residents (from left to right) Drs. James Wu, Michael Ajemian, Mitchell Chorost, Ravindra George, and Javad Golzarian, at the graduation banquet held on June 21.



Our graduating otolaryngology residents (left to right), Drs. Joseph Abou-Mrad and Ahmed Soliman, with Dr. Arnold Katz, chief of otolaryngology-head and neck surgery.



Our graduating vascular surgery resident (center), Dr. Michael Sacca, with our senior vascular faculty, Drs. John Ricotta (left) and Dr. Fabio Giron (right).

## 1998 Graduating Chief Residents

<u>NAME</u>	<u>MEDICAL SCHOOL (GRAD. YEAR)</u>	<u>CAREER DIRECTION</u>
Michael Ajemian, MD	Eastern Virginia Medical School ('93)	Staff, North Shore University Hospital
Mitchell Chorost, MD	New Jersey Medical School ('93)	Surgical Oncology Fellowship at SUNY-Buffalo
Ravindra George, MD	U of Madras ('78)	Trauma Fellowship at SUNY-Stony Brook
Javad Golzarian, MD	Brussels Free U ('88)	Colorectal Surgery Fellowship at Baylor College of Medicine
James Wu, MD	U of Chicago ('93)	Cardiothoracic Surgery Fellowship at U of Chicago

## New Chief Residents

Iman Karimpour, MD	George Washington U ('94)
James Lukan, MD	SUNY-Stony Brook ('94)
Tong Ma, MD	U of Pennsylvania ('94)
Dean Pappas, MD	SUNY-Stony Brook ('94)
Saad Shukri, MD	U of Baghdad ('79)

## Incoming Residents/All Categorical PGY-1\*

Mary Fosu, MD	U of Rochester ('98)
Ariel Jurmann, MD	SUNY-Stony Brook ('98)
Tomasz Koslowski, MD	U of Warsaw ('85)
Paul Mancuso, MD	St. George's U ('98)
Michael Mashaal, MD	SUNY-Stony Brook ('98)

\* As of July 1, 1998.

## Division Briefs

### Cardiothoracic Surgery

**Dr. Thomas Bilfinger**, associate professor of surgery, was appointed Senior Research Scientist this July to **Harvard Medical School's Mind/Body Medical Institute**. He will collaborate with **Dr. George Stefano**, the Institute's Research Director for Basic Research (who has a faculty appointment as adjunct research professor of surgery with us), to establish a joint research strategy concerning the examination of neuroimmune and vascular regulatory processes. Drs. Bilfinger and Stefano gained international recognition for their pioneering work on the inflammatory response during cardiopulmonary bypass, and have collaborated on numerous investigations since the early 1990s.

### General/Gastrointestinal Surgery

**Dr. Louis Merriam**, assistant professor of surgery, joined our faculty in September. He received his MD from Columbia University in 1991, and this year completed his residency training in general surgery at Northwestern University. His clinical practice at Stony Brook



will focus on the management of diseases of the gastrointestinal system. He has special expertise in minimally invasive (laparoscopic) surgery for the treatment of gastroesophageal reflux disease, common bile duct stones, and inguinal hernia, as well as for gallbladder and spleen removal. He will also contribute to our breast care service. His recent publications address diseases of the pancreas and laparoscopic splenectomy.

### Otolaryngology-Head and Neck Surgery

**Dr. Ghassan Samara**, assistant professor of surgery, joined our faculty in July. He comes to Stony Brook



from Columbia University (Columbia-Presbyterian Medical Center), where he completed his residency training in otolaryngology-head and neck surgery; prior to this, he trained in general surgery at UCLA. He received his MD from the University of Miami in 1989. His clinical practice encompasses all aspects of general otolaryngology. Areas of particular interest include the surgical treatment of chronic sinusitis, obstructive sleep apnea, and tumors of the head and neck. His research interests currently focus on apoptosis in head and neck cancer; that is, why damaged cells in cancer don't die as normal cells would.

### Pediatric Surgery

**Dr. Jane Kugaczewski** presented the first Aram Choudhury Memorial Trauma Lecture at Good Samaritan Hospital Medical Center in West Islip in February. She lectured on pediatric trauma with emphasis on splenic preservation. Because of her expertise in the surgical treatment of neonatal bowel obstruction and anorectal malformations in children, she has also been invited by local hospitals to present grand rounds on these topics.

### Plastic and Reconstructive Surgery

**Dr. Steven Katz**, assistant professor of surgery, joined us in August, coming from the University of Texas



M.D. Anderson Cancer Center in Houston. He received his MD from the New York Medical College in 1991. Before medical school, he had earned an MS in physiology from Stanford University, and studied physiology and biophysics in the doctoral program at the University of California at San Francisco. He completed his residency training in general/plastic surgery at Montefiore Medical Center (Albert Einstein Medical College) in 1997, where he was trained by Dr. Berish Strauch, a renowned leader in the field of microsurgery. At M.D. Anderson he received fellowship training in reconstructive microsurgery (post cancer). His special clinical interests include post-oncologic reconstruction of the breast, trunk, and extremities; post-trauma reconstruction; foot-salvage surgery (see below); and the full range of aesthetic surgery. His current research interests focus on mandible reconstruction and peripheral nerve regeneration.

**Dr. Steven Shoen** has recently collaborated with **Dr. Michael Petersen**, of our vascular surgery service, in performing successful **foot-salvage surgery** in a patient with severe peripheral vascular disease. Dr. Shoen performed a microvascular free-tissue transfer, while Dr. Petersen performed distal bypass surgery. This combined approach greatly benefits patients, as amputation of the foot would commonly be required. In recent years, Dr. Shoen has teamed up with members of our vascu-

*(Continued on Page 8)*

## Division Briefs

(Continued)

lar surgery service in successfully performing six of these combined foot-salvage procedures. When advanced ischemia is complicated by large areas of tissue loss, **combined distal bypass and microvascular free-tissue transfer**, performed simultaneously or in stages, is safe in carefully selected patients, and can often save feet from amputation. For more information, please call Dr. Shoen at (516) 444-4545.

### Trauma/Surgical Critical Care

**Dr. John Brebbia**, assistant professor of surgery, joined our faculty in July, coming to us from SUNY-



Buffalo, where he just completed his residency training in general surgery. He received his MD there in 1993. His clinical practice encom-

passes general surgery, laparoscopic surgery, trauma, and surgical critical care. Areas of particular interest include upper gastrointestinal, endocrine, colorectal, and breast surgery.

**Dr. Joseph Sorrento**, assistant professor of surgery, received an **Award for Outstanding Teaching** presented by the Class of 1998 of Stony Brook's graduating medical students—the third year in a row that Dr. Sorrento has been so honored!

### Vascular Surgery

Our **Vascular Screening Program** is a free community service program designed for education about, and early detection of, circulatory conditions that can block blood flow to various parts of the body. Each participant completes a questionnaire

pertaining to risks of vascular disease, and has his/her blood pressure measured in the ankle and arm—a discrepancy in these two readings may indicate a circulatory problem that requires medical attention. For more information, please call (516) 444-7875.

**Dr. Paul van Bemmelen**, clinical assistant professor of surgery, joined our faculty in May. He received his MD from the University of Leiden (Netherlands) in 1978, and his PhD from the University of Amsterdam in 1985, for which he developed an experimental model of venous hypertension to study damage to vein valves. After completing his general surgery residency at the University of



Rotterdam in 1988, he went to the University of Washington in Seattle for a one-year research fellowship in vascular surgery. He then returned to the Netherlands for a two-year clinical fellowship in general vascular surgery.

In 1991, Dr. van Bemmelen returned to the United States, going to Southern Illinois University, where he completed his residency training in general vascular surgery. From there he relocated to Long Island.

Dr. van Bemmelen specializes in wound care management, with expertise in noninvasive vascular diagnosis with color-duplex in arterial and venous disease; nonsurgical treatments for vascular disorders; and use of laser-Doppler techniques to study changes in the circulation of the skin in pathological states (e.g., diabetes, arterial disease, and venous insufficiency) and their relationship with ulceration of the toes, feet, ankles, and legs.

Among his current research interests are gene therapy for the treatment of arterial disease, and the study of blood flow in arteries and veins and capillaries. He is now conducting a study on *in vivo* gene transfer and expression.

## NEW WOUND CARE CENTER

### Healing Chronic Wounds And Saving Limbs

Any wound that doesn't show improvement in four weeks or is not healed within eight weeks is considered a non-healing or chronic wound. Our new Wound Care Center in East Setauket, led by Dr. Paul van Bemmelen, provides coordinated multi-specialty care for patients with chronic ulcers (sores) on the leg, ankle, or foot. Among the causes of such wounds are diabetes, poor circulation, bad veins, and advanced age. Fortunately, limb salvage and prevention of disfigurement and disability are achievable in the vast majority of patients.

### The Center is dedicated to:

- Comprehensive patient care
- Early intervention
- Improved healing rates
- Reduced hospitalization
- Reduced amputations
- Reduced disability
- Community outreach and follow-up

Our wound care team consists of specialists in vascular surgery, dermatology, and orthotics; when needed, specialists in podiatry, orthopedic surgery, plastic and reconstructive surgery, and physical medicine contribute their expertise. In addition to its clinical mission, the Center will direct research and educational programs designed to reduce the number of patients at risk for limb loss associated with chronic wounds.

For more information, please call (516) 444-4545.

# Alumni News

Since the class of 1975 entered the profession of surgery, 129 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.



**Dr. Darlene J. Goldstein ('79)** has for the past decade been with Mid Atlantic Surgical Associates, New Jersey's largest volume cardiovascular group, which performs more than 1,600 open heart procedures annually; the group's one- and three-year survival rates for bypass surgery (CABG) are among the best in the nation. She is an associate attending surgeon at Morristown Memorial Hospital in Morristown, and Overlook Hospital in Summit, and currently is president of the Greater Morristown/Morris County Division of the American Heart Association.

**Dr. Walter W.K. King ('80)**, who currently is professor of surgery and chief of head and neck/plastic and reconstructive surgery at the Chinese University of Hong Kong, assumes a new position this September as director of the Plastic and Reconstructive Surgery Center, Hong Kong Sanatorium and Hospital, in Hong Kong. Since last June he has published 19 journal articles so far. Among them are:

- Chow LT, Kumta SM, **King WW**. Extra-articular pigmented villonodular synovitis of the temporomandibular joint. *J Laryngol Otol* 1998;112:182-5.
- Yeo W, Kwan WH, Teo PM, Leung WT, **King WW**, Johnson PJ. Cosmetic outcome of breast-conservation therapy in Chinese patients with early breast cancer. *Aust N Z J Surg* 1997;67:771-4.
- Yang WT, Lam WW, Cheung H, Suen M, **King WW**, Metreweli C. Sonographic, magnetic resonance imaging, and mammographic assessments of preoperative size of breast cancer. *J Ultrasound Med* 1997;16:791-7.
- Teo PM, Kwan WH, Chan AT, Lee WY, **King WW**, Mok CO. How successful is high-dose  $\geq 60$  Gy reirradiation using mainly external beams in salvaging local failures of nasopharyngeal carcinoma? *Int J Radiat Oncol Biol Phys* 1998;40:897-913.

Since last June he has given 50 presentations at regional, national, and international meetings, three of which are:

- **King WW**. Laser surgery in Hong Kong [invited lecture]. Asia-Pacific Conference on Cutaneous Surgery and Laser Therapy, Hong Kong, December 1997.
- **King WW**. Association of squamous carcinoma of the tongue with radiotherapy for nasopharyngeal carcinoma [oral presentation]. American Society for Head and Neck Surgery/Society of Head and Neck Surgeons, Palm Beach, FL, May 1998.
- **King WW**. Nasopharyngectomy and neck dissection for recurrent NPC [invited lecture]. National Head and Neck Congress, Hong Kong/Beijing, June 1998.

We wish Dr. King the best of luck in his new directorship!

**Dr. Tom R. Karl ('81)** is director of the cardiac surgical unit at the Royal Children's Hospital in Melbourne, Australia. Last October, his unit held a very successful international symposium; the proceedings were published in the *Asia Pacific Journal of Cardiothoracic Surgery*. Recently, his unit visited Vien Tim Hospital in Ho Chi Minh City, as guests of the Carpentier Foundation (Paris and Ho Chi Minh City). He and his colleagues performed some surgery and had a "fantastic educational experience" themselves, and they look forward to further visits. Since June of last year, some of his publications are:

- Horton S, **Karl TR**. Extracorporeal membrane oxygenation using a centrifugal pump [letter]. *Ann Thorac Surg* 1997;64:1528.
- Duke T, Butt W, South M, **Karl TR**. Early markers of major adverse events in children after cardiac operations. *J Thorac Cardiovasc Surg* 1997;114:1042-52.
- Cochrane AD, Brizard CP, Penny DJ, Johansson S, Comas JV, Malm T, **Karl TR**. Management of the univentricular connection: are we improving? *Eur J Cardiothorac Surg* 1997;12:107-15.
- Thuys CA, Mullaly RJ, Horton SB, O'Connor EB, Cochrane AD, Brizard CP, **Karl TR**. Centrifugal ventricular assist in children under 6 kg. *Eur J Cardiothorac Surg* 1998;13:130-34.

Several articles of which he is a co-author are currently in press, to appear in the *Annals of Thoracic Surgery* and the *Journal of Thoracic and Cardiovascular Surgery*.

He and colleagues have also given several presentations at national and international meetings, a few of which are:

- Thuys C, Mullaly RJ, **Karl TR**, et al. VAD in children < 6 kg. European Association for Cardiothoracic Surgery, Copenhagen, Denmark, September 1997.
- Fulton J, Cochrane AD, Brizard CP, **Karl TR**. LVOTO does not influence outcome of neonatal IAA repair. Asian Congress on Thoracic and Cardiovascular Surgery, Sydney, Australia, October 1997.
- Soto R, Brizard C, Cochrane A, **Karl T**. The intramural coronary artery in the transposition of the great arteries: results of arterial switch. Chilean Congress on Cardiology and Cardiovascular Surgery, Santiago, Chile, December 1997.
- Brizard CP, Sohn YS, Mas C, Cochrane AD, **Karl TR**. Transatrial transpulmonary repair of tetralogy of Fallot with anomalous coronary arteries. American Association for Thoracic Surgery, Boston, May 1998.

Dr. Karl's department was represented in the Melbourne 10-k inline skate competition this year (one of his surgical colleagues and one of their perfusionists, in addition to himself), though they didn't win. He will celebrate his 50th birthday on January 22, 1999, at the top of Chute 75, Squaw Valley, CA, at noon—and says all are invited!

**Dr. Jean-Claude A. Bayle ('83)** is working as a full-time house physician in surgery at Beth Israel North in Manhattan, performing general, vascular, and plastic surgery.

**Dr. Richard Nickerson ('84)**, who has a private practice in plastic and reconstructive surgery in Huntington and Smithtown, was recently

(Continued on Page 10)

## Alumni News

(Continued)

elected president of the Suffolk County Medical Society. In addition, he currently is director of the Cleft Lip and Palate Clinic at St. Charles Hospital & Rehabilitation Center in Port Jefferson, and also serves as a member of our voluntary teaching staff.

**Dr. Richard W. Golub** ('90), an assistant professor of surgery at SUNY-Brooklyn, this year was listed in *New York Magazine's* "Best Doctors in New York," as well as the Castle Connolly Guide, *How to Find the Best Doctors—New York Metro Area* (he's in the 1997 edition, too). His clinical specialties are general surgery and colorectal surgery. Among his recent publications are:

- **Golub RW**, Wise WE, Kerner BA, Khanduja KS, Aguilar PS. Endorectal mucosal advancement flap: the preferred method for complex cryptoglandular fistula-in-ano. *J Gastrointest Surg* 1997;1:487-91.
- Shin CK, **Golub RW**, Golub R, El-Tamer M, Wait RB. Colorectal cancer in a young urban population [abstract]. *Am J Gastroenterol* 1997;92:1676.

His two most recent presentations are:

- **Golub RW**. Malignant colorectal obstruction: palliation with self-expanding metal stents. Society of American Gastrointestinal Endoscopic Surgeons, Seattle, April 1998.
- West MW, **Golub RW**. Self-expanding metal stents for palliation of malignant colorectal obstruction. New York Society of Colon and Rectal Surgeons, New York, March 1998.

Forthcoming are three book chapters he has co-authored on gallbladder cancer, esophageal cancer, and gastric cancer, to be published this November by Lippincott-Raven in a text titled *Primary Care*.

**Dr. John J. Doski** ('93) currently is senior pediatric surgical fellow at the Children's Medical Center of Dallas and University of Texas Southwestern Medical Center, in Dallas. Since last June, he has published three articles and a book chapter:

- **Doski JJ**, Butler TJ, Louder DS, Dickey LA, Cheu HW. Outcome of infants requiring cardiopulmonary resuscitation before extracorporeal membrane oxygenation. *J Pediatr Surg* 1997;32:1318-21.
- **Doski JJ**, Heiman HS, Solenberger RI, et al. Successful separation of ischiopagus tripus

conjoined twins with comparative analysis of methods for abdominal wall closure and use of the tripus limb. *J Pediatr Surg* 1997;32:1761-6.

- Horwitz JR, Chwals WJ, **Doski JJ**, Suescun EA, Cheu HW, Lally KP. Pediatric wound infections: a prospective multicenter study. *Ann Surg* 1998;227:553-8.
- **Doski JJ**, Robertson FM, Cheu HW. Pediatric endocrine tumors. In: Andrassy RJ, editor. *Pediatric Surgical Oncology*. Philadelphia: Saunders, 1997: 365-403.

In April, at the spring meeting of the Pediatric Oncology Group (POG) held in St. Petersburg, FL, he presented an update on the Surgeon's Handbook for POG Surgical Protocols, the National Wilms Tumor Study 5 and Intergroup Rhabdomyosarcoma Study 5. POG is a National Cancer Institute-sponsored clinical trials cooperative group of individuals and

institutions dedicated to controlling cancer among children and adolescents.

**Dr. Kelly M. James** ('93), who currently is in private practice (general surgery) in Independence, MO, received his board certification in surgery in April. He has recently joined the Kansas City Surgical Society. A personal note: he and his wife are awaiting the arrival of their fourth child, due in October.

**Dr. Mary D. Fogerty** ('97) writes that she is now in private practice in Albuquerque, NM, doing general surgery. And "twins Christian and Carolyn are a year old [June] and doing very well!"

## NEW ELECTRONIC PHYSICIAN DIRECTORY



The Department has established a physician directory as part of its website on the Internet—please visit us at the address below for information about our individual physicians (see sample below), as well as our programs in patient care, education, research, and community service.

<http://www.uhmc.sunysb.edu/surgery>



*Dr. Eric E. Smouha*

**MD:** McGill University Faculty of Medicine (1981).  
**Residency Training:** General Surgery, St. Vincent's Hospital and Medical Center of New York; Otolaryngology, Manhattan Eye, Ear and Throat Hospital.

**Fellowship Training:** Otolaryngology, Ear Research Foundation (Sarasota, FL).

**Board Certification:** Otolaryngology.

**Specialties:** Chronic ear disease and cholesteatoma; hearing loss and tinnitus, including otosclerosis (stapedectomy surgery), congenital ear malformations, and profound deafness (cochlear implant surgery); vertigo and balance disorders; acoustic neuroma and skull base tumors.

**Additional:** Director of Otolaryngology; Fellow, American College of Surgeons (**FACS**); see selected recent publications.

**Honors:** One of the "Doctors of Excellence" featured in past and future (1999) editions of the Castle Connolly Guide, *How to Find the Best Doctors—New York Metro Area*.

**Language Spoken:** English.

**Consultations/Appointments:** 516-444-4121.

## Batista Operation

(Continued from Page 3)

### THE PROCEDURE ITSELF

The Batista operation is an open heart operation performed with the aid of a heart-lung machine to maintain circulation while the heart is stopped. The essence of the procedure is to remove a wedge of left ventricle muscle (weighing about 40 to as much as 250 grams, or 1.5 to 9 ounces) and stitch together the two edges of the ventricle. In this manner the size of the left ventricle is reduced, and the ventricle is remodelled as well.

In addition, sometimes the mitral valve (which lies between the left ventricle and left atrium, and often leaks in end-stage heart failure) may need to be either repaired or removed and replaced with an artificial valve. In two of Dr. Krukenkamp's patients, mitral valve repair was done, rendering the valves completely competent.

In patients who have heart rhythm disturbances as well, an artificial implantable defibrillator device may be implanted. If the coronary arteries are diseased, they may be grafted, too (CABG operation).

In left ventricular failure, the muscle cells in the wall of the left ventricle have been stretched beyond physiologic limits. The Batista operation, by removing a wedge of the ventricular wall, reduces the circumference of the ventricle, and the size of the ventricle cavity. It changes the relationships of pressure and stress on the wall.

Consequently, the individual muscle fibers are restored to their normal length, and now come within the normal physiologic limit. They thus function more effectively in pumping blood, and in this way, heart failure is relieved.

In such a paradoxical manner, removal of heart muscle tissue actually helps the heart pump more effectively. The operation, as described above, is a radical departure from conventional thinking. Removal of too

much muscle can weaken the heart and hasten death. It perhaps has the most potential benefit for patients with terminal heart failure caused by a disease of the heart muscle (cardiomyopathy) and with a dilated left ventricle, who are not adequately helped by medication and are awaiting a heart transplant.

### BRIDGE TO TRANSPLANTATION

The Batista operation is not an alternative to heart transplantation. It certainly helps most patients for some time. In a potential heart transplant candidate, the Batista operation buys some time to allow a more suitable and better matched donor heart to be found. Thus, it may serve as a useful bridge to transplantation.

Today, the only other alternative bridges to transplantation are the use of a ventricular assist device (VAD) and another new operation called dynamic cardiomyoplasty, in which muscle taken from the patient's back is wrapped around the heart and synchronized with a special pacemaker (cardiomyostimulator) to make it function like heart muscle.

VAD implantation is an extremely expensive option, and has a lot of complications and morbidity. Dynamic cardiomyoplasty is currently being studied in clinical trials, and its efficacy has not yet been established; possible side effects of this operation include body rejection phenomena/local tissue reaction, muscle and nerve stimulation, infection, erosion of the cardiomyostimulator/leads through the skin, transvenous lead-related thrombosis, embolism, and cardiac tamponade.

The Batista operation may therefore be a good option for treating end-stage heart failure. Ultimate heart transplantation, however, still remains an eventuality to be faced.

The future role of the Batista operation is not yet known. Scientific analysis of data from patients who have undergone this procedure is still in a very early stage. Without long-term follow-up and extensive analyses of

## Recent Publications

(Continued from Page 3)

**Ricotta JJ, O'Brien-Irr MS.** Cost concerns in carotid surgery. In: Calligaro KD, DeLaurentis DA, Baker WH, editors. *Management of Extracranial Cerebrovascular Disease*. New York: Lippincott-Raven Publishers, 1997: 3-13.

**Samara GJ, Krespi YP.** Endoscopic treatment of nasopharyngeal lesions. In: Blitzer A, Pillsbury H, Jahn A, Binder W, editors. *Office Based Surgery of the Head and Neck*. Philadelphia: Lippincott-Raven, 1997: 349-52.

**Smouha EE, Davis RP, Shapiro A, Shindo M, Sobol L.** Image-guided surgery of the skull base using a novel miniature position/orientation sensor. *Skull Base Surg* 1998;8(Suppl 1):35.

Spevetz A, Afessa B, Bekes CE, **Brathwaite CE**, et al. Guidelines for advanced training for physicians in critical care. American College of Critical Care Medicine of the Society of Critical Care Medicine. *Crit Care Med* 1997;25:1601-7.

**Stefano GB, Salzet M, Hughes TK, Bilfinger TV.** Delta<sub>2</sub> opioid receptor subtype on human vascular endothelium uncouples morphine stimulated nitric oxide release. *Int J Cardiol* 1998;64(Suppl 1):S43-51.

**Stefano GB, Salzet M, Magazine HI, Bilfinger TV.** Antagonism of LPS and IFN-gamma induction of iNOS in human saphenous vein endothelium by morphine and anandamide by nitric oxide inhibition of adenylate cyclase. *J Cardiovasc Pharmacol* 1998;31:813-20.

Suh H, Peresleni T, Wadhwa N, **McNurlan M, Garlick P, Goligorsky MS.** Amino acid profile and nitric oxide pathway in patients on continuous ambulatory peritoneal dialysis: L-arginine depletion in acute peritonitis. *Am J Kidney Dis* 1997;29:712-9.

Sumner DS, **van Bemmelen PS.** Hemodynamics of the venous system: calf pump and valve function. In: Raju S, Villavicencio JL, editors. *Surgical Management of Venous Disease*. Baltimore: Williams & Wilkins, 1997: 16-59.

**van Bemmelen PS.** Functional duplex evaluation of chronic venous obstruction and incompetence. In: Raju S, Villavicencio JL, editors. *Surgical Management of Venous Disease*. Baltimore: Williams & Wilkins, 1997: 77-85.

Vlay SC, **Bilfinger TV, Levy M, Chitkara V.** Alternative locations for internal defibrillator electrodes. *Pace-Pacing Clin Electrophysiol* 1998;21:1309-12.

different factors, the ultimate place of the Batista procedure in the management of heart failure cannot be determined. But with the extensive use of this new option for different stages and types of heart failure, such data will soon be available.

*For consultations/appointments with Dr. Krukenkamp, please call (516) 444-1095.*

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Michael J. Petersen, MD  
John J. Ricotta, MD  
Paul S. van Bemmelen, MD, PhD



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- (516) **444-1820** for our specialists in cardiothoracic surgery
- (516) **444-4545** for our specialists in general/gastrointestinal surgery
- (516) **444-4121** for our specialists in otolaryngology-head and neck surgery (ENT)
- (516) **444-4538** for our specialists in pediatric surgery
- (516) **444-4545** for our specialists in plastic and reconstructive surgery
- (516) **444-4545** for our specialists in surgical oncology
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- (516) **723-5000** for our specialists also at the Life Care Center in Hampton Bays:  
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