

## FOR YOUR CME CALENDAR

All programs are held at University of Rochester Medical Center unless otherwise noted.

**Biological and Chemical Warfare and Terrorism**  
Part V

**July 9**  
Part VI

**August 27**  
Satellite Broadcast  
Register at:  
www.biomedtraining.org

**Pediatric Advanced Life Support Original Instructor Course**

**July 15**  
Provider Course  
**July 18 and 25**  
Re-Training Course

**August 14**  
Course Director:  
Elise van der Jagt, M.D.

**Advanced Trauma Life Support (ATLS) Provider Course**

**September 3-4**  
Course Directors:  
Paul Bankey, M.D.  
Mark Gestring, M.D.

**Advanced Cardiac Life Support Re-Training Course**

**September 5**  
Provider Course

**September 6 and 13**  
Course Director:  
J. Russell Norton, M.D.

**Clinical Management and Medical Oversight of Rural EMS Systems**

**September 13-14**  
Bully Hill Vineyard,  
Hammondsport, NY  
Course Director:  
Eric Davis, M.D.

**Cardiovascular Disease In Women—Update**

**September 18**  
Memorial Art Gallery  
Course Director:  
Gladys Velarde, M.D.

**6th International Conference on Mechanisms and Treatment of Neuropathic Pain**

**September 18-20**  
Hyatt Embarcadero,  
San Francisco, CA  
Course Director:  
Robert H. Dworkin, Ph.D.  
<http://www.neuropathic-pain.org>

## AROUND THE REGION

Courses offered by the University of Rochester School of Medicine and Dentistry

CANANDAIGUA

**VA Medical Center**  
Call (585) 393-7211

**Medical Management in Early Chronic Renal Failure**

**June 27, 11 a.m.**  
Chike Nzerue, M.D.  
Visiting Associate  
Professor of Medicine,  
Nephrology Unit



ITHACA

**Cayuga Medical Center**  
Call (607) 274-4225

**Dementia and its Behavioral Disturbances: Dx and Tx**

**September 5, 7:30 a.m.**  
Anton Porteinsson, M.D.  
Assistant Professor  
of Psychiatry

DANSVILLE

**Noyes Memorial Hospital**  
Call (585) 335-4213

**Hormone Replacement Therapy**

**June 26, 8 a.m.**  
Vivian Lewis, M.D.  
Professor of Obstetrics  
and Gynecology

### For further information:

Continuing Professional Education  
University of Rochester Medical Center  
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STRONG HEALTH

Strong Memorial Hospital • Golisano Children's Hospital at Strong • Highland Hospital  
The Highlands • Eastman Dental Center • Visiting Nurse Service

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# STRONG HEALTH

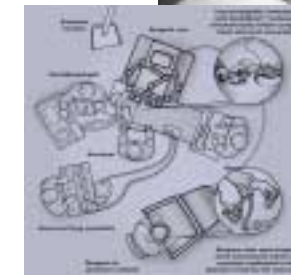
FOR PHYSICIANS AND HEALTH PROFESSIONALS

CONNECTION

SPRING 2003

## ROBOTIC SURGERY DEBUTS IN UPSTATE NEW YORK

Only Strong is Using this Technology for Cardiac, Urology, General Surgery Cases



The daVinci Surgical System will be used at Strong Memorial Hospital for general, urological and cardiac-related surgeries. The procedures are done laparoscopically, eliminating the need for large incisions.

### IN THIS ISSUE

- PUPIL SIZE  
FOCUS OF  
LASER VISION  
CORRECTION
- PLASTIC SURGERY  
SPECIALISTS  
PROVIDE FULL  
COMPLEMENT  
OF CARE

Surgeons at Strong Memorial Hospital are the first in upstate New York to use robotic technology laparoscopically to assist in the operating room.

The daVinci Surgical System will be used at Strong Memorial for cardiac-related surgery, such as atrial septal defect closures, certain types of coronary artery surgery, and mitral valve repair and replacement; general surgery; as well as urology cases, such as radical prostatectomy and pyeloplasty (renal pelvis reconstruction). The procedures are done laparoscopically, eliminating the need for large incisions.

The leading-edge technology consists of a robotic arm that performs surgeries using movements to replicate a surgeon's motions.

The movements are controlled from across the room by a surgeon using virtual images provided by laparoscopic cameras.

The benefits of the technology have a significant impact on patients and their outcomes. Because the cases are done laparoscopically, significantly smaller incisions are made that result in faster recovery time and a lower chance of infection or other complications. The procedures

themselves can be even more accurate than traditional surgery, with steadier "hands" at the surgical site being directed by a surgeon.

"This is the future of surgery," says **Arthur Hengerer, M.D.**, chair of the Department of Surgery at Strong Memorial Hospital. "The benefits to patients are enormous, highlighted by less-invasive and more accurate surgery and improved recovery. We are pleased to offer this to patients who require heart, general or urological surgical treatment."

### HOW IT WORKS

The daVinci Surgical System has been incorporated into the new operating room facilities at Strong Memorial. Patients are positioned as they would be during traditional surgery, with medical personnel surrounding them, yet a surgeon is located at a console a few feet away.

Although the surgeon is not physically in contact with the patient, the daVinci control console allows the surgeon to actually see the

(See Robotic Surgery, page 2)

## STRONG MEMORIAL IS FIRST IN ROCHESTER AREA TO USE DRUG-ELUTING STENTS

Strong Memorial Hospital's cardiac catheterization team was the first in the Rochester area to use drug-eluting coronary stents, providing the best treatment to date for patients who require coronary angioplasty.

Members of the catheterization team treated a Rochester woman on April 25 using one of the new Johnson & Johnson Cypher stents, the day after it was announced the stents had received the Food and Drug Administration's approval.

Compared to traditional stents, the Cyphers cut by nearly 60 percent the chance of a heart attack or need for additional treatment. The new drug-eluting devices slowly release the drug sirolimus, which deters scar tissue from forming at the stent site and narrowing the newly cleared coronary artery.

"The drug-coated stents are a major advance that will significantly benefit patients," says **Fred Ling, M.D.**, director of the cardiac catheterization labs at Strong Memorial.

"We've been eagerly awaiting their approval for months because it means many of our patients who require angioplasty will no longer need to worry about being retreated three to six months later for blockage at the same stent site."

Up to 30 percent of patients experience a significant re-narrowing of their arteries within six

months after they receive a traditional stent, the result of trauma to the site during initial angioplasty. To re-open the narrowed section of artery, some patients must undergo angioplasty a second time. If the problem cannot be corrected by angioplasty, bypass surgery may be necessary.

The Cypher stents, and those like them that are expected to hit the market in the next one to two years, greatly lessen the chances of scarring and re-narrowing.

"The addition of drug-coated stents to our arsenal of treatment options benefits our patient population," Ling says. "We are pleased we can further help our patients stay as healthy as possible post-procedure."

Strong Memorial physicians say the drug-coated stents are not recommended for all patients who undergo angioplasty. There are currently only certain stent sizes available and the stent has not yet been proven in all

conditions. The new stents also are not presently being used to treat conventional stents that have been narrowed by scar tissue. In that situation, local radiation therapy, which has demonstrated a proven benefit, is the treatment of choice.

For further information, please call the Strong Memorial Hospital cardiac catheterization laboratories at **(585) 275-6161**.



*The Johnson & Johnson Cypher stents slowly release the drug sirolimus, which deters scar tissue from forming at the stent site and narrowing the newly cleared coronary artery.*

*Robotic Surgery (Continued from front page)*

surgical field in enhanced detail as a result of the three-dimensional image transmitted from the laparoscopic cameras. The surgeon manipulates the robotic "hands" in real-time using master controls, seeing minute, 3-D details inside the patient with the aid of the cameras located inside the patient.

Two robotic arms and one laparoscopic arm execute the surgeon's commands. Supporting surgical team members install the correct instruments, prepare 1-centimeter incisions in the patient, and supervise the laparoscopic arms and tools being used. The instruments are designed with seven degrees of motion that mimic the dexterity of the human wrist. Each instrument has a specific surgical mission such as clamping, suturing and tissue manipulation.

### REVOLUTIONIZING SURGERY

The technology allows surgeons to view the surgical site in a way they haven't been able to in the past.

"It gives the appearance of being inside the patient," says surgeon **Edward Messing, M.D.**, chair of the Department of Urology. "The three-dimensional view provides a depth perception that is missing in traditional laparoscopic surgery. This brings us as close to the surgical site as we can get."

The robotic system improves surgical accuracy as a result of the precise movements of the robotic hands, and means quicker and better recovery times for patients, Messing says.

The addition of the daVinci Robotic System revolutionizes the field of surgery, particularly cardiac cases, says heart surgeon **George Hicks Jr., M.D.**, chair of the Division of Cardiothoracic Surgery.

"The option to perform mitral valve and atrial septal defect cases using a less-invasive method has a significant impact on patient care," Hicks says. "Although heart bypass operations are not yet approved using this technology, we expect to receive the FDA's go-ahead within the next year. We will then have the ability to do a number of our present cardiac cases robotically, which will substantially benefit our patients during and after surgery."

### Faculty and Their Specialties

Strong Specialists in Plastic Surgery are each skilled in cosmetic procedures in addition to areas of special interest. The team includes:

**Elethea H. Caldwell, M.D., F.A.C.S.** – specializing in reconstructive breast surgery, reduction mammoplasty, congenital defects

**Joseph E. Losee, M.D., F.A.C.S.** – specializing in pediatric plastic surgery, craniofacial surgery, cleft lip and palate repair

**Vincent F. Reale, M.D., F.A.C.S.** – specializing in hand surgery, reconstructive surgery

**Joseph M. Serletti, M.D., F.A.C.S.** – specializing in reconstructive microsurgery, reconstructive breast surgery, head and neck reconstruction, craniofacial and maxillofacial surgery, cleft lip and palate repair

**Andrew W. Smith, M.D., F.A.C.S.** – specializing in reconstructive microsurgery, breast reconstruction, head and neck reconstruction, oncologic reconstruction, wound care.

### Teaching and Research Programs

Clinical practice is complemented by active teaching and research programs. The plastic surgery residency program provides comprehensive training that prepares surgeons for nationally recognized fellowship training programs as well as academic and clinical positions. The residency is among the top 20 percent of plastic surgery training programs in the nation.

Over the last 10 years, the Division has developed a substantial clinical research program and is represented annually at every major meeting within plastic surgery. Research has been focused on major reconstruction, reconstructive microsurgery, and craniofacial surgery.

### Safe, Appropriate Setting

Strong's plastic surgeons care for patients in both Strong Memorial and Highland hospitals as well as in a fully equipped outpatient facility. Locations for surgery are determined by the patient and physician based on the type of procedure and the patient's overall health. Safety is foremost in consideration of location, in particular for elective cases.

For information or to refer patients to Strong's Specialists in Plastic Surgery—at Strong or throughout the region—please call **(585) 275-1000**.

## STRONG SPECIALISTS IN PLASTIC SURGERY Three Convenient Locations

**Strong Memorial Hospital**  
Ambulatory Center, Second Floor  
601 Elmwood Avenue  
Rochester, NY 14642

**Highland Hospital**  
990 South Avenue, Suite 202  
Rochester, NY 14620

**Clinton Crossings**  
2400 S. Clinton Avenue  
Building G  
Rochester, NY 14618

## APPOINTMENTS

### Anesthesiology

Jens Jensen, M.D.  
Stephen Luczycki, M.D.  
David Moorthi, M.D.

### Dentistry

Jan Bublick, D.D.S., M.D.  
Gretchen Bush, D.D.S.

### Emergency Medicine

Katherine O'Hanlon, M.D.

### Medicine

Robert Pietropaoli, M.D.  
Darren Pulley, M.D.

### Medicine/Rheumatology

Darren Tabechian, M.D.

### Neurology

Heidi Schwarz, M.D.

### Pathology

Charles LeVeae, M.D.  
Bernard Panner, M.D.

### Pediatrics

Jeffrey Alberts, M.D.  
Lauri Milner, M.D.

### Pediatric Cardiology

Cecilia Meagher, M.D.

### Pediatric Genetics

Wendy Introne, M.D.

### Radiology

Gwy Suk Seo, M.D.  
Stan Lee Weiss, M.D.

# KUDOS

**Marc D. Brown, M.D.**, was installed as president of the New York State Society of Dermatology and Dermatological Surgery at the Society's Annual Meeting in June. Brown is a professor of dermatology, surgery and otolaryngology at the University of Rochester Medical Center.

**Kenneth Conner, Psy.D., M.P.H.**, has been awarded the 2003 Shneidman Award from the American Association of Suicidology, given annually for outstanding early career contributions to suicidology.

**Catherine Goodfellow, M.D.**, has been elected president of The American Academy of Pediatrics, NY Chapter 1. She most recently served as vice president of Chapter 1, which represents all counties in the state north of New York City.

**Louis J. Papa, Jr., M.D.**, is the first Monroe County physician to receive a prestigious AMA Foundation Leadership Award. The annual award honors physicians under age 40 for exemplary leadership qualities and commitment to the medical profession through community advocacy.

**P.J. Papadakos, M.D.**, was an invited featured speaker at the 30<sup>th</sup> annual meeting of The Japanese Society of Intensive Care in Sapporo. His lecture on Frontiers of Sedation in the ICU featured research and protocols developed in the ICUs at the University of Rochester. Papadakos also was visiting professor at Sapporo Medical University in the Department of Anesthesiology and Intensive Care Medicine in February.

**Ira Shoulson, M.D.**, received a \$5.2 million NIH grant to continue a nationwide study of patients with Huntington's Disease.

**Strong Fertility and Reproductive Science Center's** success rate was recently cited in the CDC's annual report of assisted reproductive technology clinics. Nearly half of the in vitro fertilization procedures started in 2000 for women under age 35 resulted in the birth of a baby, and nearly one in three cycles for women ages 35 to 37 resulted in a baby's birth. Both rates surpass national averages.

**James Woods, M.D.**, Henry A. Thiede Professor and chair of the Department of Obstetrics and Gynecology, has co-authored *What Do I Say? Communicating Intended or Unanticipated Outcomes in Obstetrics*, which grew out of a series of nationwide speaking engagements in which Woods and co-author Fay Rozovsky, J.D., M.P.H., senior vice president, Marsh National Health Care Practice, began educating doctors about the consequences of poor communication and inadequate informed-consent procedures in hospitals. The book focuses on obstetrics but its advice is applicable for any area of medicine. It is published by Jossey-Bass, a division of Wiley Co., and is Woods' third book. In 1987 and 1997, he and co-author Jenifer L. Esposito Woods wrote two books about pregnancy loss. A sought-after speaker at professional conferences, Woods is a renowned clinician and researcher, and has published numerous journal articles on high-risk pregnancy, pregnancy loss and the effects of drug abuse on pregnancy.

**Richard N. Wissler, M.D., Ph.D.**, has been elected president of the Society for Obstetric Anesthesia and Perinatology for 2003-2004, the 1,1000-member North American professional organization for anesthesiologists who specialize in the care of pregnant women. Wissler is an associate professor of anesthesiology and obstetrics and gynecology, and director of obstetric anesthesiology at the University of Rochester Medical Center.



## HIGHLAND HOSPITAL OFFERS FREE SEMINARS ON GASTRIC BYPASS SURGERY

**William O'Malley, M.D.**, assistant professor of clinical surgery at the University of Rochester Medical Center, (pictured at left) offers free seminars each month for potential candidates for gastric bypass surgery. O'Malley performs the procedure at Highland Hospital as an option for treating obesity in patients who meet specific criteria and are likely to benefit from improved overall health due to weight loss. For more information or to refer patients to the two-hour seminar, call (585) 341-6543.

## NIH GRANTS TO URMIC RESEARCHERS UP 13.8 PERCENT

Figures reported by the National Institutes of Health show that researchers at the University of Rochester Medical Center received a record \$122.4 million in research grants in fiscal year 2002, up 13.8 percent from 2001. The figure represents a 60.8 percent increase in research funding since the Medical Center opened the Arthur Kornberg Medical Research Building in 1999 and hired the first of 100 scientists in a planned 10-year, \$550 million expansion of its medical research programs.

Since the opening of the Kornberg building and a second research building last year, the Medical Center has recruited 67 Ph.D.-level scientists from around the nation to work in its new facilities. In the process, it has emerged as a hub for medical research in upstate New York: In 2002, URMIC researchers conducted nearly twice as many research projects and received more than twice as much funding as their counterparts at academic medical centers in Buffalo, Syracuse and Albany combined.

Research laboratories occupy more than 1 million square feet of space across seven buildings on the Medical Center's Elmwood Avenue campus. More than 2,500 people at the Medical Center are employed as medical researchers including physicians, molecular biologists, statisticians, technicians, and other support personnel. Nearly all of the physicians who conduct research at the Medical Center also care for patients at Strong Memorial Hospital and its outpatient facilities.

URMIC researchers received 352 grants from the National Institutes of Health last year. The grants ranged in size from \$21,000 for the development of a breast cancer imaging technique that can distinguish between cancerous and noncancerous lesions earlier than mammography, to \$1.8 million to fund clinical trials of new AIDS drugs and vaccines. Other research highlights included

- **Heart Disease:** \$8.1 million in funding for 20 research projects, including a study to pinpoint the genetic differences that may signal who is at risk for recurrent heart attacks.

- **Neurology:** \$7.8 million for 25 projects in areas such as Alzheimer's and Parkinson's. Among the nation's 125 medical schools, Rochester ranked 3rd in the nation in research funding for Neurology.

- **Orthopaedics:** \$1.9 million for projects to study osteoarthritis, osteoporosis, and ways that cancer spreads from internal organs to bones. Rochester ranked 4th in the nation in research funding for Orthopaedics.

- **Microbiology and Immunology:** \$11.1 million for 39 research projects to study HIV and other infectious diseases, and for the development and testing of new vaccines. Rochester ranked 11th in the nation in research funding for Microbiology and Immunology.

The National Institutes of Health (NIH), a branch of the U.S. Department of Health and Human Services, is the world's largest provider of grant funding to medical researchers. The NIH awarded \$23.5 billion in research grants last year, primarily to scientists at U.S. universities.

## UR COMMUNITY HEALTH PROGRAM RANKED 2ND IN NATION

*U.S. News and World Report* ranked the University of Rochester's Community and Preventive Medicine program No. 2 in the nation in an annual survey released in April. The program jumped from a 5<sup>th</sup>-place ranking last year. The community health graduate program is well integrated into the Medical Center, offering master's and doctorate training in epidemiology, health services research and disease prevention. Since 1998, student enrollment in the master's of public health program grew 46 percent. Sponsored research funding jumped 21 percent, to \$4.2 million, in just the past year.

"We are delighted to be able to offer high-quality training to students across the university and particularly in the Medical Center," says **Thomas A. Pearson, M.D., Ph.D.**, and the Albert D. Kaiser Professor and Chair, Department of Community and Preventive Medicine. "Our student body and faculty members work extremely hard to develop exciting new research programs and to expand educational endeavors in many areas of medicine and public health. It's gratifying to be recognized for those achievements."

## TEAM OF SPECIALISTS PROVIDES FULL COMPLEMENT OF PLASTIC SURGERY

*From Hand Surgery to Reconstructive Microsurgery, Sub-specialty Expertise Sets Strong Apart*



*Joseph Serletti, M.D., chief of the Division of Plastic Surgery (left), discusses a challenging craniofacial reconstructive problem with neurosurgeon Thomas Rodenhouse, M.D., in the operating room.*

A team approach, tapping into the knowledge and experience of five physicians with special areas of expertise, provides optimal care for adults and children who turn to Strong Health for plastic and reconstructive surgery.

Whether it's for craniofacial problems, hand surgery, reconstruction following illness or injury or due to birth anomalies, or cosmetic procedures, Strong's plastic surgeons are nationally recognized leaders in their specialty areas. They provide care to patients throughout Upstate New York, at Strong Health hospitals and through a network of clinics throughout the region.

"Our surgical team—each with advanced training in specialty areas—works together so that when it's needed, our patients have access to the expertise of more than one physician to provide them optimal care," says **Joseph Serletti, M.D.**, chief of the Division of Plastic Surgery at the University of Rochester Medical Center.

"We're fortunate to have a group of surgeons with a world-wide reputation for reconstructive surgery, particularly for breast reconstruction following mastectomy, or facial reconstruction following cancer treatment. Our physicians have set standards for many of these challenging procedures."

The team's expertise encompasses all areas of plastic and reconstructive surgery, including:

- Care for aging skin
- Cosmetic and reconstructive breast surgery
- Cosmetic facial surgery
- Hand surgery
- Head and neck reconstruction
- Pediatric plastic surgery
- Skin cancer



*Ophthalmologist Scott MacRae, M.D., measures light while driving at night to better understand what drivers experience and to perfect surgical vision correction.*

## DOCTORS FOCUS ON PUPIL SIZE FOR SAFETY OF LASER VISION CORRECTION

Exactly how a person's eyes respond to low levels of light is even more crucial than doctors have thought in determining good candidates for laser vision correction surgery, according to Strong Vision physicians who presented their results recently at the annual meeting of the Association for Research in Vision and Ophthalmology in Ft. Lauderdale.

The findings make it easier to choose patients who are likely to fare well with the surgery, and to forego recommending treatment for others, says ophthalmologist **Scott MacRae, M.D.**, who has pioneered new surgical methods to help patients achieve an optimal quality of eyesight.

MacRae recently studied the role of a patient's pupil size in determining surgical outcome and found that generally the larger a patient's pupils, the more likely that person is to have a problem with laser vision correction.

"This is not a problem for most people," says MacRae, "but as the procedure becomes more common, we have to make sure that we remain vigilant to protect and enhance people's eyesight."

He found that doctors must be especially careful when using a laser to correct vision on people whose pupils dilate to six millimeters or more, a group that comprises about 40 percent of the population. If physicians treat too small an area of the cornea, patients are likely to have a problem when their eyes are most dilated—at night. Pupil size is especially critical if a person is extremely near-sighted. MacRae says that generally, people with pupils larger than seven millimeters should be checked very thoroughly before having the surgery done.

MacRae measures every patient's pupils three different times using three separate instruments. He also makes three measurements of the thickness of the cornea, another crucial element in deciding who is a safe candidate. Overall he advises against surgery in more than 20 percent of patients who inquire about the surgery, especially patients who have large pupils and are extremely nearsighted.

"Oftentimes I'll have a patient who is initially upset because I won't treat them, but they become grateful as they realize that we've done what is best for them in the long run," he says. "When the pupil dilates, aberrations can be troubling. You have to be really careful."

In recent months MacRae has taken to driving around Rochester-area roads at night to measure just how much light typically enters a person's eye, to get a grasp on how wide their pupils are while they're on the road. He has found that conditions change markedly from one street to the next—information that won't surprise drivers but which hasn't been tapped by ophthalmologists whose patients report night driving as one of their biggest concerns. He has found that a typical

night driver frequently confronts situations where he or she has less than one-tenth the amount of light that doctors, in their offices, assume their patients encounter at night.

MacRae is a pioneer in the field of "customized ablation," precisely tailored laser vision correction to compensate for the minutest imperfections deep within a person's eye. In a previous study of 340 eyes, more than 91 percent of patients' eyes ended up with vision that is 20/20 or better—that's the highest percentage that University of Rochester eye doctors are aware of from any large completed study of laser vision correction in the world. Seven out of 10 patients saw their vision improve to 20/16 or better. In the study, 97 percent of patients said they had "marked" or "extreme" improvement; not a single patient said his or her vision had worsened.

Now the team is in the midst of what is planned to be the world's largest study of customized laser vision correction. The team will ultimately enroll 750 patients and will compare conventional laser vision correction to the customized version.

MacRae also offers conductive keratoplasty (CK) for patients who suffer from hyperopia. By using radio frequency energy to reshape the cornea, CK can provide the same results as laser surgery without creating a flap, as with LASIK, or removing corneal tissue like other refractive procedures.

Additionally, patients with hyperopia may be candidates for treatment using a laser, as is done with traditional LASIK treatment.

For more information or to speak with MacRae about laser vision correction, call (585) 273-2020.

## NEW RONALD McDONALD HOUSE TO BE LOCATED AT HOSPITAL

An expanded partnership between Ronald McDonald House Charities of Rochester and Golisano Children's Hospital at Strong leaves the community poised to become the third in the world to offer a hospital-based Ronald McDonald House for parents whose children are critically ill or injured.

The 4,000-square-foot Ronald McDonald House likely will offer seven or eight bedrooms, as well as a family lounge, kitchen and dining area, and laundry facilities. The local Ronald McDonald House has been a home-away-from-home to more than 4,400 families during the past 13 years.

Golisano Children's Hospital—the only hospital in the region devoted solely to caring for children—will begin construction this summer on a new, 22-bed Pediatric Intensive Care Unit (PICU) and Pediatric Cardiac Intensive Care Unit (PCICU). Above the fourth-floor units, parents will have access to Rochester's second Ronald McDonald House, which will provide an additional level of comfort to those whose children are in intensive care. Golisano Children's Hospital will provide the building shell, and Ronald McDonald House Charities will provide the \$1 million-plus needed to build out and furnish the interior, staff, operate and maintain the House. The new House, as well as the PICU/PCICU, could be open by the end of next year.

The generous commitment from Ronald McDonald House Charities forges an even closer bond between it and Golisano Children's Hospital, says **Elizabeth McAnarney, M.D.**, pediatrician-in-chief. "With a Ronald McDonald House here in the hospital, parents will be just a short elevator ride away from their children, meaning they will be able to better meet their needs at a moment's notice."



The Ronald McDonald House on Westmoreland Drive will remain open even after a new house is built at the Hospital.

For more than a decade, Ronald McDonald House Charities and Golisano Children's Hospital have partnered to help children and their families. If a child who lives outside of Rochester is being treated at Golisano Children's Hospital, or any other local medical facility, his or her family can take advantage of lodging and emotional support at the Ronald McDonald House, located on Westmoreland Drive, within walking distance of the Hospital. With plans for a second House under way, families from Monroe County and the region who need to be closer to their child will have a second option.

The new commitment by Ronald McDonald House Charities is the most recent of numerous joint efforts between it and the hospital. For instance, in 1990, the University of Rochester—of which Golisano Children's Hospital is a part—donated the land for the current Ronald McDonald House. Ten years later, Ronald McDonald House Charities helped to fund a new pediatric emergency department and related programs at Golisano Children's Hospital. The Ronald McDonald House Charities Children's Emergency Department opened in March 2001.

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# Golisano Children's

SPRING 2003

FOR PHYSICIANS AND HEALTH PROFESSIONALS

# Hospital at Strong

CONNECTION

## \$7.4M FEDERAL GRANT WILL HELP DOCTORS STUDY PNEUMOCYSTIS CARINII PNEUMONIA

The National Institutes of Health recently chose a team led by **Francis Gigliotti, M.D.**, an infectious-disease specialist at Golisano Children's Hospital at Strong, to investigate a deadly respiratory infection known as pneumocystis carinii pneumonia. Gigliotti's team received a grant for \$7.4 million to pursue the research.



Francis Gigliotti, M.D.

Pneumocystis carinii pneumonia is unique because it only strikes people with weakened immune systems, killing them if it is not diagnosed and treated quickly. The death rate can be as high as 40 percent, even with modern treatment. As a pediatrician, Gigliotti first became interested in the illness in 1985, after he saw its effect on children with cancer. Today, it is a widespread problem for anyone with a compromised immune system.

"Twenty years ago, pediatricians occupied themselves with trying to solve routine bacterial and viral infections in otherwise healthy children. They weren't particularly interested in this bug," Gigliotti says. "It dawned on me that nobody really wanted to develop laboratory programs to study the infections that attacked children with weak immune systems. It was a large, under-served population, so I decided to pursue it."

The \$7.4 million award is the first ever Program Project Grant received by Golisano Children's Hospital. These grants are more prestigious and more difficult to obtain. They allow researchers to string together a series of scientific projects that might otherwise stand alone, and to add extra funding requests for new equipment, travel, and administration of the overall program.

For more information, call the Division of Pediatric Infectious Disease at (585) 275-5944.



## \$5.7M GRANT TO STUDY EFFECTS OF HIV-PREVENTION DRUGS ON CHILDREN'S HEARTS

A variety of drugs can help prevent transmission of human immunodeficiency virus (HIV) from pregnant women to their newborns, but at what physical cost for a child who had at least a 70 percent chance of escaping the disease without treatment? Backed by a \$5.7 million grant from the National Institutes of Health, members of the Children's Heart Center at Golisano Children's Hospital at Strong are embarking on a five-year nationwide study to determine whether more harm than good is being done.

Before the advent of anti-retroviral drugs such as zidovudine (AZT), babies born to mothers who had HIV had a 25 to 30 percent chance of acquiring the disease. During the last decade, however, the rate of HIV transmission from mother to baby has been greatly reduced. By providing a pregnant woman with timely anti-retroviral therapy, the chance of her baby acquiring HIV is less than 7 percent. "These medications are marvelous in that they can give life where there previously was, for many children, certain death," says **Steven Lipshultz, M.D.**, director of the Children's Heart Center at Golisano Children's Hospital.



Steven Lipshultz, M.D.

Although the use of anti-retroviral therapies has been largely successful, the potential side effects of the drugs are largely unknown. Some suspect the drugs may affect the heart's mitochondria, resulting in reduced ability for the heart to make needed energy, which could lead to a weakening of the heart. Lipshultz, who publishes more than 50 studies annually concerning children and their hearts, authored the \$5.7 million grant.

The study involves gathering and analyzing echocardiographic and blood-test data from more than 1,000 newborns, infants, and toddlers, each of whom have HIV-positive mothers, but none of whom have HIV. The children in this study will be treated at a dozen of the best-known pediatric medical centers throughout the United States, including Texas Children's Hospital and Boston Children's Hospital.

For more information, call the Division of Pediatric Cardiology at (585) 275-6096.

## PEDIATRIC PHARMACY PROVIDES FASTER, MORE ACCURATE SERVICE

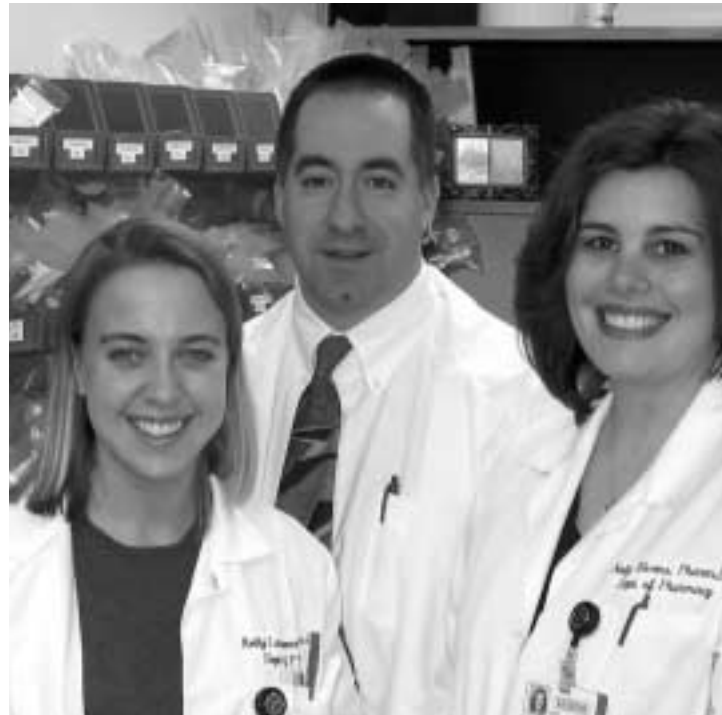
A new pharmacy devoted solely to serving patients at Golisano Children's Hospital at Strong is already paying big dividends in terms of providing more timely and accurate service. The new location – a satellite branch of the main pharmacy that serves Strong Memorial Hospital – opened in January.

Five specially trained pharmacists and three technicians staff the pharmacy, which is located on the fourth floor near the pediatric inpatient units at Golisano Children's Hospital. At least once each hour, a member of the pediatric pharmacy staff visits the inpatient units, picking up prescription requests, delivering filled orders, and discussing any questions about medications or dosing with physicians, nurses, and families.

The pharmacists, who oversee the dispensing of more than 500 medications that are used exclusively for children, quickly have become an integral part of the pediatric staff. "The physicians very much appreciate that we can provide additional information about proper dosing, and get to know the children and their special pharmacological needs," says **Kelly Lawrence, Pharm.D.**, one of the pharmacists dedicated solely to pediatrics. "The response from the doctors and nurses has been terrific."

"During a time when hospitalized children are sicker and the cases more complex than ever before, it is of paramount importance that pharmacists who specialize in medications for children are rapidly accessible to pediatric physicians and nurses at all times," says Pediatric Intensivist **Elise van der Jagt, M.D.** "With the opening of the new pediatric pharmacy, this expertise is now immediately available. Pediatric pharmacy specialists can now provide rapid face-to-face consultations to the medical and nursing staff on dosing, formulations and side effects, while facilitating the quick dispensing of urgent medications. This has been a significant step forward in continuing to improve the safety of medications for all of our hospitalized pediatric patients, but especially for those who are fragile and have complex medication needs."

Pharmacist **Kelly Bivens, Pharm.D.**, says she and her colleagues assist physicians in finding just the right dose of medicine for patients. This is especially important when providing medications to infants and toddlers, many of which are most commonly given to adults. "In one instance, a physician researched a medication, only to find that the literature provided guidelines for children 2 and older," Bivens says. "From our experience with this type of drug, we were able to help him decide what dose was most appropriate for the child, who was just 7 months old."



Kelly Lawrence, Pharm.D., Keith DeMonte, R.Ph., and Kelly Bivens, Pharm.D., in the pediatric pharmacy.

During the past five years, the pharmacy system at the University of Rochester Medical Center has made a number of changes to improve patient care, says director **Thomas E. O'Brien, Pharm.D.** For instance, the Medical Center offers the region's only pharmacy robot. The robot stores and dispenses drugs for patients at Golisano Children's Hospital. It relies on bar-code technology to accurately identify, count, and package unit-dose medications for delivery to patients in the hospital, once prescribed, reviewed and typed into the computer by pharmacists. The system can stock 40,000 doses of medicine.

"This technology, as well as our efforts to provide satellite pharmacies throughout the Medical Center, allows us to maintain high quality care and improve our efficiency and services," says **David Webster, R.Ph., M.S.B.A.**, supervising pharmacist. "We're constantly looking for ways to provide better service to our patients."

"We are most grateful to Tom O'Brien and the administration of the hospital in making this happen," adds van der Jagt.

The pediatric pharmacy is staffed from 7 a.m. to 11 p.m. Monday through Friday, and 7 a.m. to 3 p.m. Saturday and Sunday. A pediatric pharmacist is on call 24 hours a day, seven days a week. For more information, call (585) 275-8837.

## LOCAL SPECIALIST BRINGS SKILLS TO UNIVERSITY ORTHOPAEDIC ASSOCIATES

**Gary Tebor, M.D.**, a respected pediatric orthopedist in the Rochester region for more than two decades, recently joined University Orthopaedic Associates of Rochester. He was appointed associate professor in the Department of Orthopaedics and will head the Division of Pediatric Orthopaedics at Golisano Children's Hospital at Strong.

University Orthopaedic Associates – a group of orthopaedic specialists – sees outpatients at Clinton Crossings in suburban Rochester, treating patients in a 106,000-square-foot center that opened last year. It offers a multitude of services under one roof, affording patients access to the region's most comprehensive musculoskeletal and rehabilitation facility.

As a pediatric orthopedist, Tebor diagnoses and treats many conditions in children. These include spinal deformities such as scoliosis and kyphosis; developmental dysplasia; back pain; intoeing; knock-knee; bowleggedness; cerebral palsy; spina bifida; muscular dystrophy; Perthes disease; metatarsus adductus; tarsal coalitions, flatfoot; leg-length discrepancy; and musculoskeletal syndromes.

A skilled surgeon, Tebor is a fellow in the American Academy for Cerebral Palsy and Developmental Medicine, and a member of the Pediatric Orthopaedic Society of North America and the Scoliosis Research Society.

"I am extremely pleased that Gary Tebor has joined our staff," says **Randy Rosier, M.D., Ph.D.**, chair of the Department of Orthopaedics. "Dr. Tebor has specialized in pediatric orthopaedic surgery in Rochester for more than 20 years, and has an outstanding reputation amongst patients and physicians."

Tebor, who is on staff at all Rochester hospitals and participates in all major insurance plans, is able to serve all children in Central and Western New York. During his career, he has been known for his availability to see patients on an urgent basis. In addition to seeing patients during regular office hours, he will participate in the orthopaedic urgent-care center, where patients referred by a primary care physician can be seen the same day from 8 a.m. to 7:30 p.m.

In the Division of Pediatric Orthopaedics, Tebor joins **Anji Singh, M.D.**, a fellowship-trained pediatric orthopedist who trained at Baylor College of Medicine in Houston. She and Tebor will collaborate closely to provide the best care for patients.



Gary Tebor, M.D., examines a child at his Clinton Crossings office.

University Orthopaedic Associates provides patient care at 4901 Lac de Ville Boulevard, Brighton. Among the services available are:

- evaluation and treatment of orthopaedic injuries;
- post-surgical follow-ups;
- measuring and fitting of prosthetic and orthotic devices;
- diagnostic X-ray and imaging;
- rehabilitation of hand injuries;
- sports rehabilitation;
- rehabilitation for patients following traumatic injuries, surgeries, strokes, or for diseases such as arthritis.

As always, pediatricians are encouraged to call and discuss any issue related to pediatric orthopaedics. "I've always made a special effort to keep in close touch with my colleagues in pediatrics, and I am always happy to talk to them about a particular child, or provide a second opinion to parents who are sorting out their options," Tebor says.

To learn more about pediatric orthopaedics at University Orthopaedic Associates and Golisano Children's Hospital, or to talk about a child's case or to make a referral, call (585) 275-5321.