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## DEPARTMENT OF SURGERY

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The Department of Surgery includes several divisions of surgery. The educational objective of general surgery is to create an environment of excellent patient care and research that will provide an introductory educational experience in the field of surgery for medical students; an opportunity for medical students to study certain surgical problems in depth; a complete education in general surgery for residents intending a career in this specialty or as a prelude to residency education in plastic surgery, cardiothoracic surgery, neurosurgery, otolaryngology, transplantation, or vascular surgery; and a basic experience in surgery for residents planning to enter other surgical subspecialties (orthopaedics or urology).

In the third year, medical students participate in a six- or eight-week clerkship involving emergencies and elective surgical procedures. Based on the premise that preceptorial education is optimal for learning, each student is assigned to a team of residents in one of the five hospitals that participate in the educational program. Each team is responsible to several attending surgeons for the care of their patients. This opportunity to participate in a wide spectrum of pre- and postoperative care as well as in operative procedures, provides a basis for students to elect in-depth experience in any of the several surgical specialties later in their medical course. Evaluation of student performance is a consensus of the reports submitted by residents and faculty members with whom the student has contact.

Electives are available in general surgery and in all of the surgical specialties as well as with individual faculty members. In addition, individualized electives can be arranged upon request.

A wide spectrum of research opportunities is available for medical students. Highly productive programs are currently in operation in the broad fields of shock, metabolism, oncology, gastroenterology, nutrition, trauma, burns, fluid and electrolyte abnormalities, transplantation, vascular surgery, and alterations in clotting and hematologic disorders, as well as in studies of various surgical techniques. Opportunities are available for students to work during the summer or for longer periods. Further details are available upon request.

The residency program in general surgery requires a minimum of five years. This period may be extended for additional research or clinical experience. The program involves four hospitals, including Strong Memorial Hospital.

Basic research fellowships are available by application to individual investigators. A single two-year residency in vascular surgery is offered to those who have completed the residency in general surgery. This includes one year of basic research followed by one year of clinical experience.



There are clinical fellowships available in cardiothoracic, vascular, and critical care/trauma. The cardiothoracic surgical training program is a two-year, ABTS-accredited, intensive clinical training program in cardiovascular and thoracic surgery. The program provides broad experience in adult coronary, valvular disease, and aortic disease, as well as pediatric and congenital disease. The heart transplant program adds additional experience with end-stage ischemic heart disease and cardiac assist device technology.

The critical care/trauma fellowship is a one-year opportunity that leads to ACGME qualification. The fellowship draws clinical practice from the Rochester region's only Level I trauma center.

The vascular fellowship aids in the development of advanced skills in the diagnosis and treatment of disease of the arterial, venous, and lymphatic circulatory systems. The fellow will also acquire endovascular skills and perform diagnostic and therapeutic catheter-based interventions.

### **SECTION OF SOLID ORGAN TRANSPLANTATION**

The Section of Solid Organ Transplantation integrates advances in clinical medicine and basic science research to offer state-of-the-art care to patients with end stage organ failure. Many of the patients require solid organ transplantation, but alternatively some of these patients can be managed with less drastic surgical intervention.

This section has a long history of excellence in renal transplantation and has recently renewed its commitment to the transplantation of extra-renal organs. A multidisciplinary approach to the treatment of hepatic disease and pancreatic disease has been adopted. There are weekly teaching conferences and monthly research conferences. The clinical service is staffed by three surgical attendings and three residents and supported by six nurse coordinators.

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## **DIVISION OF VASCULAR SURGERY**

The Division of Vascular Surgery provides high-quality care to patients with arterial and venous disorders. The rapid growth of vascular surgery has been reflected in the activities of the staff, which has continually provided leadership in the field on a national and international level. The faculty have a very intense interest in catheter-based endovascular technologies and have been in the forefront in the development of a prosthesis that they hope will simplify the treatment of abdominal aortic aneurysms. To that extent, the vascular surgeons have formed an alliance with the interventional radiologists to form a single section to provide a multidisciplinary approach to the treatment of vascular disease. Members of the faculty continue to develop new operative techniques for the management of occlusive and aneurysmal diseases of the aorta and peripheral, including visceral, arteries. There has been a persistent interest in the management of venous disorders; a long-term research project on the pathogenesis of venous thrombosis is in progress. Faculty also are known for their expertise in extracranial vascular reconstruction.

Vascular surgeons participate in the teaching programs during the six-week clinical clerkship in general surgery conducted in the second or third year. Elective experiences are offered during the fourth year, as are research opportunities for medical students. The vascular surgical residency has as a prerequisite the completion of a residency program in general surgery and consists of a one-year clinical program following a one-year laboratory experience. During the laboratory experience the residents are encouraged to learn noninvasive vascular testing techniques and interventional procedures. This is a formal training program under the auspices of the Divisions of Interventional Radiology and Vascular Surgery. There is an approved vascular fellowship. It is a two-year position with the first year dedicated to research and endovascular training. In the second year, the fellow is assigned to traditional clinical activities.

## **DIVISION OF CARDIOTHORACIC SURGERY**

The Division of Cardiothoracic Surgery is dedicated to the highest-quality care of patients with cardiothoracic disorders requiring surgery. The Division remains committed to the development of new approaches and techniques to offer patients the best surgical alternatives, while minimizing hospital stay and health care costs.

The growth of the Division of Cardiothoracic Surgery is mirrored by the new techniques that have developed in recent years. The Division is actively expanding its approach to minimally invasive coronary surgery, providing patients with coronary artery disease another alternative to angioplasty. Minimally invasive valve surgery is also being used for many patients with isolated aortic or mitral valve disease. The volume of valvular surgery continues to increase and the options of the Ross Procedure, Homograft replacement, and valvular repair continue to be expanded for appropriate patients. Treatment of left ventricular failure with the Batista Procedure or

left ventricular remodeling is being offered on a selected basis, and patient outcomes are analyzed critically. The Division is committed to future development of treatments for left ventricular failure, including transplantation and the expanded use of left ventricular assist devices. The Division has been a leader in the treatment of thoracic aneurysm disease and currently annually performs between 40 and 50 operations on the ascending, descending, and thoraco-abdominal aorta.

The Division of Cardiothoracic Surgery is dedicated to the treatment of both adult and pediatric heart disease. The treatment of congenital heart disease includes all aspects of neonatal and pediatric problems. The addition of a new pediatric/cardiac surgery to supplement the approach to pediatric/cardiac disease should enhance the future of this program. The cardiac surgeons remain committed to the evaluation of myocardial protection, use of transesophageal echocardiography, and the better understanding of brain and spinal cord protection during cardiopulmonary bypass.

The Thoracic Surgery Section is an active group that covers the full spectrum of thoracic and esophageal disease. A full-service esophageal diagnostic laboratory is part of the thoracic surgery service and supplements their dedication to the treatment of esophageal pathology. Lung reduction surgery, tracheal surgery, laser bronchoscopy, and video-assisted thoracoscopic surgery are all used to help patients with thoracic and esophageal disease.

Cardiothoracic surgeons participate in the teaching program for the six-week clinical clerkship in general surgery during the second or third year. During this time, students are required to discuss in depth one patient with a cardiac problem. In addition, elective experience in cardiothoracic surgery is offered during the fourth year.

An active laboratory research program includes development of a long-term cardiac transplant model, assessment of techniques for prolonged cardiac preservation. Research in general thoracic surgery involves clinical research as part of national collaborative groups and basic science research in the role of photodynamic therapy in the treatment of thoracic malignancies. Thoracic surgery and thoracic oncology teaching conferences are held weekly. Research opportunities in cardiothoracic surgery for medical students are available as summer electives.

The cardiothoracic residency is a two-year program with the prerequisite of completion of residency education in general surgery. The residency program involves rotations at Strong Memorial and at Rochester General Hospitals.

## **DIVISION OF OTOLARYNGOLOGY**

The Division of Otolaryngology provides high-quality care of patients with disorders of the ear and the upper respiratory tract, malignancies and aesthetic needs of the head and neck, and problems of speech and hearing.

During the first medical school year, students are exposed to otolaryngology during the course in gross anatomy. At this time, dissection of the temporal bone is

carried out to assist in the understanding of the intricacies of the microstructure of the inner ear. The Division also provides lectures during the first, second, and third medical school years to familiarize students with the diagnosis and management of patients with the major otolaryngological disorders.

In the senior year, a one-week elective is offered, stressing clinical exposure to familiarize the student with a complete otolaryngologic examination as well as the active pathology of the head and neck region. In addition, a two-week elective is offered for fourth-year students to allow them an in-depth exposure to the outpatient and inpatient management of otolaryngologic problems as well as operating room experience.

Research opportunities are available in the field of neurophysiology as related to the eighth nerve.

The otolaryngology residency is a five-year program, with the first year devoted to general surgery and the remaining years devoted to clinical exposure to all aspects of disease in the spectrum of modern otolaryngology. The residency program uses Strong Memorial Hospital as well as the affiliated hospitals of the University system to gain an adequate clinical exposure.

One fellowship is offered each year in the field of facial cosmetic and reconstructive surgery.

## DIVISION OF PLASTIC SURGERY

The Division of Plastic Surgery is involved with the repair or reconstruction of physical defects of form and function involving primarily the skin, musculoskeletal system, cranio-maxillo-facial skeleton, hand, limbs, breast, and trunk. We use aesthetic surgical concepts both to improve undesirable normal structures and also in reconstruction of abnormal structures.

Numerous and widely varied plastic surgical procedures are performed for diseases and deformities, including skin repairs, skin and composite grafts and flaps, and transfer of other tissues such as bone, cartilage, tendon, nerve, muscle, and blood vessels. Microsurgery techniques are applied frequently, particularly for transfer of tissue from one location in the body to another; also, we perform replantation and revascularization of the injured hand and digits. Research opportunities for students are available in the fields of reconstructive breast surgery, microsurgery of the hand, and free flaps and cleft palate speech rehabilitation.

Plastic surgeons take part in teaching basic surgery during the second- or third-year surgical clerkship. In addition, elective experience in clinical plastic surgery and in the plastic surgical rehabilitation of burn patients is offered during the fourth year.

A two-year residency program in plastic surgery accepts one resident per year who has had thorough preparation in general surgery. A five-year combined program, in cooperation with general surgery, enrolls one resident at the PGY-1 level; on alternate years, two residents are accepted. A single, one-year post-residency hand surgery fellowship is offered in cooperation with the Department of Orthopaedics.

## Faculty of the Department of Surgery

**James V. Sitzmann** . . . *Seymour I. Schwartz Professor and Chair, Department of Surgery*. B.A. Notre Dame, 1972; M.D. Minnesota, 1976. Resident in Internal Medicine, American Hospital of Paris, 1976; Intern in Surgery, The Johns Hopkins Hospital, 1976-77; Resident in Surgery, 1977-79; Senior Resident in Vascular Surgery, St. Laurence's Hospital, Dublin, 1979; Resident in Surgery, The Johns Hopkins Hospital, 1980-81; Instructor in Surgery, 1981-82; Assistant Professor of Surgery, 1982-88; Associate Professor of Surgery, 1988-94; Director, Division of Surgical Oncology, 1992-95; Professor, Surgery and Oncology, 1994-95; Professor of Surgery, Physiology, and Biophysics, Chairman and Robert J. Coffey Professor, Department of Surgery, Georgetown University Medical Center, 1995-99; Alumni Distinguished Professor of Surgery and Chair of the Department of Surgery, University of Rochester School of Medicine and Dentistry, 1999- .

### Professors

**James T. Adams**. B.A. Washington, 1951; M.D. 1955.

**William R. Drucker**, Emeritus. B.S. Harvard, 1943; M.D. Johns Hopkins, 1946.

**John H. Morton**, Emeritus. B.A. Amherst, 1945; M.D. Yale, 1946.

**Charles G. Rob**, Emeritus. M.A. Cambridge, 1934; M.B.B.Chir. 1937; M.Chir. 1941.

**Seymour I. Schwartz**. B.A. Wisconsin, 1947; M.D. New York University, 1950.

### Associate Professors

**David A. Krusch**. B.A. Johns Hopkins, 1979; M.D. 1982.

**Raymond J. Lanzafame**. B.S. Cornell, 1974; M.D. George Washington, 1978.

**Amadeo Marcos**. M.D. Universidad Central de Venezuela, 1987.

**Luis A. Miele**. M.D. National University School of Medicine, (Colombia), 1974.

**Shunichiro Steve Okada**. B.A. Johns Hopkins, 1981; M.D. Southwestern, 1985.

**Mark S. Orloff**. B.A. University of California (San Diego), 1976; M.D. University of California (Los Angeles), 1980.

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**Walter Pegoli**. B.A. Colgate, 1980; M.D. New York Medical College, 1984.

**Eileen Redmond**. B.S. University College (Dublin), 1987; Ph.D. 1991.

**Harry C. Sax**. B.A. Northwestern, 1978; M.D. Johns Hopkins, 1982.

**Robert D. Shapiro**, and *Clinical Dentistry*. B.S. Case Western, 1960; D.D.S. 1962.

### Clinical Associate Professors

**Carl H. Andrus**. B.A. Amherst, 1957; M.D. Rochester, 1962; M.A. Duke, 1976.

**Robert L. Caldwell**. A.B. Dartmouth, 1957; M.D. Rochester, 1961.

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**\*Nagendra Nadaraja.** M.B.B.S. University of Ceylon (Sri Lanka), 1963.

#### Assistant Professors

**Nelly Avissar.** B.S. Hebrew University (Israel), 1967; Ph.D. Tel Aviv University (Israel), 1980.

**Julius D. Cheng.** B.A. Johns Hopkins, 1985; M.D. Robert Wood Johnson, 1993; M.P.H. Johns Hopkins, 2000.

**George Drugas.** B.A. Northwestern, 1980; M.D. 1984.

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**Stephen E. Ettinghausen.** B.A. Amherst, 1974; M.D. Cornell, 1978.

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#### Research Assistant Professor

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#### Clinical Assistant Professors

**A. Leonard Bloch.** A.B. Rochester, 1950; M.D. University of Amsterdam (Netherlands), 1959.

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**Thaddeus J. Dmochowski.** B.S. St. Joseph, 1967; M.D. Jefferson, 1971.

**Donald M. Duckles.** B.A. Wheaton, 1951; M.D. Illinois, 1955.

**Marguerite Dynski, S.S.J.** B.S. D'Youville, 1970; M.D. SUNY (Buffalo), 1975; D.T.M. and H. University of Liverpool (England), 1975.

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#### Associate Professor

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#### Research Associate Professor

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#### Clinical Associate Professor

**William L. Craver.** A.B. Cornell, 1949; M.D. 1952.

#### Visiting Associate Professors

**George M. Alfieris.** B.A. Rutgers, 1982; M.S. Georgetown, 1983; M.D. 1987.

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### Clinical Assistant Professors

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### Professors

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**D. Robert Frisina.** B.A. Westminster, 1949; M.A. Gallaudet, 1950; Ph.D. Northwestern, 1955.

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### Associate Professors

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### DIVISION OF PLASTIC SURGERY

**Joseph M. Serletti . . . Professor and Chief of Plastic Surgery.** B.S. Northwestern, 1978; M.D. Rochester, 1982.

### Professors

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### Associate Professor

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**Clinical Associate Professor**

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**Assistant Professors**

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**Clinical Assistant Professors**

**Galaa M. Agban.** M.D., Ch.B. University of Alexandria (Egypt), 1959.

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**Timothy O'Connor.** B.A. Trinity College (Ireland), 1971; M.B.B.Ch., B.A.O. 1973.

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**DIVISION OF VASCULAR SURGERY**

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**Clinical Professor**

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**Associate Professor**

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**Clinical Associate Professors**

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**Yaron Sternbach.** A.B. University of Pennsylvania, 1987; M.D. McGill, 1991.

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**Clinical Assistant Professors**

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**Kevin J. Geary.** B.S. Union, 1979; M.D. Rochester, 1983.

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**Patrick Riggs.** B.A. North Carolina, 1984; M.D. Bowman Gray, 1988.

**Toufic A. Rizk.** B.S. Syracuse, 1982; M.D. SUNY (Upstate), 1986.

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