Department of Surgery Annual Report 2015

Together We Can Achieve Great Things

UR MEDICINE

TABLE OF CONTENTS

Letter from the Chairman

UR Medicine is a multitude of things – a world-class medical center, an academic institution, a facility where patients can always expect excellent and compassionate care and an innovator in educating the next generation of academic surgeons. It is also a place where discoveries are made and the most complex and challenging diseases are cured.

The following pages of this Department of Surgery Annual Report highlight stories of innovation, courage, hope, success and, most of all, teamwork. Because without collaboration and a shared vision, many of these accomplishments would not be possible.

One of the reasons why the Department of Surgery has national and international prominence is due in large part to its history and legacy in training surgical leaders. In any visit to the "hallowed halls" of our Department, you will see the photos of past leaders and trainees who have made important contributions and have impacted the field of surgery in so many ways. We honor this history as we look to the future and strive for continuous improvement.

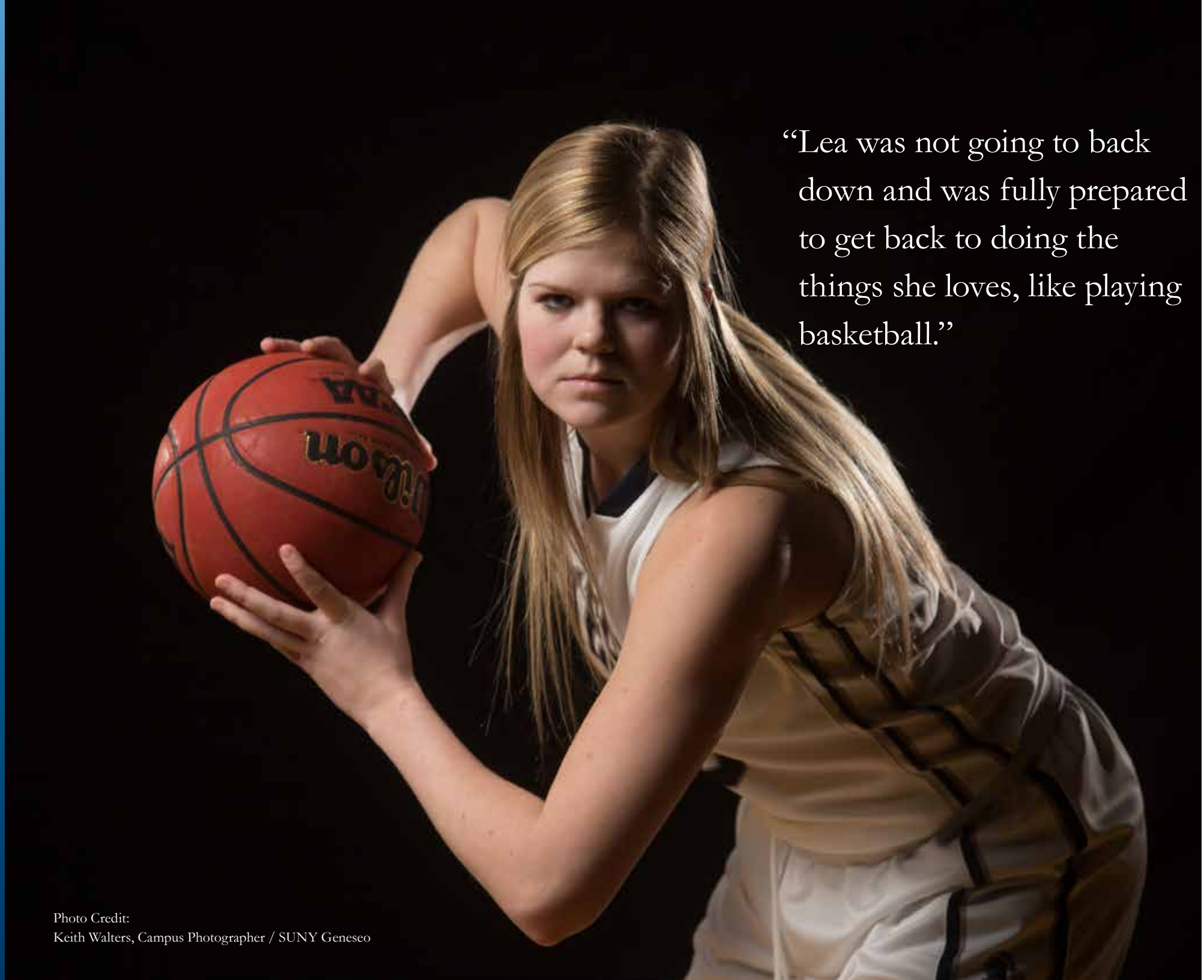
We also remain true to our mission of delivering outstanding patient-centered care, training the next generation of academic surgeons, attracting top national and international talent and fostering knowledge by conducting innovative research. Patients who entrust us with their care can be confident knowing they have quick, convenient access to expert physicians, as well as the latest in treatment options and clinical trials. Our teams at UR Medicine continue to work together to offer state-of-the-art multidisciplinary care. From our surgeons to cancer specialists to researchers, there is a true spirit of collegiality and partnership that ultimately benefits the patient.

We also appreciate the generosity of our donors, who are our partners in health care. Just this year, we have added three endowed chairs in our Department, which allow our most distinguished faculty members to enhance their research efforts. The steadfast philanthropic support of our donors, as well as the faith they have placed in us, has enabled us to grow, thrive and provide exemplary service to our patients, families and trainees.

As we look toward the future, each of us in the Department of Surgery vows to continue collaborating with one another to seek new knowledge so that we can deliver the best possible patient care, no matter what the complexity of the illness. Together, we can accomplish our ultimate goal: to use our talents to restore health and to alleviate suffering.

David C. Linehan, M.D.
Seymour I. Schwartz Professor and Chairman
UR Medicine Department of Surgery
Surgeon-in-Chief
Strong Memorial Hospital

David C. Linehan, M.D.

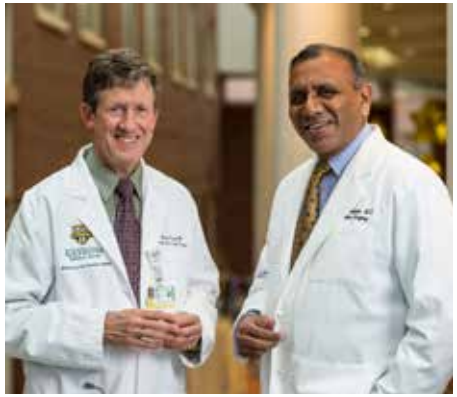


"Lea was not going to back down and was fully prepared to get back to doing the things she loves, like playing basketball."

Photo Credit:
Keith Walters, Campus Photographer / SUNY Geneseo

Abdominal Transplant Surgery

Basketball Player Flourishes After Liver Transplant



While taking a Spanish final exam in December 2012, Lea Sobieraski's phone wouldn't stop vibrating. Two days earlier, the SUNY Geneseo junior had visited the college's Student Health & Counseling Center complaining about symptoms she was experiencing. "Indigestion" was the diagnosis. But now, the message on her phone instructed her to get to the emergency room ASAP.

Instead of boarding a bus that afternoon for a women's basketball game at Oneonta, Lea was rushed to the hospital in her hometown of Lockport, NY. There she was told she had free-flowing fluid in her abdomen. After spending a week in the hospital that included having over seven pounds of fluid removed, 20-year-old Lea and her family were first told she had Wilson's Disease. Lea's life was about to change forever … she would need a liver transplant.

Lea was referred to Strong Memorial Hospital where doctors confirmed the diagnosis. "Wilson's disease is a rare inherited disorder that causes too much copper to accumulate in the liver, brain or other vital organs, causing them to fail. One in 40,000 people are born with it, and symptoms often begin between ages 12 and 23," says Mark Orloff, M.D., Chief of Organ Transplant and Hepatobiliary Surgery at UR Medicine. Lea was told that the cirrhosis in her liver was so bad it looked like her organ belonged to a 60-year-old alcoholic. "This can't be right," she remembers thinking. "I'm always healthy." Lea and her family started down the long and uncertain road to find a new liver.

Organ donation and transplantation is a nationally regulated process and the United Network of Organ Sharing maintains a list of those who are waiting for a transplant. While the demand is great, the percentage of people signed up to be donors is low, especially in New York. Specific to liver transplants, a patient's Model for End-Stage Liver Disease (MELD) score determines how high on a transplant list he or she is. Based on a scale ranging from 0-40, the higher a person's MELD, the higher his or her priority is for the next available liver. Typically, once a MELD is above a 20, a patient's need for a transplant starts to grow critical. "Another option for patients is to find a suitable candidate, such as a family member, who is willing to donate part of his or her liver since this organ regenerates itself over time," explains Dr. Orloff.

The waiting continued and Lea's condition progressively worsened. She began experiencing white-outs and her skin and eyes were turning yellow. Then one day, as Lea was curled up on her couch, the phone rang. It was her doctor who said, "Lea, you are going to be getting a liver, either today or tomorrow." The results of her latest blood test clearly illustrated that her condition had gotten much worse.

Lea and her parents left for Strong – and she was admitted to the Intensive Care Unit. There the family learned her MELD score was 41 and she was number one on the liver transplant list in New York. "I wasn't scared or nervous," recalls Lea. "It never really fazed me because I always knew things were going to work out."

The next day, March 2, 2013, a new liver for Lea became available in New York City. As two doctors flew via charter plane to retrieve it, she was prepped for surgery. Soon the liver arrived and Lea was taken to the OR. Her transplant procedure lasted over six hours, however, due to a complication, she needed another five-hour procedure. While the family later found out that Lea more than likely would not have made it if they hadn't found a liver in the 48 hours after she was admitted, she was only in recovery for 10 days before being discharged.

"Lea was not going to back down and was fully prepared to get back to doing the things she loves, like playing basketball," adds Dr. Orloff, who took part in the operation. "Because of the amazing regenerative powers of the liver, Lea can live a long and productive life. She's determined – not just to survive, but to thrive."

Since her surgery, Lea has worked closely with Upstate New York Transplant Services (UNYTS) in Buffalo to help spread awareness about organ donation. Now 23 years old, she is free of Wilson's disease. She hopes to one day be able to thank the family of the person who saved her life. "Before this experience, the thought of death never crossed my mind," Lea says. "My advice to everyone is live in the moment and enjoy each day."

> "Waiting for a transplant while their health deteriorates is agonizing for patients and their families."
>
> – Dr. Mark Orloff

Only Multi-Organ Transplant Program in Upstate New York

The Division of Abdominal Transplant Surgery at the University of Rochester Medical Center provides multi-organ transplant services to the Western New York region. The program offers multidisciplinary expertise in kidney, liver and pancreas transplant services. We are the only center in Upstate and Western New York performing liver transplantation.

The transplant program has earned a reputation for offering sensitive, compassionate, world-class care. We are committed to the time, effort and resources required to make the transplant a success.

Acute Care Surgery

UR Medicine's Kessler Trauma Center Leading the Way

Kessler Trauma Center Earns National Verification

"We take great pride in providing access, expertise and availability for all patients with acute surgical needs within the Finger Lakes region and beyond, while continuing to grow our research and education missions."

– Dr. Paul Bankey

It's all there, all of the time.

The people, the technology and the facilities required to spring into action the moment a patient comes through the door with a traumatic injury. This highly coordinated response continues all the way through the patient's rehabilitation. Every step of the way, the trauma team is following the nation's highest standards, and delivering the best care. In addition, team members are working to educate the community, helping prevent further tragedy.

Only two of New York State's 40 designated trauma centers can say all of this with certainty, after recently being verified as Level One trauma centers by the American College of Surgeons (ACS). UR Medicine's Kessler Trauma Center, located within Strong Memorial Hospital, is one of them.

"The ACS verification process is extremely rigorous," says Michael F. Rotondo, M.D., FACS, CEO of the University of Rochester Medical Faculty Group, former ACS Governor and previous chair of the ACS Committee on Trauma. "This distinction reflects the University of Rochester Medical Center's tremendous commitment to saving lives."

"Level One verification confirms Kessler Trauma Center is one of our community's most outstanding assets," Steve I. Goldstein, president and CEO of Strong Memorial Hospital, says. "This level of trauma preparation, care, and education simply doesn't exist in many areas of the country."

Every year, nearly 2,000 people from throughout the Finger Lakes region are admitted to the Kessler Trauma Center. Patients are cared for by a multidisciplinary team specializing in trauma. Facilities include a helipad, a large emergency department, a dedicated 16-bed trauma intensive care unit, well-equipped operating rooms and modern rehabilitation facilities.

"National verification shows the Kessler Trauma Center has proven it can handle even the toughest cases," says Mark L. Gestring, M.D., trauma medical director. "We have a fantastic team and facility, plus the ability to provide optimal care to our patients, around-the-clock."

Nicole Stassen, M.D. elected President of the Eastern Association for the Surgery of Trauma

EAST is a nationwide association that provides education, leadership and career development for young surgeons active in the care of the injured patient.

"Level One verification confirms Kessler Trauma Center is one of our community's most outstanding assets."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Medicine of the Highest Order
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MEDICAL CENTER
Medicine of the Highest Order
Joseph A. Johnson, MD
Department of Surgery

Bariatric and GI Surgery

Gastric Sleeve Success Story

Nicholas Rogers (Nick) looked around the room during the Highland Hospital Bariatric Surgery seminar he attended in November of 2013 and decided he was not "that big" compared to some others in the room. But he stayed and listened as William E. O'Malley, M.D., one of the world's top bariatric surgeons, talked about surgery options and explained the comprehensive program at Highland.

When it was over, Nick remembers thinking, "Wow! I can do this!" He appreciated that Dr. O'Malley presented the medical reasons why these surgeries work. "It helped me see that this wasn't about a Band-Aid for my weight loss failures. I was being given the opportunity to evaluate what modern science had developed to help me start a new healthy lifestyle."

At 35 years old, Nick's weight had fluctuated all his life. Diets worked … sometimes … and then they didn't. The constant yo-yo effect of dieting weighed heavily on Nick. He is a cancer survivor, has an underactive thyroid post cancer treatments and was on an insulin pump for his diabetes. His family doctor was the first one to suggest surgery.

For Nicholas, the decision to have surgery was more about his health than his body image. It had to be. Body image, albeit important, needed to be secondary to becoming healthy.

The more Nick learned, the more excited he got about the Highland Bariatric Surgery program. The Senior Grants & Contracts Specialist at RIT, who is also a local theatre performer and a travel agent, knew that the meal planning was something he could handle with the help of his wife. Keeping a food journal was challenging at first, but he helped himself along by texting and emailing his meal information to himself and using a cellphone app to calculate nutritional intake.

Nick chose the gastric sleeve option and can't say enough about the care he received from Dr. O'Malley and the support he got from the staff. Today, he is on a very lowdose of insulin (90% less) and no longer has to use a pump. He is off of several medications and has lost close to 100 pounds.

Last year, as part of the First Niagara Rochester Fringe Festival, Nick wrote a play about his struggles with his weight called #theskinnyinside. Toward the end of the play, he talks about his life-changing bariatric surgery experience and feelings shared by other patients of the Center. "I saw a new me emerging. The pounds were melting away. I wasn't starving and I was losing weight. Can this be true? For the first time in a long time, I felt I was on the right track. As spring sprung outside, I felt a new hope growing in me…"

Doing Good Work, Near and Far

Highland's sense of community reaches around the world. In January, surgeon Lael Forbes, M.D. and Ellie Villanueva traveled to the Philippines for relief work; they joined a mission arranged by Life is Great Global, a non-governmental organization based in New Jersey that brings together medical and nonmedical volunteers to provide health care and health education to people in need. Forbes and Villanueva were part of a 15-member team providing relief to areas hit by Typhoon Haiyan. The Highland Foundation provided some of the funding to make their trip possible.

New Partnerships Aid Patients

Highland expanded its bariatric services to the Finger Lakes region in partnership with F.F. Thompson Hospital. In this new collaboration with Thompson, patients preparing for bariatric surgery who live in the Finger Lakes and Southern Tier areas can complete their nutrition counseling sessions and medical testing/lab work at Thompson Hospital. The added convenience supports Highland's goal to recruit and retain patients from this part of the region.

New General Surgeon Joins Team

David E. Burns, Jr., M.D., Assistant Professor of Surgery, is currently seeing patients at Highland Hospital. Prior to joining Highland, he was an attending general surgeon at Genesee Surgical Associates since 2007.

Dr. Burns earned his bachelor's degree in English from Haverford College in Haverford, PA and completed pre-med, post-baccalaureate training at Bryn Mawr College in Bryn Mawr, PA. He earned his medical degree from the University of Rochester School of Medicine and Dentistry and completed his internship in Internal Medicine at the California Pacific Medical Center in San Francisco. Dr. Burns received internship and residency training in general surgery from the University of Rochester School of Medicine and Dentistry. As a resident, he won several awards including the Chief Resident Teaching Award and election to Alpha Omega Alpha Medical Society (AOA).

Dr. Burns is certified by the American Board of Surgery and has a special interest in gastrointestinal surgery with a focus on minimally invasive techniques. In addition to being an Assistant Professor he is an Associate Member of the American College of Surgeons (ACS) and a member of the Society of Advanced Gastrointestinal Endoscopic Surgery (SAGES).

Cancer Control

The Cancer Control and Survivorship Program Was Recently Awarded Four Major Federal Grants to Continue This Important Work.

The National Cancer Institute (NCI) awarded a $24.8 million, five-year grant to Principal Investigator **Gary R. Morrow, Ph.D., M.S.**, to continue Wilmot Cancer Institute's leadership role in a nationwide clinical research network to investigate cancer related side effects. The award is currently the largest investigator-initiated grant at the University of Rochester, and among the top five largest grants received by a UR Medicine's researcher in the past 10 years. Wilmot is also one of only two academic cancer centers in the U.S. to be chosen by the NCI as a research hub for NCORP, which stands for the NCI Community Oncology Research Program. With the new NCORP funding, Dr. Morrow and his team will design and manage clinical studies that will be implemented at oncology practices across the country. All of their work, which includes preparing manuscripts for publication in medical journals, revolves around supportive care for patients coping with side effects during and following cancer treatment. "This award really helps to keep Rochester out in the forefront of patient-directed care in cancer," says Dr. Morrow, the Dean's Professor of Oncology and Professor of Surgery and Psychiatry at UR. "Rochester has always been known for this important work, and now we can expand our efforts and have a greater impact." Dr. Morrow has been the principal investigator on eight previous cancer control grants totaling more than $40 million. Under his management, the UR cancer control program has been continuously funded since 1983.

Karen M. Mustian, Ph.D., M.P.H., was awarded a $3.1 million grant from the NCI to launch the first study ever to test whether a unique yoga therapy can treat insomnia among cancer survivors just as well as cognitive behavioral therapy, the current gold-standard treatment. The focus of the clinical research is YOCAS©®, a type of yoga therapy developed at the University of Rochester Medical Center to be used for cancer-related side effects. It integrates gentle hatha yoga and restorative yoga postures with strong meditation and relaxation techniques. The flow of each session was designed to assist the body in maintaining a normal 24-hour circadian rhythm cycle and healthy sleep patterns. "We will also be examining whether YOCAS©® can positively influence a survivor's level of fatigue, depression, worry and anxiety, as well as levels of inflammation and circadian rhythms," says Dr. Mustian, an Associate Professor of Surgery, Cancer and Radiation Oncology, and a scientist in Wilmot's Cancer Control and Survivorship program. Earlier gifts to Wilmot Cancer Institute enabled Dr. Mustian and her research team to collect some of the pilot data necessary to successfully compete for the larger NCI grant. The clinical trial is funded for five years, but Dr. Mustian is seeking additional funds to examine genetic markers in RNA/DNA samples from study participants.

"We've always believed in focusing on the human side of the disease. What has evolved from that foundation is a number of powerful interventions."

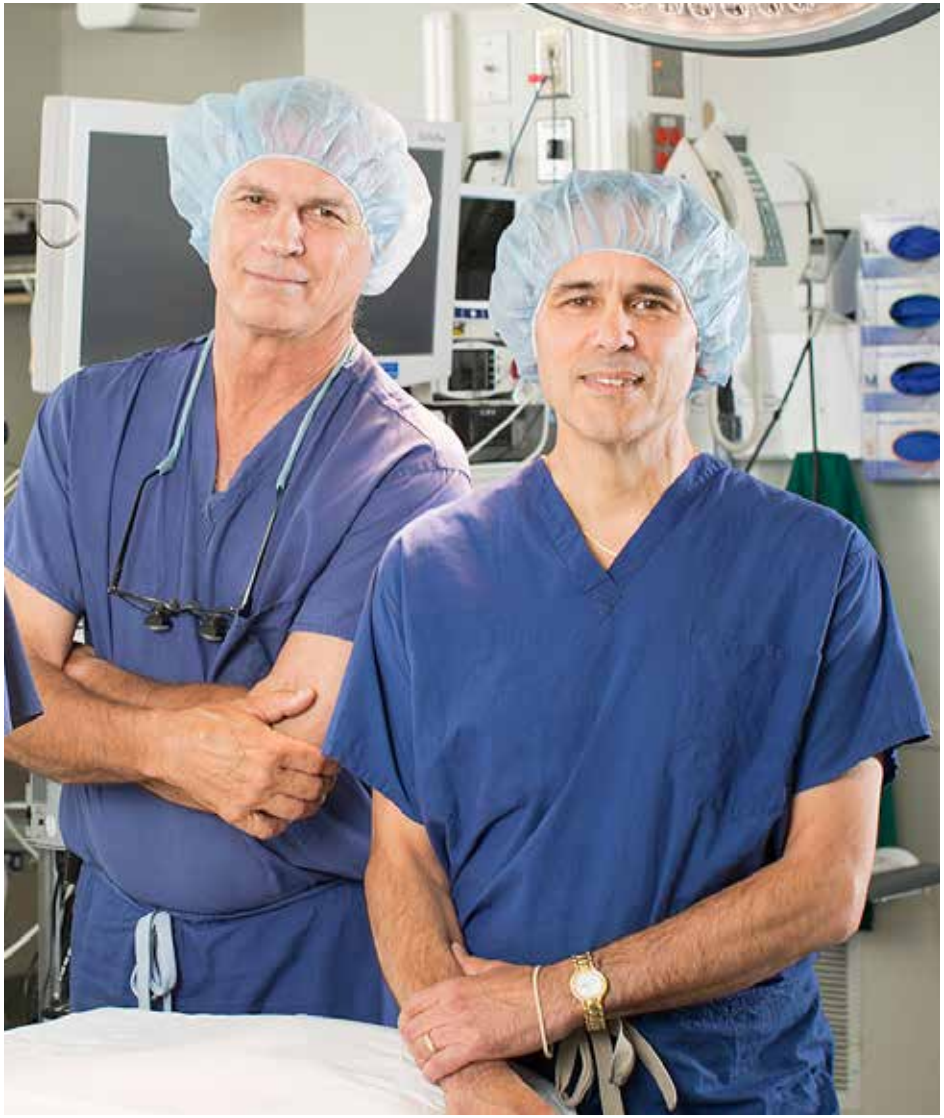
– Dr. Gary Morrow

Michelle C. Janelsins, Ph.D., M.P.H., was awarded an NIH Director's New Innovator Award, the highest honor conferred by the National Institutes of Health for young investigators. These awards support a small number of early-stage investigators who propose bold, innovative approaches that have the potential to produce a major impact on important problems in biomedical and behavioral research. With it came a $2.3 million, five-year grant to study biological mechanisms and possible interventions for chemo-brain, a collection of symptoms associated with chemotherapy that includes forgetfulness, fogginess, lack of concentration and difficulty with multitasking. Dr. Janelsins plans to develop a clinically relevant mouse model to study key mechanisms for chemo-brain, and then test potential treatments including exercise, fish oil and over-the-counter anti-inflammatories. Chemo-brain is estimated to affect 80 percent of people who are in the midst of treatment; up to four million cancer survivors also suffer long-term cognitive problems. "Understanding the mechanisms of chemotherapy-related cognitive problems will allow us to target biologically relevant pathways so that we can develop treatments that we are confident about," she says. As part of this award, Dr. Janelsins will also conduct a clinical study to better understand biological mechanisms in patients, and would like to predict which patients are most likely to suffer from severe chemo-brain, based on pre-chemotherapy inflammatory markers and other factors in their blood.

Charles Kamen, Ph.D., M.P.H., was awarded a K07 Career Development Award from the NCI to test the first-ever intervention delivered specifically to lesbian, gay, bisexual and transgender (LGBT) cancer survivors. Dr. Kamen's work at the University of Rochester has highlighted the many health disparities experienced by LGBT survivors relative to their heterosexual counterparts. His recently completed pilot study, funded by a seed grant from the Wilmot Cancer Institute, showed that many of the same disparities affect lesbian and gay cancer survivors here in Rochester. His NCI-funded study will test two exercise interventions designed to ameliorate these health disparities. "We are thrilled that the NCI, and NIH more broadly, is putting money behind research on sexual and gender minorities," says Dr. Kamen, an Assistant Professor of Surgery in the Cancer Control Unit under the direction of Dr. Gary Morrow. "It's exciting to be on the cutting edge of this science, and we hope that the K07 award will prepare us to make further inroads into addressing LGBT health disparities in larger intervention studies."

UR Medicine's Heart Team Uses 3D Printing to Save Woman's Life

Printed Model of Woman's Heart Helps Cardiac Specialists Replace Damaged Valve



A constellation of technological advances helped UR Medicine-led heart specialists save the life of an aging Brighton woman. They used a three-dimensional (3D) print of her heart along with a non-surgical technique to safely replace a failing heart valve.

Surgical device firm LSI Solutions printed a custom, plastic model print of her heart, providing doctors a unique and powerful tool to visualize and plan this delicate procedure.

The woman had multiple heart surgeries previously, including replacement of the aortic and mitral valves, which pump blood through the heart and into the aorta, the largest artery in our bodies. The artificial aortic valve was not working correctly and she faced imminent heart and kidney failure. Doctors at another hospital were unable to provide a solution.

The team of cardiac specialists gathered at Strong Memorial Hospital was challenged to place a new valve within an existing artificial valve. It was an unusual case because artificial valves rarely fail. And, this woman had another artificial valve precariously close to the failing artificial aortic valve.

The heart specialists were concerned about whether the efforts could disturb the mitral valve. They were analyzing a small area of the heart, with vessels just millimeters apart.

Ultrasound and computerized tomography (CT) images of the valves were captured and doctors collaborated with LSI Solutions in Victor to transform those 2D images into a 3D model of the targeted portion of her heart. Doctors used that model to meticulously plan for a transcatheter aortic valve replacement (TAVR), a less invasive method for valve replacement that is only performed in the Finger Lakes region at Strong Memorial.

"This is an amazing advance when you consider the rapid pace of technology and possibilities for the future," said UR Medicine heart surgeon Peter Knight, M.D., who performed the procedure with interventional cardiologist Thomas Stuver, M.D.

The UR Medicine team may be the leaders in the nation for replacing a valve in a woman's heart adjacent to the mitral valve.

The uses for 3D printing are expanding and beginning to take hold in medicine. Physicians can use it, as they did at Strong, to visualize procedures in different ways than before and help patients and families better understand the sometimes complex concepts. Medical schools use plastic models for training and scientists hope to someday print replacement body parts.

Jude S. Sauer, M.D., president of LSI, describes "3D printing as the opposite of the way that most things are made today. Traditional part production typically requires the machining away of material from a larger block to yield the desired shape. Think of chipping away at a block of marble to reveal the statue of David already within. The 3D printing of components involves the precision accumulation of little specks that grow the desired object in empty space," he says. "These results here were positive for everyone involved."

A family's last hope

Murwareed Najim was facing a grim prognosis when doctors at another hospital learned that her artificial aortic valve was not opening and closing properly. Blood didn't flow smoothly through her heart or body. She was weak, tired and unable to breathe. Two years ago, surgeons at that hospital replaced her aortic and mitral valves using traditional surgery.

The 81-year-old woman was simply not strong enough to endure another open heart surgery and her doctors did not expect her to live long.

Mesba Najim was devastated at the possibility of losing his mother and grateful when a nephrologist suggested she may be a candidate for the transarterial valve replacement (TAVR) procedure. TAVR is a relatively new technique for valve replacement and doesn't involve open heart surgery. Strong Memorial Hospital introduced this procedure in 2012 and is the only site in the Finger Lakes to offer it.

Stuver met with the family and agreed TAVR was the best treatment for her. The technique allows heart specialists to implant a new collapsible valve through a tiny incision in the groin. A narrow catheter is threaded through the body and into the heart. Once in position, a tiny balloon is inflated to open the new valve and push aside the leaflets of the failed valve. Positive results are immediate.

Najim quickly prepared to transfer his mother to Strong Memorial Hospital for specialty care. "When we learned there was a treatment that could work for her, of course we pursued it," says Najim. "We are so happy the doctors were able to save her life and that we have more time with her."

Detailed planning

Stuver and Knight reviewed multiple images of her heart and the artificial valves. They measured the images of the anatomy of her heart and artificial valves and were concerned about whether placing the new aortic valve could damage or impede the adjacent mitral valve.

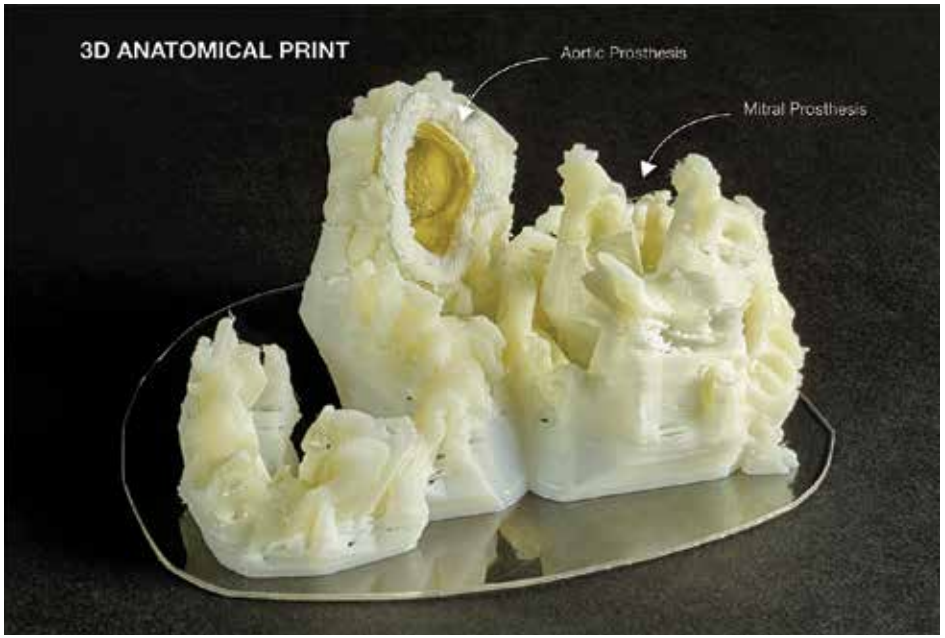
Studying the images could not provide enough information, so Knight turned to LSI Solutions' Sauer, a longtime friend and colleague. A few months ago, the pair was invited to the Mayo Clinic for an innovations conference – and one discussion focused on the possibility of using patient-specific 3D printed models to improve surgical outcomes. LSI Solutions uses 3D printing in its device prototype process. However, creating the anatomy of an actual patient's heart "was a first for us," Sauer comments.

"We brought the scans and digital data together to allow LSI to create the 3D print model of her heart," Knight says. "We were specifically interested in the relationship of the valves to make sure we had enough room to do the new valve placement inside the old valve. All the pre-operative planning paid off for her."

The 3D model showed there was plenty of room – measured in millimeters – to place the new aortic valve within the existing aortic valve, without disturbing the mitral valve function, Stuver adds.

Preparations moved quickly. The team reviewed the woman's case on January 5. They captured images of her heart the next day and sent them to LSI Solutions. Sauer's team began the two-day process of synthesizing the images and creating the model. The heart team successfully placed the new aortic valve within the old valve on January 13. Mrs. Najim's health immediately improved.

The TAVR procedure was performed just seven days after Mrs. Najim's arrival at Strong Memorial. "It's amazing how quickly the whole process moved, but really, we had to act fast," Stuver states. "The woman was critically ill already. It was good to see her return home and to her normal routine, which is our goal."



Pediatric Cardiac Surgery

Defying Odds Not Once, But Twice

After four years of infertility treatments and a miscarriage, Ryann Taylor prematurely gave birth to daughter Brynn, who measured just 29 weeks instead of 32 weeks and was diagnosed with a rare, complex congenital heart defect known as Tetralogy of Fallot with pulmonary atresia.

"It was kind of a whirlwind beginning," Ryann says, alluding to the four-month stretch of life-threatening complications that were to come.

Born near her home in Hamburg, south of Buffalo, Brynn weighed two pounds 13 ounces at birth and needed to remain stable at around five pounds before being transferred to UR Medicine's Golisano Children's Hospital for open-heart surgery with George Alfieris, M.D., chief of Pediatric Cardiac Surgery. Though able to make the move after six weeks, surgery was delayed after Brynn stopped breathing on the table and doctors discovered she had a severe case of pneumonia.

She was able to have the surgery two weeks later, after a course of antibiotics, but had arrhythmias, or irregular heartbeats, after returning to the Pediatric Cardiac Care Center. Knowing Brynn was being closely watched, Ryann and her husband Dan headed upstairs to the Ronald McDonald House for a quick dinner. They'd just finished eating when Ryann got a call from one of the nurses, telling her to come downstairs immediately because Brynn had gone into cardiopulmonary arrest and doctors were reopening her chest to revive her.

"All of a sudden, I just started walking toward the door," Ryann adds. "I didn't even say anything."

Dan silently followed, and by the time they were midway there, they were sprinting toward their daughter, now surrounded by at least a dozen doctors and nurses. They were ushered in immediately. "They told us to talk to her, to let her hear our voices," Dan recalls. "They were letting us say goodbye."

Assured that no one was giving up trying to save their daughter, Dan and Ryann went to the waiting room, where they eventually learned that Francisco J. Gensini, M.D., a pediatric cardiac surgeon at Golisano Children's Hospital, had repatched Brynn's chest and she was stable. What they didn't know at the time was that Brynn's arrhythmia was about to return; they just knew something was wrong when Gensini, who apparently had been on his way home, rushed by. "It's always scary to see a surgeon running through the door past midnight to save your daughter," Ryann notes. "How do you thank somebody for saving your baby not once, but twice?"

After having her chest opened again and being stabilized by manual compressions, Brynn was given extracorporeal membrane oxygenation (ECMO), a treatment for very ill babies that uses a pump to circulate blood through an artificial lung and back into the bloodstream. She was kept medically paralyzed throughout the ECMO process to keep her from moving and disconnecting any wires or tubes.

"She looked like a science experiment," Ryann recalls. "Every day they'd give her a break from the paralytic for a couple of minutes just to see if she would move. We'd sit there for five, sometimes 10 minutes and pray for her to twitch an eyelid or thumb or something, just to make sure she wasn't brain dead. We'd just sit there and stare and pray. It was horrible."

Five days after surgery, Brynn was urgently taken off the treatment. Brynn had begun bleeding from the side of her neck, her blood levels had dropped and she needed multiple blood transfusions. She spent the next two months recovering from a collapsed lung (a common side effect with ECMO), fighting pneumonia and a surgical site infection and trying to tolerate feeds.

Finally, when she was four months old, Brynn left the hospital with a nasogastric tube, which carries food and medicine through the nose to the stomach, because she'd been intubated so long and never learned how to eat. She regularly vomited, however, and suffered from acid reflux, so she switched two months later to a gastrostomy tube, inserted through the abdomen, which delivered nutrition directly to her stomach.

Eating wasn't any easier for her this time around. Still gagging, vomiting and losing weight, Brynn saw a gastroenterologist, who found a rare, 2.5-centimeter cyst in her esophagus that was cutting off her ability to swallow by 75 percent. Open-chest surgery to remove the cyst, believed to have been growing slowly since birth, went smoothly and Brynn was able to leave the hospital one day earlier than expected.

"Talk about a kid who had every complication that was humanly possible," states Emily B. Nazarian, M.D., a pediatric critical care physician at Golisano Children's Hospital, who continued to check in on the Taylors even after she stopped officially following Brynn's case. "She beat the odds."

Dan values the highly personal attention his family received from the custodial staff on up: "Like Brynn, we'd have good days and bad days. These people see you at your worst and take the time to sit down and talk while balancing all their other responsibilities. After we left, we could count 50 to 60 nurses and just as many doctors we knew by their first name. They made a really good experience out of a terrible one."

At Easter, for example, one of the nurses served them a homemade dinner, complete with a tablecloth, pretty paper plates and silverware.

Brynn now sees a physical therapist and feeding therapist twice a week, an occupational therapist once a week and a massage therapist every other week. She is quiet and observant, traits largely tied to being unable to babble or cry while intubated, with a "Stevie Nicks/Janis Joplin voice and the best stink eye ever," Ryann says. "She doesn't give the smiles away for free, but once you're her friend, it's game over."

Though her parents know it will take time for Brynn to learn how to eat, they think about how she tolerated incessant poking and prodding while playing with Elmo apps in the hospital and know she can handle the process with patience.

"She was a little rock star through it all," Ryann adds.


"Whether a patient's condition
is simple or serious, we have
the experience to handle
every circumstance."

Colorectal Surgery

Division of Colorectal Surgery: Committed to Advancing the Field of Colorectal Surgery

"The UR Medicine Division of Colorectal Surgery is the destination for patient quality seekers who want the latest and best advances in colorectal surgery, treatments and care."

– Dr. John R. T. Monson

The Division of Colorectal Surgery is dedicated to using the best technologies available for our patients and regularly performs the most challenging and complex colorectal surgeries.

Whether a patient's condition is simple or serious, the division has the experience to handle every circumstance. Patients who are undergoing treatment for colorectal cancer have access to a multidisciplinary team of experts that will develop a custom-tailored treatment plan. There's no need to seek a second or third opinion – patients will find all they're looking for right here, including the latest in research initiatives and clinical trials.

By treating colon and rectal cancers aggressively with state-of-the-art therapeutic options, the Division of Colorectal Surgery leads the region, nation and, in many cases, the world in delivering outstanding cancer care. "Our doctors wrote the national guidelines for the treatment of rectal cancer and have dual faculty appointments with the James P. Wilmot Cancer Institute," states Dr. Monson, who serves as Division Chief and Professor of Surgery and Oncology.

Since the main goal of the Division is to deliver patient-centered care, patients have access to their attending surgeon at any time, which is comforting and helps build trust. "We tell our patients that we're always here for them and will continuously look out for them," he says. "This is a journey we'll take together."

As Dr. Monson and our surgeons look ahead to the future, they look forward to continuing to advance the field of colorectal surgery. Our faculty and team members are spearheading the following initiatives:

Colorectal Physiology Center (CPC)

Led by Jenny Speranza, MD, the Colorectal Physiology Center offers the latest technologies to identify bowel disorders, plus a variety of surgical and non-surgical approaches to treat the conditions. "Patients can be diagnosed and treated in one convenient location by a team of compassionate caregivers who are experienced in treating elimination disorders," says Dr. Speranza. "We want our patients to know they do not have to suffer in silence, and they do not have to go through this alone."

Dysplasia Clinic

The Strong Dysplasia Clinic, led by Christina Cellini, MD and Ann Kalkbrenner, NP, provides a team-based approach to anal cancer screening and treatment of anal dysplasia. "The goal of treatment is to prevent abnormal pre-cancerous cells from turning into cancer that would require chemotherapy, radiation and/or surgery," explains Dr. Cellini. "Screening has been highly successful in preventing cervical cancer in women. The same success has been achieved with anal cancer screening in both men and women."

Upstate New York Surgical Quality Initiative (UNYSQI)

Fergal Fleming, MD, Assistant Professor of Surgery and Oncology, has been a project lead in the Upstate New York Surgical Quality Initiative (UNYSQI) since 2012. The goal of UNYSQI, a collaborative program that has now expanded to 18 sites, is to improve the quality of care for surgical patients through data-driven, focused and measurable efforts using evidence-based best practice. "The collaborative has identified modifiable factors associated with hospital readmissions, which remain a major concern," says Dr. Fleming. "It is now focused on the implementation of a clinical care bundle with the goal of reducing readmissions following colorectal surgery."

"Expert technical surgeons with expertise and specialization are key to good outcomes in complex HPB surgery. Even more important, a coordinated multidisciplinary team approach to these complex cancers drives innovation and improves results."

– Dr. David Linehan

Hepatic, Pancreatic, Biliary Surgery

New Hepato-Pancreato-Biliary and Gastrointestinal Division Joins Surgery

UR Medicine has a strong history of clinical leadership in surgery for disorders of the liver, pancreas and gastrointestinal tract. The new Division of Hepato-Pancreato-Biliary and Gastrointestinal (HPB-GI) Surgery brings that expertise new visibility as a thriving program and leader in the Rochester and Finger Lakes region.

Led by Luke O. Schoeniger, M.D., Ph.D., the Division includes Chair of Surgery David C. Linehan, M.D. and surgical oncologist Eva Galka, M.D. In addition, the HPB-GI team works closely with our abdominal transplant surgeons, Mark S. Orloff, M.D. and Randeep Kashyap, M.D., who also perform complex hepato-biliary surgery.

With their expertise in a wide range of malignant and non-malignant disorders of the liver, pancreas and gastrointestinal tract, the Division has the highest volumes of HPB-GI surgeries in the region. Skilled in complex procedures such as the Whipple operation and major liver resections, this team is also the most advanced in providing minimally invasive pancreas and hepatobiliary surgeries in Upstate and Western New York.

The HPB-GI Division also aims to advance patient care by expanding our already impressive portfolio of clinical trials and building our basic science program. Many of the clinical trials are focused on cancer and conducted in conjunction with Wilmot Cancer Institute. Among them is a promising study that is evaluating a one-week course of radiation therapy prior to surgery for pancreatic cancer compared to the traditional five-week course of radiation after surgery.

"Clinical trials are important to us because a lot of the diseases we work with are challenging, and the outcomes for patients need to be better," Schoeniger says.

Five-year survival rates for pancreas and liver cancers, for example, are very low. For those patients, the intersection of medicine and science is crucial, according to Linehan.

"In pancreas cancer, patients don't have the luxury of 10 years of research coming down the pike and then getting approval," Linehan says. "If there's something promising and that has sound scientific rationale, bring it to patients with rapidity."

An internationally recognized researcher and clinician, Linehan is taking that approach as he investigates experimental treatments and rapidly translates research findings in the laboratory into clinical trials for patients.

The Division is also aligned with the Wilmot Cancer Institute's multidisciplinary gastrointestinal cancers clinic and provides access to specialists in oncology, radiation oncology and pathology, as well as support resources including social workers and nutritionists.

Chief Surgeon Wins Grant to Continue Pancreatic Cancer Studies

In addition to a multimillion dollar grant from the National Cancer Institute and the American Association for Cancer Research, the Pancreatic Cancer Action Network recently awarded $300,000 to support the research of David C. Linehan, M.D., Chair of the UR Medicine, Department of Surgery and Director of Clinical Operations at Wilmot. Dr. Linehan is investigating an experimental treatment and its appropriate dose and timing, so that future clinical trials can be designed to optimize the benefit to cancer patients. Dr. Linehan's research focuses on cells known as inflammatory monocytes (IMs), which are non-tumor cells produced in the bone marrow that migrate toward pancreatic tumors and promote the spread of the disease. In earlier mouse studies, he showed that by blocking IMs with a novel small-molecule inhibitor, he could slow tumor growth and prevent metastasis. Dr. Linehan then completed a phase 1b clinical trial for patients with locally advanced disease, evaluating an experimental IM inhibitor in combination with standard chemotherapy. Although the drug was well tolerated and showed promise for controlling localized disease, it is unclear whether the same approach will work for patients with cancer that has already spread. The new mouse studies will help to clarify which subgroups of patients would benefit the most, as well as the appropriate doses and combinations with other therapies. Survival of pancreatic cancer has not improved much in 40 years. At diagnosis, about half of all patients have disease that has already spread, mostly to the liver. Therefore, Dr. Linehan says that targeting metastasis is key to boosting survival. The funding cycle for the award began July 1, 2015.


Golisano
Children's Hospital

Pediatric Surgery

All-New Golisano Childrens Hospital Opens Its Doors

"Our new facility finally matches up with the talent of our pediatric surgery providers."

– Dr. Walter Pegoli, Jr.

The doors opened on an all-new Golisano Children's Hospital in July, but the story of the hospital's evolution isn't over. In fact, an exciting new chapter is just about to begin.

So ambitious were the plans for Golisano Children's Hospital that the project was conceived in two phases, to be completed over several years. Phase I wrapped up in July with completion of the eight-floor hospital tower, which includes the Walmart and Sam's Club Pediatric Lobby, Gosnell Family Neonatal Intensive Care Unit, two inpatient floors, a dedicated pediatric imaging suite, Ronald McDonald Family Room, family lounges, and the two-story Simonetti play deck, to name just a few of its features.

Next up: Phase II, which includes construction of new pediatric operating rooms, surgical support space and an expanded Pediatric Intensive Care Unit (PICU). Each year 74,000 children from the 17-county Finger Lakes region and beyond come to Golisano Children's Hospital – often seeking surgical services or complex care that can only be found at Golisano in Rochester. The project will bring exciting and greatly needed new surgical and patient-care capabilities to the new children's hospital.

"Current pediatric operating rooms and pre- and post-operative facilities were not designed to support state-of-the-art pediatric care," says Walter Pegoli, M.D., Chief of Pediatric Surgery at Golisano Children's Hospital. "In a new, larger and updated facility, we will be able to perform minimally invasive surgical procedures, hybrid procedures that combine minimally invasive with traditional techniques and new treatment paths for pediatric cardiac surgery."

The current pediatric catheterization laboratory is co-located in the adult cardiac facility at Strong Memorial Hospital and does not have dedicated pediatric anesthesia on a consistent basis, which is important for pediatric catheterization and EP cases. Similarly, the current gastroenterology operating room does not have co-located support space for this growing service. The new facility will allow for consolidated pediatric services with a patient and family centered environment.

Expansion of pediatric intensive care capacity is urgently needed as well. Golisano Children's Hospital's PICU, currently licensed to operate 12 beds, is the only one of its kind in the Finger Lakes region, and for the past three years has averaged 95 percent capacity. The addition of intensive care beds supports the hospital's ability to provide specialized surgery and emergency critical care, Pegoli explains:

"As Golisano Children's Hospital has recruited more pediatric surgical specialists in congenital heart surgery, spine surgery, craniofacial, neurology, ENT, electrophysiology, general surgery and gastroenterology, we have increased our critical care case volumes. We are the only center in Upstate New York for some of these specialties, including complex pediatric cardiovascular surgery, neurology and electrophysiology. Having additional beds reduces the risk that patients will need to be transported long distances to other centers because we lack capacity."

When the new Golisano Children's Hospital opened in July, floors 4 and 6 in the hospital tower were left as "shell floors" – vacant, but ready for their build-out in Phase II. Here are details on what each new floor will contain when Phase II is complete:

Floor 6– Pediatric Intensive Care:

- Replacement of the current 22-bed ICU and eight general pediatric beds in Strong Memorial Hospital by building new rooms in the tower
- Addition of eight pediatric ICU beds to accommodate the rising demand for care and further enhance efficiencies of having all beds co-located in the new children's tower.

Floor 4– Pediatric Surgical Services:

- Six new larger operating rooms, including a dedicated cardiac OR
- 24 private pre-operative and post-operative recovery rooms
- A gastroenterology surgical procedure suite
- Dedicated pediatric catheterization/ electrophysiology laboratory
- Pediatric-friendly waiting space for families

Miracle Kid: Peyton Bean Four-Year Old Saved After Car Accident, Craniofacial Surgery

Your daughter was in a car accident. She's being airlifted to Strong Memorial Hospital in Rochester.

For the longest 90 minutes of their lives, that's all Taylor and Robert Decker knew for sure.

As they made the drive from Syracuse to Rochester, they tried desperately to learn more about what had happened to their little Peyton. But mostly, they were alone with their thoughts and fears.

Airlifted?

Eventually, they got an EMT on the phone.

He didn't know much, but he'd been at the scene of the crash, and said that Peyton had been crying when she was removed from the wreckage.

Crying. That's a good sign.

They clung to the hope as they neared the hospital.

When the Deckers reached the Pediatric Intensive Care Unit at UR Medicine's Golisano Children's Hospital, they were ushered to their four year old's bedside. Her face was bloodied and bandaged, and a dozen doctors and nurses were hovering around her.

Now, the information started coming much faster.

The car had spun off the highway and hit a tree. The driver, a relative, had only minor injuries, but Peyton's head and face had taken the brunt of the impact.

Her skull was fractured. Her jaw was shattered, and her upper palate was split down the center. Her right orbital bone was fractured in multiple places. And the broken bones had punctured her dura — the outermost layer of the brain — causing cerebral fluid to leak.

No one could say whether she would survive.

"She had so much swelling that they couldn't go in and do any surgery at first," says Taylor.

Peyton also had a broken leg, and for three days, the Pediatric Intensive Care Unit team, led by Walter Pegoli, M.D., worked to keep her stable while her swelling came down. Finally, the Deckers were told that Peyton was going to live.

But serious questions remained.

"They said it was possible she had neurological damage, possible she would be blind or that she wouldn't be able to hear," says Taylor.

Five days removed from the accident, the swelling had gone down far enough for the surgical team to begin preparations to repair the broken bones in Peyton's face.

Clinton Morrison, M.D., director of the Pediatric Cleft and Craniofacial Anomalies Center, explained to the Deckers all of the surgical fixes that he needed to make.

"We met him and he started going over everything — I want to say he was with us for two to three hours," recalls Robert. "We could tell that he wasn't going to leave until he was comfortable that we were comfortable. He probably re-answered questions five or six times and didn't bat an eye. He was spectacular."

Before the surgery began, Dr. Morrison studied photos of Peyton, in the hopes of rebuilding her bone structure as precisely as possible. Her jaw and palate were major concerns, having broken in a way that the surgical team had never seen before. But Dr. Morrison worked closely with Joseph J. Fantuzzo, D.D.S., M.D., to ensure that the team would be able to rebuild it as accurately as possible, and together, they designed a splint that would help hold Peyton's bones together as they healed.

"The oral surgeons were able to take some impressions of her teeth and made models of her jaws so we could recreate the way her teeth fit together," says Dr. Morrison. "That way, we could build it back to the way it was supposed to be."

Dr. Morrison also knew that Peyton would require a series of plates and screws in her jaw and around her eyes to help bind her broken bones together. But implants could get in the way of her natural growth, so he decided on a temporary material that would be absorbed over time, as Peyton grew stronger.

"The level of confidence he had was incredible," adds Robert. "Even though he'd said 'I've never seen anything like that,' about her palate, he was able to put us at ease."

Also joining in the surgical efforts were pediatric neurosurgeon Howard Silberstein, M.D., and ophthalmologist Mithra Gonzalez, M.D. – and after eight hours in the operating room, the team emerged.

Finally, after nearly a week of despair, the Deckers started getting some good news.

First, as Peyton recovered, they noticed that she would react to certain noises, especially her parents' voices. Her hearing had been spared.

"When we'd walk into the room, she'd hear our voices and her arms would start reaching," says Taylor.

When she began talking, they knew that Peyton was the same little girl that she was before the accident.

"One of the first things she asked was where her sister Odette was, and whether she was okay, too," explains Robert. "Having been through what she had, and the first thing she wants to know is if her sister was okay."

After scans showed no neurological damage, she was taken for an eye exam. There was no permanent damage to her vision, either.

Months later, people shake their heads in disbelief when they hear what she's been through. Her parents can identify the subtlest differences in her appearance, but no one else has noticed, including Peyton – or, at least, she's never mentioned it.

That doesn't mean her journey is over, or that the scars are gone. She still requires regular

check-ups with Dr. Morrison to make sure her temporary implants are doing their jobs, and she now has lots of questions about cars and how to drive safely.

But in almost every way, she's returned to her old self, and the Deckers are forever grateful that, on the night of the accident, Peyton was brought to Golisano Children's Hospital.

"Even now, they've offered to find us similar services closer to home, but for us, it's worth the hour and a half car ride," said Robert Decker. "We can't put a price on what these people have done for her.

UR Medicine Wound Healing Center Earns National Accreditation for Hyperbaric Oxygen Therapy

UR Medicine's Strong Wound Healing Center is the first Rochester-area provider to earn full accreditation for hyperbaric oxygen therapy from the Undersea and Hyperbaric Medical Society (UHMS).

The Center, which expanded two years ago to add hyperbaric oxygen therapy to its offerings, has earned the Clinical Hyperbaric Medicine Facility accreditation from UHMS, an international association of providers, scientists and associates focused on research, science, and medicine related to hyperbaric medicine. Of more than approximately 1,000 centers in the U.S., only 141 are currently UHMS-accredited. The Strong Wound Healing Center offers hyperbaric oxygen therapy (HBOT) as an advanced therapy for specific medical conditions. It has two hyperbaric chambers, with capacity to add chambers as demand for HBOT grows.

"We are pleased to have achieved this accreditation as it not only validates the safe, high quality of care we provide at the center but also reinforces the medical excellence that patients can expect from UR Medicine," said Howard N. Langstein, M.D., medical director for the Strong Wound Healing Center. The Center offers comprehensive wound care to manage chronic or non-healing wounds caused by diabetes, circulatory problems, and other conditions. Non-healing wounds occur most frequently in the elderly and in people with diabetes; these wounds are associated with inadequate circulation, poorly functioning veins, and immobility.

Accreditation for clinical hyperbaric treatment is voluntary, though some health insurers are requiring their patients to choose accredited facilities. To earn accreditation, a center must undergo a rigorous survey that reviews all staffing, equipment, and quality care aspects of HBOT. The center also must have HBOT technicians and nurses certified in hyperbaric medicine.

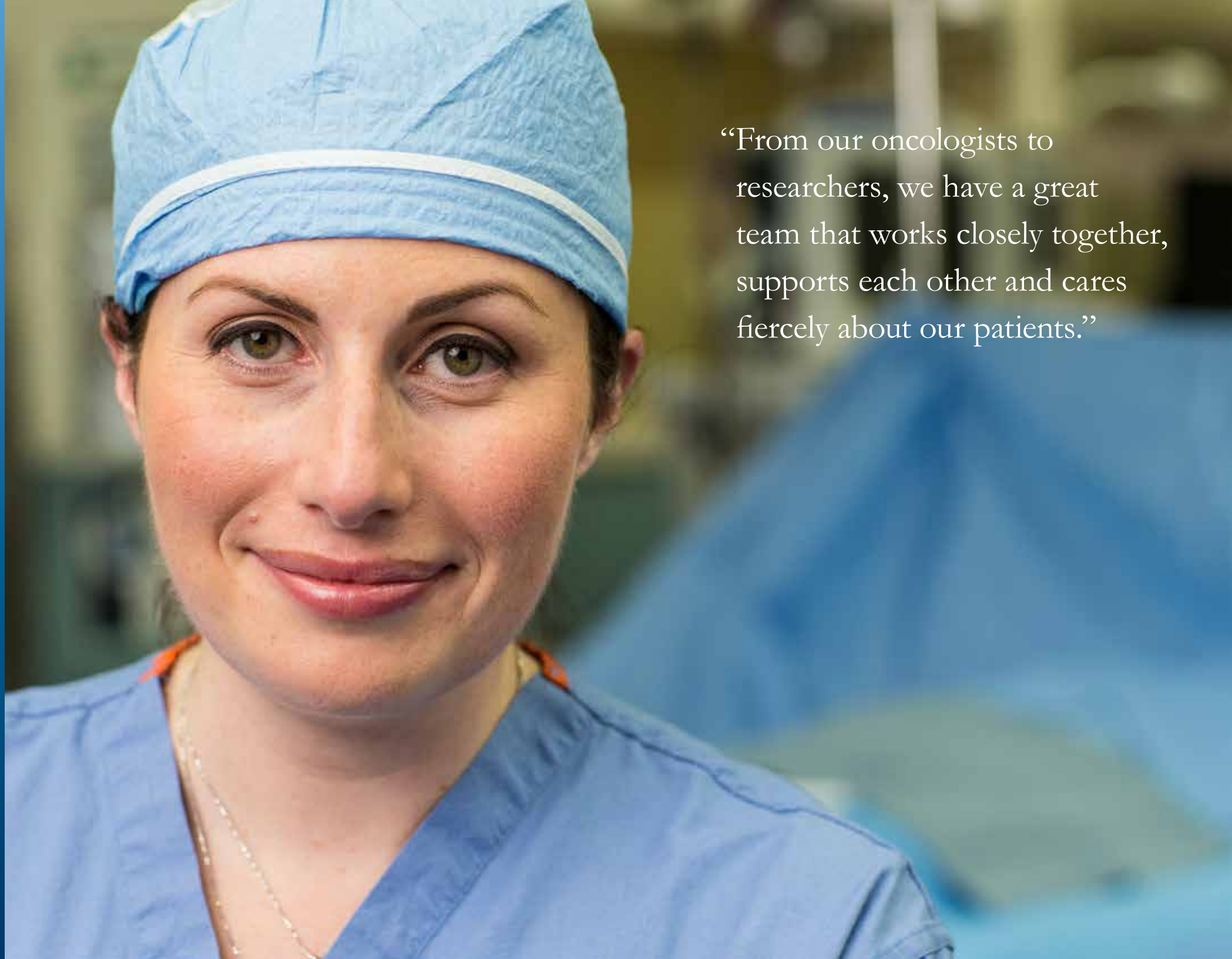
Kessler Burn Center Receives ABA Verification

The American Burn Association (ABA) and the American College of Surgeons Committee on Trauma has awarded the Kessler Burn Center a prestigious designation as a Verified Adult and Pediatric Burn Center.

Burn Center verification provides a true mark of distinction for a burn center and is an indicator that the center provides high quality patient care to burn patients from time of injury through rehabilitation. The program proved it has met the highest standards in providing complete care to burn patients with the highest quality outcomes. Currently, there are 67 verified burn centers worldwide and the Kessler Burn Center is now one of only two in New York State.

The ABA cited many strengths of the program including the strong vision and leadership of Dr. Derek Bell, Director of the Kessler Burn Center and Assistant Professor of Surgery. Reviewers acknowledged the quality of the robust QA program and the overall burn mortality rate as being among the best. Community outreach for prevention education and Advanced Burn Life Support programs were also described as outstanding, with 33 courses conducted in the past year and 67 in the past three years.

The Kessler Burn Center has shown the ability to adapt and accommodate significant increases in patient volumes. Both the Burn Center and Strong Hospital were recognized for demonstrating excellence in nursing, as affirmed by the hospital's Magnet status.


"From our oncologists to researchers, we have a great team that works closely together, supports each other and cares fiercely about our patients."

Surgical Oncology

Breast Care at Pluta Offers Comprehensive Care

Each person affected by breast cancer is unique. This is why breast cancer care should be advanced, comprehensive and custom tailored. It should also be convenient and comforting. Comprehensive Breast Care at Pluta offers all of this – and much more.

"Many healthcare facilities have a breast center of some sort, but very few are truly comprehensive and integrated," says Kristin A. Skinner, M.D., FACS. "As part of UR Medicine's Wilmot Cancer Institute, Pluta offers a multidisciplinary approach to care that will ensure the best possible outcomes."

Dr. Skinner, who serves as Associate Professor of Surgery and Oncology, Chief of Surgical Oncology and Director of Comprehensive Breast Care at Pluta, explains that the center was designed to give women with breast disease access to everything they need – all in one convenient location.

"Our truly multidisciplinary team includes breast surgeons, medical oncologists, radiation oncologists, radiologists, pathologists and oncology nurses. Plus, we work closely with plastic surgeons to discuss reconstructive options," states Dr. Skinner. For added convenience, Pluta offers a lab, infusion services, social workers, dietitians, occupational therapists and lymphedema specialists. Patients also benefit from integrative therapies such as tai chi, massage, yoga and Reiki, all provided in a warm, comforting atmosphere.

"The goal is to enhance the lives of our patients, so they can live full and meaningful lives while going through this journey," Dr. Skinner comments. "And our Survivorship Program, which is unique to this area, gives patients a comprehensive, personalized plan for life after breast cancer."

In addition to offering a dedicated team of breast cancer experts, Wilmot Cancer Institute was the first in the region to provide Breast Prone Radiation. This revolutionary technology focuses radiation more precisely on tumor cells, helping to protect healthy tissue in the heart and lungs. And since no two patients are alike, many therapies are available to treat each person's disease.

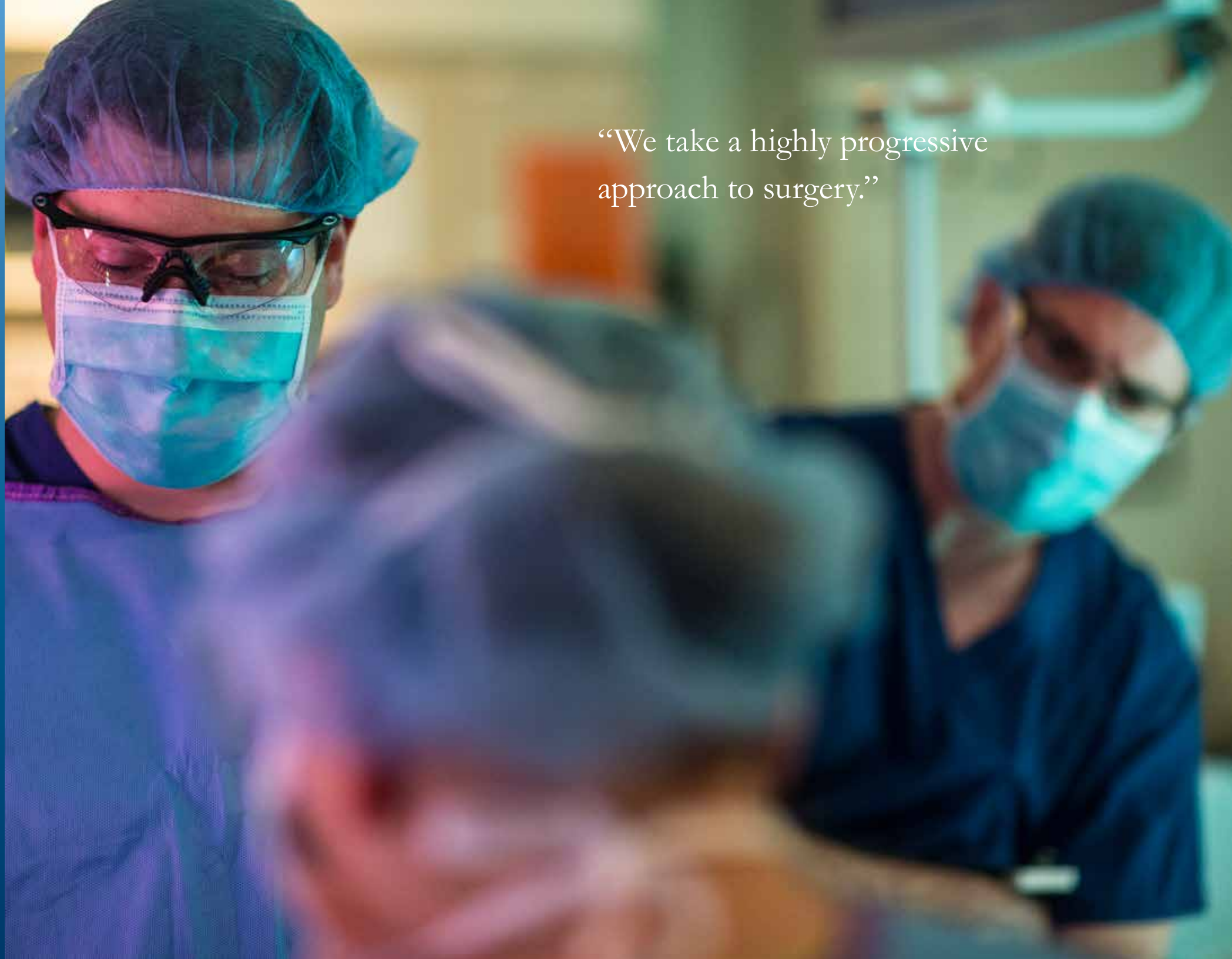
"We want our patients to know we care for them as a person and not just their disease. We listen to their concerns and honor their values. Our patients become active members of their healthcare team and we're here to support them at every step."

– Dr. Kristin Skinner

"We utilize a 'Precision Medicine' approach to breast cancer care that provides a more precise diagnosis, allows treatment to be more targeted and effective and gives healthy tissues better protection," says Dr. Skinner. "This approach also ensures that all patients get the right treatment in the right sequence to meet their general health needs, values and concerns. The result is better outcomes with less toxicity."

Since Wilmot Cancer Institute has a committed cadre of breast cancer researchers, patients of Pluta have access to more clinical trials than any other breast cancer program in the region. We also have many ongoing research initiatives, which include determining how a network of cancer-related genes play a role in more aggressive forms of breast cancer; identifying bio markers for risk or cancer progression; how the skeleton located around a cancer can help predict its aggressiveness; how to minimize the toxicity of our therapies and how to improve long-term outcomes in terms of quality of life.

"From our oncologists to researchers, we have a great team that works closely together, supports each other and cares fiercely about our patients," states Dr. Skinner. "We don't work in a vacuum because we believe we can learn something from every patient and always be improving. Our team will continue to do all it can to have outstanding patient outcomes."


“We take a highly progressive
approach to surgery.”

Thoracic and Foregut Surgery

Division of Thoracic and Foregut Surgery Offers Advanced Treatment

"Patients facing a challenging issue, such as lung cancer, esophageal cancer or even GERD, can be confident knowing they will have the best possible outcomes here. They will also be treated with genuine compassion, kindness and respect by a team of specialized experts."

– Dr. Thomas J. Watson

The Division of Thoracic and Foregut Surgery at UR Medicine offers the most advanced treatments for diseases of the esophagus, stomach, lungs and chest cavity, provided by nationally and internationally renowned experts.

"We take a highly progressive approach to surgery," says Thomas J. Watson, M.D., Professor and Chief of the Division of Thoracic and Foregut Surgery. "Rather than dividing problems that occur between the chest and the abdomen, we look at them as a whole. We are one of the few units in the nation to do this – and are comfortable working on both sides of the diaphragm to correct problems associated with a wide range of diseases."

Conditions treated by the Division include achalasia and esophageal motility disorders; Barrett's esophagus; chest wall disorders; esophageal, gastric and lung cancers; GERD; hiatal disorders; mediastinal and chest tumors; myasthenia gravis; pleural effusions; refractory peptic ulcer; thymic tumors and tracheobronchial disease, among others.

"We use a true multidisciplinary approach involving oncologists, pulmonologists, gastroenterologists and other top specialists that allows us to offer state-of-the-art therapies across disciplines," explains Dr. Watson. "Plus, our Surgery Department is a leader in the molecular analysis of tumors, helping us identify better treatments for diseases like GERD, Barrett's esophagus and esophageal cancer."

In addition, the Division of Thoracic and Foregut Surgery is home to the region's leading Esophageal Motility Lab, which provides cutting-edge diagnostics for evaluating esophageal disorders and diseases. "Our focus on the treatment of esophageal cancer, GERD and motility disorders has enabled us to develop an exceptional level of expertise in these areas," Dr. Watson states. The Division has also been instrumental in the clinical development of ambulatory pH and impedence motility testing and promoting foregut diagnostics throughout the world.

As a pioneer in developing innovative procedures, some of which are used at the international level, the Division leads the way in research and treatment options. We offer procedures and therapies that are only available at premier thoracic and foregut surgery centers worldwide, including curative en bloc esophagectomy for esophageal cancer, vagal sparing removal of the esophagus, laparoscopic Nissen fundoplication and esophageal myotomy and endolumical therapies for GERD. Plus, we provide the latest technological advancements that help to reduce post-operative pain and speed recovery.

"Our patients benefit from endobronchial ultrasound and navigational bronchoscopy for minimally invasive assessment of intrathoracic tumors," says Dr. Watson. "For those with lung disorders, we offer the full gamut of minimally invasive treatments including thoracoscopic and robotic approaches." The Division also has a busy and diverse surgical endoscopy unit that provides advanced diagnostics and therapeutic modalities such as endoscopic resections, ablative therapies, esophageal dilation and stenting.

"UR Medicine's Division of Thoracic and Foregut Surgery is a high-volume center – and research demonstrates that higher volumes are associated with the best outcomes," Dr. Watson adds. "Our board-certified surgeons have helped to develop many treatment algorithms that are used by thoracic and foregut surgeons across the country – and around the globe."

Vascular Surgery

Vascular Surgery Raises Bar for Quality

As a world-renowned medical center, UR Medicine is committed to delivering the highest level of quality health care. Under the direction of Michael C. Stoner, M.D., the Division of Vascular Surgery is raising the bar for quality.

When Dr. Stoner, Associate Professor of Surgery and Chief of the Division of Vascular Surgery, came on board in early 2014 from East Carolina University's (ECU) Department of Cardiovascular Sciences, he was familiar with The Vascular Quality Initiative® (VQI). This Society for Vascular Surgery® initiative is designed to improve the quality, safety, effectiveness and cost of vascular health care by providing an opportunity for individual providers, hospitals and regional improvement groups to collect, analyze and exchange information.

"Since Dr. Stoner had vast experience with VQI from East Carolina University, his insight was invaluable," says Lisa Spellman, RN, who was hired in July 2014 to serve as Quality Assurance Liaison. "Although we had been engaged with VQI for a couple of years, we modified ECU templates and began entering case data into our electronic medical records. The use of VQI 'exploded' with the arrival of Dr. Stoner."

In 2012, the Division of Vascular Surgery began capturing data on carotid endarterectomy and carotid stent procedures. Since August 2014, we have added endovascular abdominal aortic aneurysm repairs, peripheral vascular interventions, lower extremity bypass, lower extremity amputation, inferior vena cava filter placement, hemodialysis access placement, open abdominal aortic aneurysm repair and thoracic endovascular aortic repair procedures. This past May, we began inputting data for varicose vein treatments, which will provide the UR Medicine Vein Center with useful information moving forward.

"VQI offers quality benchmark reports that allow us to see how we're performing when compared to other healthcare facilities in the region, New York State and across the country. To date, our performance ratings have been quite good," adds Lisa Spellman. "We look at things such as the rates of stroke or neurological event after carotid artery surgery, major complications after bypass surgery and the mortality rate after an abdominal aortic aneurysm repair."

"The Division of Vascular Surgery constantly strives to provide our patients with excellent care. As a team, we're always looking for ways to improve – and have quality assurance initiatives in place to help us accomplish this goal."

– Dr. Michael Stoner

To facilitate accurate and efficient VQI data collection, all attending physicians and residents are educated on entering case data for interim operative notes, discharge summaries and follow-up visit notes. Currently, information is manually transferred to VQI, however, the Division is leading a national Society for Vascular Surgery process to automate the practices. "Once case data is entered, it can be accessed quickly and easily," Lisa explains. "Although the system isn't perfect, we're always looking for ways to make it better. Constant improvement is what quality is all about."

Since UR Medicine is a teaching facility, the Division of Vascular Surgery is willing to share our findings. Twice a year, surgeons and representatives from the Division participate in a forum with healthcare facilities from across New York State. "We look at reports, talk about our rates, compare how we're doing and determine areas for improvement," states Dr. Stoner. "In addition to helping other institutions, we learn how we can be better from them. This information is very valuable to know."

The Society of Vascular Surgery recently decided to use the University of Rochester quality and database template as a national standard .

Vascular Quality Initiatives

During the past year, the Division of Vascular Surgery also launched the following quality initiatives:

- **Weekly Review Meetings** – At these meetings, our team discusses case reviews and any complications including mortalities, unplanned returns to OR, surgical site infections, procedure-related readmission within 30 days, patient complaints or grievances and any event potentially reportable under The New York Patient Occurrence and Tracking System. Process improvement initiatives arising from case reviews are tracked on a spreadsheet.
- **Monthly Quality Assurance/Process Improvement Meetings** – During these meetings, which are attended by Dr. Stoner, the chief resident, nurse practitioners and nursing representatives from 7-3600, we discuss return to OR, readmission and mortality rates. As a team, we determine how we can improve.
- **Vascular Surgery SSI Bundle** – These monthly audits began in January 2015. Our team talks about areas for improvement such as a prevention plan for the spread of infection and ensuring that pre-operative patients receive the right education, prep/scrub, blood work and antibiotics in a timely manner.
- **Discharge Timeframe Goals** – We discuss how to make the patient discharge process more efficient. For example, all discharge orders should be written by 11 a.m. so patients and families are not waiting and beds become available. To date, this goal has been met. Patients should also receive a follow-up call three days after discharge.
- **Heart and Vascular Quality Committee** – With the formation of UR Medicine Heart and Vascular, the Division also tracks its quality metrics with other cardiovascular providers in the institution. This allows for better integration of process improvement initiatives between healthcare teams taking care of similar patients.

Philanthropic Support

Four Endowed Chairs Awarded to Surgery Faculty

Dr. Pegoli Installed as Inaugural Lobozzo Professor

Mark Taubman, M.D.,
Walter Pegoli, Jr., M.D., Joseph M. Lobozzo II,
and President Joel Seligman

As Dr. Mark Taubman, Dean of the School of Medicine and Dentistry and University Vice President for Health Sciences, often says, an endowed professorship is the University's way of telling a faculty member they he or she is outstanding."

The University's exceptional faculty members are defined in different ways. For Walter Pegoli, Jr., M.D., you could cite the University recruiting him to be Chief of Pediatric Surgery in 1997, after which a department was essentially built around him. You could cite his multiple honors and awards and inclusion in prestigious medical societies. The most telling example, however, might be little Hailey Coniber dressing as "Dr. Goli" for Halloween.

Dr. Pegoli, Director of Pediatric Trauma at Golisano Children's Hospital, has demonstrated excellence in every facet of his work, which has led to him becoming a beloved surgeon and the inaugural Joseph M. Lobozzo II Professor in pediatric surgery.

A ceremony on November 20, 2014 honored Pegoli's extraordinary service and expressed gratitude to Joseph M. Lobozzo II for generosity that allows us to retain preeminent faculty members like Dr. Pegoli.

"Walt Pegoli couldn't be more deserving of this professorship. He is one of the great pediatric surgeons in the country who, by helping us recruit an extraordinary pediatric staff, has been incredibly important to our vision for the new Golisano Children's Hospital," says President Joel Seligman. "The Lobozzo Professorship has allowed us to honor and retain an exceptional surgeon in Rochester, and will continue to do so for as long as the University stands."

Mr. Lobozzo is the founder and former chairman of JML Optical Industries, Inc., a manufacturer and distributer of precision optical components and assemblies. He has been a member of the University of Rochester Medical Center Board for the last 14 years and has also served as a board member for the United Way of Greater Rochester and the Catholic Family Center. Mr. Lobozzo, a Charter Member of the George Eastman Circle, established the professorship to strengthen a unique program for children in our region. He is widely recognized for his community support, philanthropy and professional achievements.

Dr. Pegoli could be considered a philanthropist, too. Giving the smallest and most vulnerable among us good health and the chance at a long life are special gifts. Dean Taubman remarked on how fortunate Rochester is to have a surgeon of Pegoli's caliber.

"One of the things we pride ourselves on as a University, a Medical Center, a community is that we can provide the highest quality of medicine for any need; you'll never have to leave Rochester," said Dean Taubman. "Since the day that Walter started in 1997, he has made sure that when it comes to pediatric surgery, you can get the best here."

In addition to his other roles, Dr. Pegoli serves as Co-chair of the Golisano Children's Hospital Executive Council and Vice Chair for Clinical Affairs in the Department of Surgery. His areas of specialty are neonatal surgery non-cardiac thoracic surgery, complex gastrointestinal surgery, and surgical oncology. Dr. Pegoli's primary focus for the future: establish a fellowship in pediatric surgery, ensuring there will always be an exceptional pediatric surgeon serving the Rochester community.

Knight Recognized with Endowed Professorships

President Joel Seligman,
Marjorie Morris, Peter Knight, M.D.
and Mark Taubman, M.D.

Cardiac surgeon Peter Knight, M.D. was installed in July 2015 as the inaugural holder of the Marjorie B. Morris Endowed Professorship in Cardiac Surgery.

Clifton Springs resident Marjorie Morris established the endowed professorship with a $1.5 million commitment to advance cardiac surgery techniques and programs. She was inspired by the expertise and compassion provided by Dr. Knight, whom she met after experiencing weakness and difficulty breathing caused by a faulty mitral valve.

"The care I received was excellent, and I was able to go home within a week," says Mrs. Morris, who raised three children with her late husband, I. A. (Drew) Morris, longtime owner of G.W. Lisk Company.

Dr. Knight replaced the valve, resolving the life-threatening situation and restoring Morris's energy—allowing her to continue enjoying time with her family, gardening and the arts.

Dr. Knight studied at Dickinson College and earned his medical degree at New York Medical College. He completed a fellowship in cardiothoracic surgery at the School of Medicine and Dentistry, joined the faculty in 1989 and was named professor in 2012. In addition to providing patient care, he supervises cardiothoracic fellows and residents and mentors pre-med students interested in cardiothoracic surgical research.

"We are deeply grateful for Mrs. Morris's generosity as we establish this professorship to further patient care, research and education," says Mark Taubman, CEO of the Medical Center and UR Medicine and Dean of the School of Medicine and Dentistry. "First-rate surgeons like Peter Knight are part of what attracted me to practice medicine in Rochester. Peter, in particular, makes our community a great place to receive care."

Dr. Alfieris To Be Installed as the Ganatra Professor in Pediatric Surgery

The Ganatra Family

A $1.5 million commitment from the Ganatra family will create the Tansukh, Sarla and Rajesh Ganatra Professorship in Pediatric Cardiac Surgery. The commitment is part of the family's long-time support of Pediatric Cardiology at the University of Rochester Medical Center (URMC).

"Professorships are the building blocks of a great university," says Joel Seligman, President of the University of Rochester. "We are deeply grateful to the Ganatra family for their contribution to the future health of children born with life-threatening conditions. Fervent supporters like the Ganatras are ensuring we will have the very best doctors caring for our patients at our new Golisano Children's Hospital."

Tansukh, Sarla and Rajesh Ganatra made the commitment to fund an endowed professorship in Pediatric Cardiac Surgery out of gratitude to the UR Medicine physicians who have assisted numerous family members and also their dear friends. Funding from the professorship may be used to support the holder's salary, benefits, research or programmatic needs.

Gary Morrow, Ph.D. Celebrated as Benefactor Distinguished Professor

Mark Taubman, M.D., Gary Morrow, Ph.D., and President Joel Seligman

For the last 40 years, Gary Morrow '77 (Flw), '88 (M.S.) has been an authority in cancer control and survivorship, publishing on topics related to the physical and physiological effects of cancer treatment. Dr. Morrow was recognized for his leadership, as well as his outstanding service as a physician, scientist and mentor at a formal installation ceremony in November 2014 as the inaugural Benefactor Distinguished Professor.

"It is very easy to focus on the physical effects of cancer, but there are deep, enduring psychological effects that are sometimes not easily seen," President Joel Seligman comments. "Gary Morrow's work in this sense is profoundly important, and he stands among the best in his field. We are proud to have his leadership and delighted to recognize him with this prestigious honor."

Dr. Morrow, a professor in the Departments of Psychiatry and Surgery at the School of Medicine and Dentistry, built the Cancer Control Program at the Medical Center. At the time, his efforts made the Wilmot Cancer Center one of only two cancer centers in the country to be chosen by the National Institutes of Health as a hub for the National Community Oncology Research Program, a national network of investigators, cancer care providers, academic institutions and other organizations. He has also been a leader in attracting more than $40 million in federal grants for cancer control research.

"Gary has often said the two most important words to mentoring are 'follow me.' In many respects, we have been following him for decades," says Dr. Mark Taubman, CEO of UR Medicine and the Medical Center. "He was one of the first investigators to focus on cancer survivorship and he has built a cancer control program at the Medical Center that has made significant contributions to the quality of life for cancer patients and survivors for decades. It is our good fortune to have Gary at the University."

Donor Spotlight

Sauer Gift Establishes Peter A. Knight, M.D. Fellowship Fund

Eva and Jude Sauer

Jude S. Sauer '81, '85M (M.D.) and his wife, Eva, a medical doctor from Vienna, Austria, have made generous gifts to the Divison of Cardiac Surgery to establish and continue the Peter A. Knight, M.D. Fellowship Fund. They consider Dr. Knight to be a "local treasure", a brilliant clinician, world-class heart surgeon and outstanding research innovator. These funds provide vital support to the training program, and help worthy young researchers receive the financial means and encouragement they need to ensure their success as the next generation of innovators, investigators and educators.

The Peter A. Knight, M.D. Fellowship Fund supports ongoing and new research activities designed to advance the development of minimally invasive technology and techniques used in heart surgery. This source of funding allows for cardiac fellows to spread one to two dedicated research years in the lab which is co-managed by Dr. Knight and a team of scientists at LSI. The research performed will lead to better treatment options for cardiovascular patients. To date, related research has produced seven presentations at international conferences and three scientific journal publications.

As a medical student, Dr. Sauer began to patent his surgical inventions; he currently has 85 international patents. As a resident, he incorporated a research company, now called LSI Solutions. With more than 200 employees, the Victor, NY-based company provides surgical products to more than 20 countries, providing faster, more reliable surgery without requiring large incisions.

Dr. Knight and Dr. Sauer have worked on many internationally recognized projects over the years. Currently, their focus is on better methods for remote mitral valve repair, less invasive aortic valve replacement and percutaneous access into the left ventricle through the apex of the beating heart. Dr. Sauer says, "LSI Solutions is very proud of its continued association with the Division of Cardiac Surgery."

$20,000 Awarded to the Cleft Health in India by Rochester Plastic Surgeons (CHIRPS) Program

Howard N. Langstein, M.D. and Clinton S. Morrison, M.D.

On February 26, 2015 students from the "Kids Reaching Hearts through Performing Arts" program donated $20,000 to help children in India get surgical care for cleft palates.

High school senior Rishaan Sharma founded the program with his sister. He was born with a cleft palate and benefited from reconstructive surgery as a child.

The money will support an organization known as "CHIRPS" a nonprofit co-founded by Dr. Howard Langstein and Dr. Clinton Morrison to increase the level of education about surgical cleft lip and palate care, both regionally and overseas.

"It's part of my vision to give all of our trainees the opportunity to understand and feel what it's like to give back on a global level and to recognize that the way we in America do things might not be the only, or necessarily the right, way," says Dr. Langstein. "I want to forge the best training paradigm in all the world for these types of problems."

Surgical Residents Educational Fund Honors Sy Schwartz, '57M (Res)

Dr. Schwartz as a resident, circa 1950

Seymour "Sy" Schwartz, M.D., FACS, Distinguished Alumni Professor of Surgery at the University of Rochester, is world- renowned for his service to the field of medicine. As a trailblazer, an innovative surgeon, a dedicated teacher and an author who has made impressive contributions to society, Dr. Schwartz is one of the Department of Surgery's greatest leaders.

Dr. Schwartz began his career at the University of Rochester School of Medicine and Dentistry in 1950 as a resident in surgery. He completed his training in 1957 and joined the surgical faculty, of which he still remains a member. He served as Chair of the Department of Surgery from 1987-1998 and was named a Distinguished Alumni Professor in 1995. Although he performed as a general, vascular, cardiothoracic and pediatric surgeon, his major clinical impact was in the field of liver surgery.

"Our transplant program wouldn't be the success it is today without Sy Schwartz," says Bradford Berk, '81M (M.D.), '81M (Ph.D.), former CEO of UR Medicine and the Medical Center. "His visionary thinking led to the establishment of the Liver Transplant Program, which has been helping people since 1992." Today, the University of Rochester Medical Center's Division of Solid Organ Transplantation is the only liver transplant program in Upstate New York and surgeons have performed more than 1,500 transplants.

Dr. Schwartz is the author of more than 250 scientific articles and several well-known surgical textbooks. He is perhaps best known as the editor-in-chief for seven editions of the surgical textbook, "Schwartz's Principles of Surgery." His book, known as the "bible" for surgical education, is now in its 10th edition and has been translated into nine languages.

Dr. Schwartz has been president of the nation's three most distinguished surgical organizations: the American College of Surgeons, the American Surgical Association and the Society for Clinical Surgery. Dr. Schwartz has also been the recipient of many awards from surgical societies and surgical departments in the United States and abroad. He is the 2005 recipient of the Distinguished Alumnus Award at the University of Rochester School of Medicine and Dentistry.

The University of Rochester surgery residency programs have become among the premier programs in the United States: the overwhelming majority of our graduates who have sought subspecialty training have been accepted in the most competitive fellowships in the country. Dr. Schwartz's tireless dedication to training and influencing our current and future leaders of surgery is truly inspiring. As a result of his dedication to his students, our graduates are recognized among the finest surgeons and hold distinguished careers in academics and practice that encompass research, education and patient care.

The purpose of the Dr. Seymour I. Schwartz General Surgical Residents Educational Enhancement Fund is to provide financial support to surgery residents for travel to educational meetings and international electives, and to support other educational initiatives for our residents that could not be funded otherwise. The Chair of the Department of Surgery, in consultation with the Program Director for Education, will be responsible for disbursements from this fund.

Giving to the Department of Surgery

For more information about supporting the Department of Surgery, please contact our development officer, Peggy Martin, toll free at 1-800-333-4428 or 585-273-5946 or by email at Peggy.Martin@rochester.edu.

Faculty Accomplishments

David Kaufman, M.D. Named SMD Advisory Dean of Students

David C. Kaufman, M.D. has been named Advisory Dean of Students for the University of Rochester School of Medicine and Dentistry effective July 1. He is Professor of Surgery, Internal Medicine, Anesthesia, Urology and Medical Humanities.

After graducating from Boston University School of Medicine in 1987, Dr. Kaufman completed his residency in internal medicine and fellowships in critical care medicine and medical ethics at the University of Rochester. He joined the Department of Surgery in 1993 and has been Director of the Surgical Intensive Care Unit since 1999.

Dr. Kaufman has made many contributions to medical student education, serving as Chair of the first- and second-year Medical School Instruction Committee since 2006 and Director of Bed and Bench Clerkship since 2005.

He has broad experience in clinical medicine and medical education as well as medical ethics, skills which will be valuable in advising medical students and assisting their professional development. He was chosen from a long list of his peers who sought this position because of his steadfast dedication to education.

Jacob Moalem, M.D. Inducted As a Member to the Alpha Omega Alpha Honor Medical Society

Alpha Omega Alpha Honor Medical Society (AOA), a professional medical organization, recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. Alpha Omega Alpha is to medicine what Phi Beta Kappa is to letters and the humanities and Sigma Xi is to science. The values of AOA include honesty, honorable conduct, morality, virtue, unselfishness, ethical ideals, dedication to serving others and leadership. Members have a compelling drive to do well, advance the medical profession and exemplify the highest standards of professionalism.

Congratulations to Dr. Moalem on his induction into this prestigious organization.

Dr. Karen Mustian, Ph.D. Received the Distinguished Alumni Pacesetter Award

Dr. Karen Mustian received a Distinguished Alumni Pacesetter Award from the University of North Carolina Greensboro, where she completed her Ph.D.

This award recognizes junior to early mid-career graduates who are exceptional leaders in their respective fields. Dr. Mustian was honored as a pioneer in developing the emergent field of Exercise Oncology.

She was recognized for her novel and cutting-edge research examining exercise as a treatment for toxicities experienced by cancer patients and survivors, as well as her outstanding achievements. These included obtaining over $27 million in grant funding, publishing over 100 articles, mentoring, teaching and serving in leadership roles — both nationally and internationally — for organizations such as the National Cancer Institute, American Cancer Society, American College of Sports Medicine, American Society of Clinical Oncology and Multinational Association of Supportive Care in Cancer.

Mike Rotondo, M.D. was elected President of Halsted Society

Michael F. Rotondo, M.D., F.A.C.S., CEO of the University of Rochester's Medical Faculty Group, was voted president of one of the country's leading surgical associations, The Halsted Society, at its recent annual meeting. First elected into its general membership in 2004, Rotondo will serve a one-year term, joining the ranks of some of America's prominent surgeons who have previously held this post.

Founded in 1924 to provide education and network opportunities to the then burgeoning surgical field, each year The Halsted Society's nearly 400 members meet to review and discuss the latest surgical research, and to informally guide the continued development of the academic medical surgical field. The Society takes its name from William Stewart Halsted, who helped establish a new philosophy and scientific approach for surgery at the turn of the twentieth century. Time is set aside during each annual meeting to honor the Society's namesake, as well as other important surgeons who shaped the practice of surgery.

In 2013, Dr. Rotondo was recruited back to his hometown, Rochester, where as CEO is leading UR's medical faculty group. He holds two appointments at UR's School of Medicine—Vice Dean of Clinical Affairs and Professor of Surgery—and serves as Associate Vice President for Administration at Strong Memorial, UR's 830-bed flagship teaching hospital.

- **Rachel Farkas, M.D. and Gui Christiano, M.D.** were initiated as Fellows of the American College of Surgeons.
- **Fergal Fleming, M.D.** was selected to be the recipient of the 2014 Society for Surgery of the Alimentary Tract (SSAT) Career Development Award for Clinical/Outcomes/Education Research for his proposal "Pre-Habilitation Exercise Intervention for Rectal Cancer Patients Scheduled for Surgical Resection."
- **Roan Glocker, M.D., M.P.H.** was named resident ombudsman.
- **John R.T. Monson, M.D. was:**
  - Elected to the Commission on Cancer Representing the Fellowship of the American College of Surgeons.
  - Elected to the Executive Council and to the Foundation Board of ASCRS.
- **Nicole Stassen, M.D.** was elected President of the Eastern Association for the Surgery of Trauma (EAST).

New Faculty

Adam J. Doyle, M.D., Assistant Professor of Surgery, received his BS in Biological Sciences from Cornell University with a concentration in Animal Physiology.

Dr. Doyle then earned his medical degree with distinction in research from the University of Rochester School of Medicine and Dentistry.

After medical school, Dr. Doyle completed a residency and research fellowship in vascular surgery at the University of Rochester Medical Center. He is currently a Certified Registered Physician in Vascular Interpretation and is licensed to practice medicine and surgery in New York.

Dr. Doyle's surgical interests center on the comprehensive treatment of all aspects of arterial and venous vascular disease including the medical, catheter-based and traditional surgical treatments.

Roan Glocker, M.D., M.P.H., Assistant Professor of Surgery, is a native of Rochester. He received his BS in Cell and Molecular Biology from Tulane University. He then earned a Masters of Public Health degree from Dartmouth College.

Dr. Glocker went on to earn his medical degree from the State University of New York Upstate Medical University. As a resident in the Department of Surgery at the University of Rochester Medical Center, Dr. Glocker received the Best Chief Resident as Teacher Award. He completed a fellowship in vascular surgery and endovascular therapy at the University of Alabama.

Dr. Glocker's areas of special interest include both open and endovascular treatment of cerebrovascular, aortic and lower extremity arterial disease, as well as management of venous and lymphatic conditions.

Juan M. Lehoux, M.D., Assistant Professor joined UR Medicine Heart & Vascular after completing a fellowship in congenital cardiac surgery at Texas Children's Hospital/Baylor College of Medicine in Houston, Texas.

Dr. Lehoux completed his general surgery residency at the Cleveland Clinic and Riverside Methodist Hospital in Columbus, Ohio. He then went on to the University of Rochester Medical Center, where he completed his cardiothoracic surgery training.

Dr. Lehoux's clinical interests include adult, congenital and pediatric cardiac surgery with special interest in surgical management of heart failure in both adults and children. He is board certified in general and thoracic surgery and is board eligible for congenital cardiac surgery certification.

Irfan Rizvi, M.D., Assistant Professor of Clinical Surgery, is board certified in surgery and colorectal surgery. He attained his Bachelor of Medicine and Bachelor of Surgery degrees from Aga Khan University Medical College (Pakistan), and completed his fellowship at the Royal College of Surgeons (England). Dr. Rizvi's U.S. training included Buffalo General Hospital, West Virginia University Spectrum Health/Michigan State University.

Dr. Rizvi's special interests include gastrointestinal conditions and cancer. He has published and presented numerous papers on surgical and cancer-related topics.

Yanjie Qi, M.D., Assistant Professor earned her medical degree at the University of Rochester.She completed her residency in general surgery at the University of Rochester Medical Center. Dr. Qi completed a fellowship in surgical critical care at the University of Rochester Medical Center.

She is board certified in general surgery and is an Associate Fellow of the American College of Surgeons. Dr. Qi's special interests and expertise include general surgery, trauma surgery, acute care surgery and critical care medicine.

Christopher Scibelli, M.D., Associate Professor of Clinical Surgery, received his medical degree at Temple University School of Medicine. Dr. Scibelli later completed his residency in general surgery and was the chief resident at Christiana Care Health Services in Wilmington, Delaware. He completed his fellowship in vascular surgery at Eastern Virginia Medical School in Norfolk, Virginia.

Dr. Scibelli is board certified in general and vascular surgery. He is a fellow of the American College of Surgeons and a member of the Society for Vascular Surgery and Society for Vascular Ultrasound. His special interests and expertise include critical limb ischemia, cerebrovascular disease, complex venous disease, thoracic outlet syndrome and spine exposure surgery. Dr. Scibelli is retired from the U.S. Navy Medical Corps after serving for 20 years.

Charles Kamen, PhD, Assistant Professor, received his Doctor of Philosophy degree in Clinical Psychology from the University of Georgia and a Master of Public Health degree from the University of Rochester. He has a strong background and training in behavioral medicine, health disparities, and interventions for diverse couples and dyads. He leads the Health Disparities research effort in the University of Rochester NCI Community Oncology Research Program (NCORP) Research Base.

Dr. Kamen's research has focused on factors that lead to health disparities among sexual and gender minority populations, specifically disparities in cancer-related health outcomes and psychological distress.

Ashely Amalfi, M.D., Assistant Professor of Surgery at the University of Rochester Medical Center. She received her medical degree from the University of Rochester and completed her residency in Plastic and Reconstructive Surgery at the Southern Illinois University School of Medicine in Springfield, Illinois.

She will be joining the Division of Plastic Surgery and the Comprehensive Breast Center at Pluta as part of the plastic reconstructive team in January 2016.

Surgical Health Outcomes & Research Enterprise (SHORE)

SHORE Receives National Award

Surgical Health Outcomes & Research Enterprise (SHORE) is a center designed to develop new and enhance existing research efforts through one integrated, multi-disciplinary program. This enterprise aims to identify the most effective ways to organize, manage, finance, and deliver high quality care, while reducing medical errors, controlling costs, and improving patient safety and experience. This is achieved through institutional, regional and national collaborations among clinical and translational researchers, public health and policy organizations, community partners, payers, patient advocacy groups and other stakeholders. In addition to partnering with UR Medicine departments and organizations, SHORE also has regional, national, and international collaborators including leading academic institutions, regional healthcare systems, payers, community providers, professional and non-for-profit organizations, and public health departments.

Within the mission and vision of the University of Rochester Medical Center (URMC), lie the goals of the Surgical Health Outcomes and Research Enterprise. These goals are to transform the field of Health Services Research among surgical disciplines in an effort to improve the delivery of clinical care through collaborative comparative effectiveness research efforts and health technology development.

SHORE has established a two–year fellowship where surgical residents, under the mentorship of leading institutional and national experts, acquire clinical and translational research skills and have an opportunity to participate in real-life quality improvement projects. Upon completion of the fellowship, a Master's in Public Health and Research degree is earned. Since its inception, SHORE has successfully trained seven residents, three Ph.D. students and 16 pre-doctoral trainees.

SHORE is led by Drs. John R.T. Monson, Director; Katia Noyes, Scientific Director; and Fergal Fleming, Clinical Liaison & Mentor. Dr. Katia Noyes, Ph.D., M.P.H, an expert on team-based care and development of financially sustainable population-wide health programs, recently received an Engagement Award from the Patient Centered Outcomes Research Institute (PCORI) to support her novel program of regional cancer survivorship care delivery. The program addresses the needs of underserved cancer patients through the use of virtual technology and multidisciplinary team-based care. This award is the first of its kind for URMC.

Katia Noyes, Ph.D., M.P.H.
Scientific Director of SHORE

Quality Assurance

Quality is our Top Priority

In the Department of Surgery, our single most important priority must be providing the highest level of quality and safety in patient care. However, this represents one of the most daunting challenges our Department faces.

Many factors influence patient outcomes, from even before a patient has the first contact with a surgeon. These include the challenges of numerous visits to different clinics, a potential hospital stay with interventions and procedures and safely transitioning back to the community for clinic follow-up and discharge. Some of these factors are clearly not within the control of a surgeon or the surgical team, but many require our focused and dedicated attention.

Surgery in the 21st century has become a team sport more than any other time in the past. For patients to experience the very best outcomes, we all need to learn the art of teamwork and remember the famous aphorism that, "No man is an island."

Our Quality and Safety Office leads a group of highly skilled and dedicated staff members who have dramatically changed the profile of the program through their hard work and expertise. Due in large part to their efforts, the Department of Surgery now has the most sophisticated and well-developed program of quality and safety within UR Medicine.

Our National Surgical Quality Improvement Program (NSQIP) has grown significantly in the last two years with our expansion into other specialties including orthopaedics, neurosurgery, gynecology, ENT and urology. In addition, our pediatric NSQIP has become one of our most successful ventures, receiving national recognition. NSQIP has also provided fertile ground for academic initiatives within Surgery. Dr. Fergal Fleming has been highly successful in developing the Upstate New York Surgical Quality Initiative (UNYSQI), a collaborative program that now includes 18 hospitals. Numerous papers and presentations have emerged from our quality program – and there is much more to come.

However, there is still an enormous amount of work to do to improve outcomes in several areas. For example, we are constantly challenged with reducing the rates of surgical site infections (SSIs). This is no easy task and requires ownership by every member of the Department, from the front office staff to the surgeon undertaking the operation. None of this work would be possible without the substantial financial support from hospital leadership. In addition, we receive unwavering support from Dr. Robert Panzer, Chief Quality Officer & Associate Vice President and Dr. Raymond Mayewski, Chief Medical Officer and their teams in developing guidelines, protocols and order sets. Yet, change will only ultimately come from within the Department – and each and every Division has an important job to do. Now is the time for "Leaders to Lead" and commit to making our patient care the best available choice, whether it be locally, regionally or nationally.

John R.T. Monson, M.D.,
Vice Chair for Quality Outcomes and
Amy Matroniano, M.S., R.N., CPHQ
Senior Administrator for
Surgical Quality Outcomes

Education

The University of Rochester Medical Center is internationally recognized as a leader in education, research and patient care. The School of Medicine and Dentistry has a long history of excellence in medical education.

The University received an unprecedented six-year institutional accreditation for sponsorship of our residency and leadership programs from the Accreditation Council for Graduate Medical Education (ACGME). The University of Rochester Medical Center's program was the first Graduate Medical Education program in the nation to receive this A+ ranking.

The Department of Surgery strives to be recognized as a premier academic surgical education program with outstanding outcomes at all levels of training. Since 1927, the University of Rochester Medical Center has helped develop outstanding surgeons.

"The general surgery residency program is designed to grow exceptional, well-rounded, leaders in surgery. Our five-year training program offers a unique combination of surgical practice, complemented by both basic science and clinical research to achieve an unparalleled level of excellence in all aspects of the care of the surgical patient. All of our graduates have been exposed to basic science, clinical investigation and broad-based comprehensive practical experience – leading to improved surgical practices and the most effective care a patient could hope for," says Rabih M. Salloum M.D., M.P.H., FACS, Associate Professor of Surgery & Oncology and Director, General Surgery Residency Program.

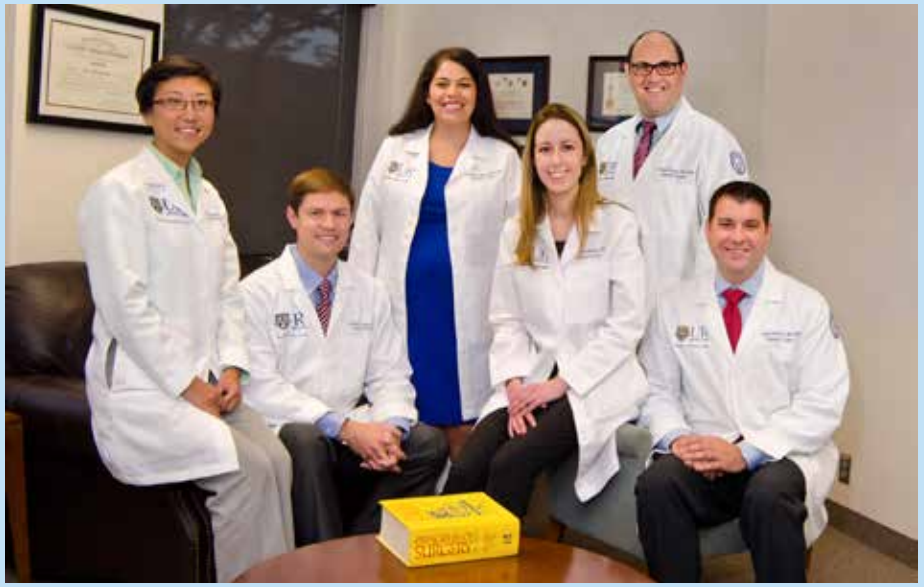
The Department embraces education as a fundamental core mission. All faculty are expected to fully participate in the educational efforts of the Department. The Department, which offers four ACGME approved residency programs in general surgery, cardiothoracic surgery, plastic surgery and vascular surgery and one ACGME-accredited fellowship program in surgical critical care. The Department also sponsors an ACGME-approved fellowship in surgical oncology in affiliation with Roswell Park Cancer Institute. In addition, there are two Society/Departmental-based fellowship programs in bariatric surgery and colon and rectal surgery.

Plastic Surgery Chief Residents

Peter Koltz, M.D.

Chester Mays, M.D.

General Surgery Chief Residents



Linda Ding, M.D. Completed Surgical Care Fellowship 2013-2014

Michal Lada, M.D Esophageal lab research 2012-2014; active in the 4+3 program – 4 years general surgery + 3 years Cardiothoracic surgery

Rosanna Guzman-Curtis, M.D., M.P.H. Completed Surgical Care Fellowship 2013-2014

Heidi Schubmehl, M.D. Upon graducating will start a cardiothoracic fellowship at NYU

Aaron Rickles, M.D., M.P.H. S.H.O.R.E. Research 2011-2014; Upon graduating, will start a colorectal fellowship at Cleaveland Clinic - Florida

James Iannuzzi, M.D., M.P.H. S.H.O.R.E. Research 2011-2013; Upon graduation will start a vascular surgery fellowship at MGH

Cardiac Surgery Chief Resident

Vakhtang Tchantchaleishvili, M.D.

Vascular Surgery Chief Resident

Xzabia Caliste, M.D.

Resident Scholarship

1st Year Residents

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Aquina CT, Rickles AS, Probst CP, Kelly KN, Deeb AP, **Iannuzzi JC**, Noyes K, Langstein HN, Monson JRT, Fleming FJ. Visceral obesity, not elevated BMI, is strongly associated with incisional hernia after colorectal surgery. Diseases of the Colon & Rectum. 2015; 58(2): 220-227.

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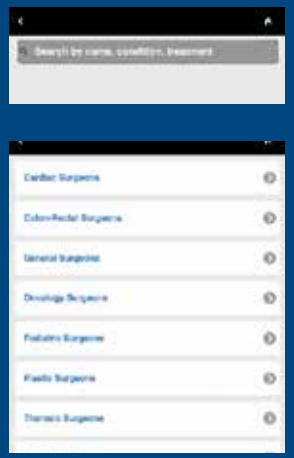

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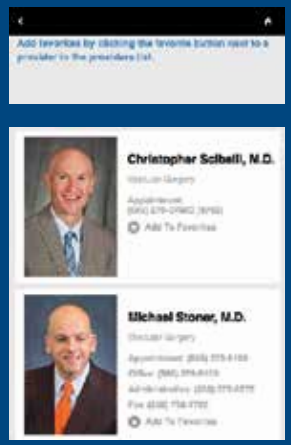

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For More Information about the Department of Surgery, contact:

David C. Linehan, MD
Seymour I. Schwartz Professor and Chairman

UR Medicine Surgery
601 Elmwood Avenue, Box Surg
Rochester, NY 14642

Phone: 585-275-2725
Fax: 585-275-8513

Website: www.surgery.urmc.edu
Mobile APP: https://surgery.urmedicine.org

Other Contact Information

Acute Care Surgery	585-275-3022
Bariatric Surgery	585-341-0366
Cardiac Surgery	585-275-5384
Colorectal Surgery	585-273-2727
Hepato-Pancreato-Biliary and Gastrointestinal (HPB-GI) Surgery	585-275-1611
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Department of Surgery
601 Elmwood Avenue
Rochester, NY 14642