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LIVER AND PANCREAS SURGERY PROGRAM DELIVERS QUICK SERVICE, ACCESSIBILITY

Patients who need liver, gallbladder or pancreatic surgery receive prompt, fully coordinated treatment and some of the most advanced options available from experts at Upstate University Hospital.

Dilip Kittur, MD, and Ajay Jain, MD, both of whom previously worked in the Johns Hopkins University hospital system, have nationally recognized credentials in hepatobiliary surgery, transplantation and surgical oncology. They lead the only comprehensive liver and pancreas surgery program in the 17-county Central New York region, performing surgery for malignant and benign conditions of the liver, pancreas, gallbladder, bile ducts and duodenum.

The surgeons strive to be easily accessible and to develop good working relationships with referring physicians and patients. Most oncology patients get first consultation appointments within five business days, and other patients usually are seen within seven business days. For those who require surgery, the median time from the first visit until the operation is 17 business days.

Patients get the benefit of a multidisciplinary approach. That means a nurse navigator coordinates and minimizes their appointments — which may

involve interventional radiologists, medical and radiation oncologists, gastroenterologists or other specialists in addition to the surgeons.

Upstate offers minimally invasive and robotic procedures, relatively new options for treating cancers and other disorders of the liver, pancreas and bile ducts. This helps speed recovery time and lessen scarring.

After a patient's treatment, the nurse navigator coordinates long-term follow-up care, which includes access to physical therapy, social services, nutritional services, pain services, psychosocial support and other needs.

Both Kittur and Jain have faculty appointments at Upstate. In addition to caring for patients, they teach medical students, residents and other health professionals. They are active in research, too. Together they are conducting a clinical trial on a novel way to patch one of the arteries most at risk for bleeding during a particular surgery involving the pancreas, duodenum and other organs.

Contact the Hepatobiliary and Pancreatic Surgery program at 315-464-6297. ■

A NEW SIGN OF BLADDER CANCER?

Upstate urologists Timothy Byler, MD, and Imad Nsouli, MD, who also see patients at the Syracuse VA Medical Center, care for many patients who have been referred as a result of incidentally found genitourinary disease.

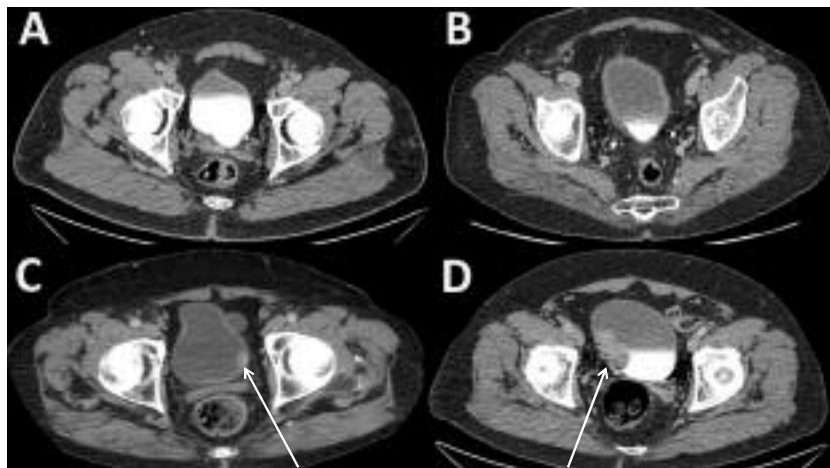
One afternoon in the office, the two urologists noticed several referrals for isolated bladder wall thickening in the absence of other genitourinary disease. The medical literature contained only one case report and one small series offering no guidance on the proper workup.

Radiologists often see bladder wall thickening while viewing abdominal and pelvic CTs ordered for unrelated complaints, and this has become more common as more computerized tomography scans are performed. More than 80 million CT scans are done annually, compared with fewer than 3 million in 1980, according to Consumer Reports.

Bladder wall thickening may mean a bladder mass, focal bladder wall thickening or diffuse bladder wall thickening. As can be seen in the above pictures, a bladder mass has an element that enters the bladder lumen, but focal bladder wall thickening does not. In diffuse bladder wall thickening, the entire bladder wall is uniformly thicker than usual.

To investigate the significance of these incidental bladder wall abnormalities, Byler and Nsouli built a database of more than 2,400 cystoscopies performed over a 5-year period. Patients who had undergone cystoscopy for blood in the urine, bladder cancer, prostate cancer, or urinary tract infections were excluded. The final study comprised 40 patients who underwent cystoscopy for isolated CT findings of bladder wall thickening.

Expecting the cystoscopy performed in these patients would be negative, the urologists were surprised that nearly 15 percent of the patients were found to have bladder cancer. In addition, half of those patients had a higher risk form of bladder cancer. The cystoscopy may have saved their lives.



A. Shows the normal bladder appearance. Among radiographic bladder wall abnormalities are B. diffuse bladder wall thickening, C. focal bladder wall thickening and D. bladder mass.

Research by a pair of Upstate urologists suggests that patients without blood in the urine or urinary symptoms may need urologic evaluation for bladder cancer based on incidental urinary bladder wall CT findings. Their work appears in the February issue of the journal, Urology.

Byler and Nsouli then calculated the risk of cancer based on the different CT findings:

- The most suspicious finding is a bladder mass, which carries a 50 percent chance of being cancer.
- None of the patients with focal wall thickening were found to have cancer.
- Almost 20 percent of those patients with diffuse bladder wall thickening had bladder cancer.

Physicians often dismiss diffuse bladder wall thickening, believing the growth is due to a long term enlarged prostate.

“This data suggests that patients with bladder wall thickening reported should undergo cystoscopy to exclude cancer. If your patient’s CT report comes back with bladder wall thickening, get a urologic consult,” Byler said.

The journal Urology published Byler and Nsouli’s paper on this subject in February.

Reach Byler and Nsouli for consultations by calling 315-464-1500. ■

MINIMALLY INVASIVE OPTIONS AVAILABLE FOR SALIVARY GLAND SURGERY

Mark Marzouk, MD, is one of the few surgeons in New York who is able to offer a minimally invasive alternative to salivary gland surgery, and he is Upstate's new division chief of head and neck oncologic surgery.

Marzouk is trained in a procedure called sialendoscopy, an endoscopic procedure that allows the surgeon to simultaneously detect, diagnose and treat inflammatory and obstructive disorders of the salivary ductal system without having to remove the salivary gland.

Sialolithiasis, or salivary stones (calculi), is the most common disorder treated with this technique. Other disorders that can benefit from sialendoscopy include stenosis, radioactive iodine-induced sialoadenitis, and recurrent juvenile parotitis. Marzouk also specializes in transoral robotic surgery and minimally invasive thyroid and parathyroid surgery.

He said sialendoscopy is a simple and safe alternative to traditional surgery, which requires removal of the salivary gland made through an incision in the neck. The less invasive procedure allows patients to maintain the normal function of their salivary glands.



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Mark Marzouk, MD

HOW TO LOCATE CLINICAL TRIALS

Upstate Medical University offers a searchable database of active clinical trials.

From the Upstate.edu home page, click on "research." Find the "clinical trials for volunteers" link on the right. Scroll to the bottom of that page and click on "Upstate active clinical trials."

Search by category (arthritis, kidney disease, rheumatology, etc.) or by name of the principal investigator. You can also type in keywords or identification numbers for a specific trial.



A sample of two that are recruiting:

- Neurologist Amy Sanders, MD, is the principal investigator for a multi-center study of a new Alzheimer's drug. She is seeking men and women from 55 to 85 years of age with a diagnosis of mild to moderate Alzheimer's who are taking donepezil or rivastigmine. Those with significant cardiac, hepatic or renal impairment cannot participate. However telephone pre-screening is available to discuss eligibility.

The trial is designed to evaluate the efficacy of a drug known as T-817MA and its safety and tolerability. Contact Andrea McGlond for details at 315-464-4998 or mcglonda@upstate.edu or <http://www.NOBLEstudy.org> for more information.

- Stephen Faraone, PhD, seeks families with one or more children between the ages of 6 and 12 who are either developing typically or with mental health concerns. The project for which he is principal investigator is looking for better ways to identify, understand and treat behavioral and emotional concerns in children.

To participate, parents and children will complete questionnaires, play some computer games and provide DNA samples. Sarah Van Orman has details at 315-464-3289 or vanormas@upstate.edu ■

LASER REMOVES OBSTRUCTIVE PORTION OF ENLARGED PROSTATES

A minimally invasive surgery that treats enlarged prostates is now available at Upstate University Hospital's community campus. The procedure, called holmium laser enucleation of the prostate (HoLEP), uses a high-powered laser to remove the obstructive portion of an enlarged prostate in its entirety.

An enlarged prostate can affect the flow of a man's urine and create urgency and frequency issues that can impact his daily activities and sleep. The condition is diagnosed through history, physical exam, ultrasound, urodynamic studies, uroflow and other in-office tests. Medications can offer temporary relief from the symptoms, and typically, non-surgical treatment options are prescribed before surgery is offered.

"For many men, taking medicine for this condition isn't something they want to do long term, and for other patients, the medications may not be effective," said Jessica Paonessa, MD, an assistant professor of urology at Upstate who offers the procedure. "In these cases, the next step is to remove the obstructive tissue surgically."

To accomplish this, the surgeon accesses the prostate through the urethra and uses a laser to separate the obstructive tissue from the original prostate.

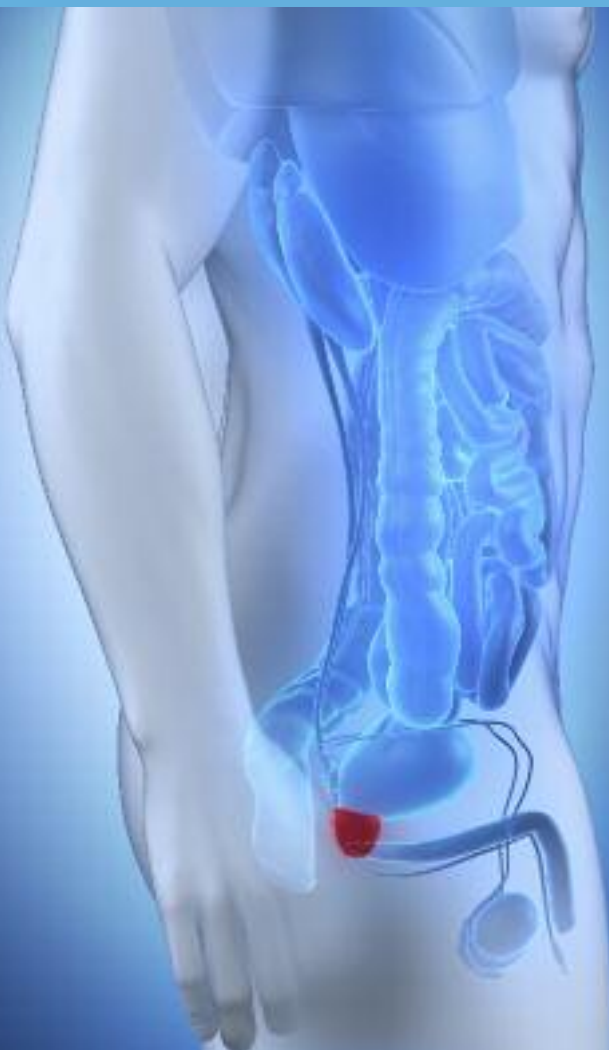
The laser features exact precision, yielding minimal postoperative bleeding for the patient. After the laser's work, a device called a morcellator cuts the tissue into small pieces and extracts it using suction. Through this unique system, all of the removed tissue is preserved and sent to pathology for examination.

"Unlike other transurethral prostate surgeries, HoLEP is an anatomic dissection," said Paonessa. "This allows for a thorough cleanout of the blocking tissue and offers patients many benefits."

Afterward, the prostate, which is left intact, retracts to its original size and allows the patient to regain the ability to urinate without difficulty. Patients remain in



Jessica Paonessa, MD



the hospital for approximately 24 hours and are able to return to their daily activities without restrictions in 7 to 10 days.

Paonessa said the procedure has a low reoperation rate and an even lower rate of blocking tissue regrowth.

"The results of the surgery are long-lasting, and patients experience life-changing results," she said. "They can travel, sleep through the night and return to their normal daily activities."

Candidates for the procedure are men of any age who have an enlarged prostate. The HoLEP procedure can also be performed on most patients with comorbidities.

Paonessa is fellowship-trained in kidney stone surgery, and specializes in complex stone disease and metabolic management for kidney stone prevention.

Reach Paonessa for referrals by calling 315-464-1500. ■

ROBOTIC SURGERY OPTIONS EXPAND AT COMMUNITY CAMPUS

The new da Vinci Si surgical system at Upstate University Hospital's community campus gives patients more advanced surgical treatment options.

James Alexander, MD, performed the first procedure — a robotic-site hysterectomy — using the new technology. It was the first-ever single-site procedure at the community campus.

"The robotic platform offers benefits to the surgeon, but more importantly it is in use for the betterment of the patient," said David Halleran, MD, chief of surgery at the community campus. He said the evolving technology allows for single-site procedures, which offer patients a more cosmetic approach by limiting the number of incisions and reducing the time a patient is in surgery. Compared with open surgery, robotic procedures typically have less blood loss and less pain, shorter recovery times and a faster return to normal daily activities.

During a robotic procedure, the surgeon is seated at a console and views a high-resolution image of the surgical site, where small instruments and a high-definition camera are inserted via small incisions. From the console, the surgeon controls the instruments using precise micro-movements.

Acquired in early February, this system replaces the original da Vinci which was installed in 2008. The newly installed da Vinci Si offers improved picture quality and is more user friendly for the surgeon. It also provides ergonomic benefits by way of the console, which helps to reduce fatigue for the surgeon.



David Halleran, MD

In addition to single-site hysterectomies, the da Vinci System also enables surgeons to perform single-site gall bladder removals. Surgeons are also doing hernia repairs, bariatric surgeries, prostate removals, pelvic prolapse surgeries and a variety of operations on the kidney and bladder using the da Vinci.

"With this acquisition, the community campus is staying current with new technology," Halleran said. "This technology helps Upstate teach future generation of surgeons and offer patients more surgical options."

Refer patients to robotic surgery by calling 315-492-5940. ■

ANESTHESIA TEAM SPECIALIZES IN PAIN RELIEF

A team of specialty-trained anesthesiologists now offer outpatient pain treatment services at Upstate University Hospital's community campus. These consist mostly of injections and intrathecal pump refills for patients with chronic pain.

The procedure room in the hospital's surgical suite has been outfitted with equipment that allows for precise placement of needles and medications next to the anatomic structures that play a role in chronic pain states. This includes a C-arm and ultrasound. The C-arm allows providers to see a patient's bones through X-ray in real time. Ultrasound allows providers to see cross sections of muscles, blood vessels and nerves beneath the skin in real time.

Surgeries to install pain pumps are still done at Upstate University Hospital's downtown campus, but outpatient services are now available at the community campus in addition to the Chronic Pain

MOST PATIENTS ARE TREATED FOR:

- chronic neck pain,
- chronic low back pain,
- chronic arthritic pain in the shoulders or knees, or
- nerve pain from diabetes, shingles or central nervous system disorders

Treatment Center at the Upstate Bone and Joint Center in East Syracuse.

The pain service is under the direction of Sebastian Thomas, MD, professor and chair, Department of Anesthesiology and Pain Medicine, and assistant professors of anesthesiology Brendan McGinn, MD, Vandana Sharma, MD, and Parikshith Sumathi, MD.

For referrals: Reach the Chronic Pain Treatment Center at 315-464-4259. ■

UPSTATE IN THE NEWS

Upstate earned the CEO Cancer Gold Standard re-accreditation for maintaining a strong commitment to the health of its employees and satisfying the latest, comprehensive requirements of the Gold Standard. "Employee wellness programs are more than just nice perks. Wellness promotion can lead to reduced absenteeism and health care costs, and increased productivity," said **Bruce Simmons, MD**, medical director of Upstate's Employee and Student Health. The CEO Roundtable on Cancer, a nonprofit organization of health-minded chief executive officers, developed and administers the employee wellness framework based on taking concrete actions to address cancer in the workplace.

Three Upstate experts were tapped to serve on a task force examining the pediatric mental health care options for children and adolescents throughout Central New York. Social worker **Jennifer March**, nurse **Linda McAleer** and psychiatrist **Robert Gregory, MD**, will team with colleagues throughout the region to understand the needs across 17 counties. U.S. Rep. John Katko and Assemblyman Bill Magnarelli created the task force.



Identical twins who earned their medical degrees from Upstate in May plan to pursue family medicine and will do their residencies at St. Joseph's Hospital Health Center. **Matthew Siegenthaler, MD**, and **Michael Siegenthaler, MD**, were among 181 students graduating from Upstate's College of Medicine this year.

Upstate geriatrics expert **Sharon Brangman, MD**, has been named one of the State University of New York's Distinguished Service Professors. This is the highest rank in the university system, conferred upon faculty who have achieved national or international prominence and a distinguished reputation within the individual's chosen field. Brangman is known at Upstate for her work ethic and modest demeanor.



William J. Brunken, PhD, received a \$2.2 million grant from the National Institutes of Health for a 5-year study investigating the role of extracellular matrix in retinal development and disease. Brunken is vice chair for research for the Department of Ophthalmology and the director of the department's Center for Vision Research.

Two longtime faculty members have been appointed to lead two key clinical departments at Upstate. **Luis Mejico, MD**, professor of neurology and ophthalmology, now chairs the Department of Neurology, and **Sebastian Thomas, MD**, professor of anesthesiology, has been named chair of the Department of Anesthesiology.

Upstate Medical University alumnus **Andrew Gurman, MD**, an orthopedic hand surgeon from Hollidaysburg, Pa., is the new president-elect of the American Medical Association. He will assume the office of AMA president in June 2016. Gurman received his medical degree from Upstate in 1980.



All of Upstate University Hospital's former chief executives gathered at the hospital in June for a ceremony honoring their service and renaming the main lobby after James H. Abbott, the CEO when the hospital opened its doors in 1964. In attendance in addition to Abbott were Thomas J. Campbell, who served from 1973 to 1985, James L. Rosenberg, who served from 1986 to 1993, Ben Moore III, who served from 1994 to 2005, Phillip S. Schaengold, who served from 2005 and 2009 and John McCabe, MD, the current CEO.

At left: Honorees James Abbott and Thomas Campbell — friends and colleagues who had not seen each other in 30 years — share a laugh during an interview at the Upstate Cancer Center.

SALIVARY GLAND SURGERY,

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“Our ability to visualize and treat the specific cause of the inflammation or obstruction allows us to save the salivary gland, leaving the patient with no external scars and at a no risk of facial nerve injury, as opposed to open surgery,” Marzouk said. “Other benefits include less recovery time, same day discharge, and the resumption of normal activity the next day.”

Marzouk uses a Marchal endoscope to perform the procedure. The scope is connected via fibro-optic cable to a high definition camera, allowing images of the ductal system to be projected on to a monitor for optimal visualization. Other micro instrumentation that can be used through the scope include balloon dilators, forceps, special baskets for stone retrieval and laser fibers that are used to break up larger stones.

During the procedure, the scope is passed through the affected gland through its opening in the mouth. The scope includes a rinsing system that flushes the

gland with saline solution and local anesthetic, giving the surgeon greater visibility of the ductal system and offering the patient greater comfort. Depending on the severity of the condition, the procedure can be performed as an outpatient procedure using local anesthesia or in the operating room using general anesthesia. The procedure is usually completed in 20 minutes but can take up to an hour based on its complexity. Francis Marchal, MD, PhD, of Geneva, Switzerland, pioneered the procedure more than 20 years ago.

The procedure is performed on one of two major glands that comprise the salivary glandular system—the parotid gland in the upper part of each cheek or the submandibular gland under the jaw.

Marzouk and colleagues published a paper describing the robotic approach to large submandibular gland stones in the May issue of the journal, *The Laryngoscope*.

Marzouk is accepting new patients. Call 315-464-8668 to make an appointment. ■