



Clinical Update

March 2006

#1 Consumer Choice

Health care consumers have ranked University Hospital as the region's leader in quality and image, according to the National Research Corporation.

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In the Right Hands

Technology like the da Vinci robot can revolutionize surgery – if the surgeon has the necessary expertise and experience. University Hospital surgeons excel in minimally invasive approaches to heart, prostate, lung, urologic and joint replacement procedures.

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New Endovascular Options

Now FDA-approved, noninvasive carotid stenting is offered at University Hospital for patients at high surgical risk. Stenting is also an option for thoracic aneurysm repair.

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THE ACADEMIC DIFFERENCE

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SUNY UPSTATE MEDICAL UNIVERSITY
& University Hospital Syracuse, New York

National Research Corp. Names Top Hospitals

University Hospital: #1 in quality and image

The National Research Corporation (NRC) recently released its report on the nation's top hospitals as determined by its 2005/06 Consumer Choice study. The survey of Syracuse-area health care consumers notes that University Hospital is ranked number one for overall quality and image.

The award identifies hospitals which health care consumers have chosen as having the highest quality and image in 180 markets throughout the U.S.

NRC Chief Executive Officer Michael D. Hays said winners are determined by consumer perceptions on multiple quality and image ratings collected in the company's annual NRC Healthcare Market Guide® study. Of the 3,000 hospitals named by consumers in the study, the winning facilities rank highest in their Metropolitan Statistical Areas (MSAs), as defined by the U.S. Census Bureau.

"Consumers play an increasing role in selecting their health care facilities and services," Hays said. "As more health care quality information is made publicly available, we expect this trend to increase. These organizations are selected for the Consumer Choice Awards by the community residents they serve. We are



University Hospital ranked number one for overall quality and image, according to National Research Corporation's 2005/2006 Healthcare Market Guide survey of Syracuse-area health care consumers.

pleased to honor these facilities for their leadership in the delivery of quality health care."

The 2005/06 Healthcare Market Guide is the nation's largest and most comprehensive study of its kind. No other study used to measure hospital performance

and preferences contains more consumer responses than NRC's study. National Research Corporation is an industry leader, with more than two decades of experience in health care performance measurement and improvement.

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Minimally Invasive Surgery

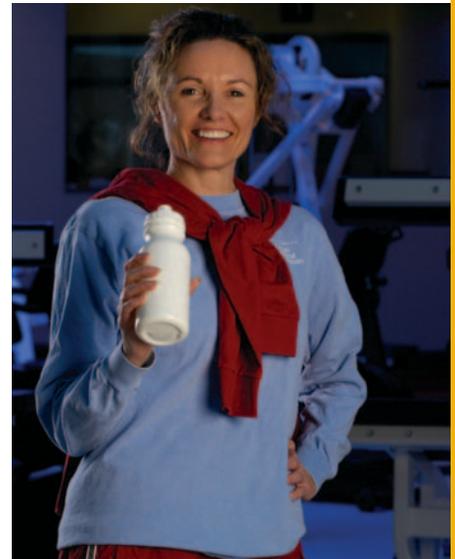
The Experience Factor

Informed patients should ask two key questions when considering minimally invasive surgery: how will it improve my surgical experience and – even more critical – how experienced is the surgeon?

Minimally invasive procedures, including but not limited to robotic-assisted surgery, can dramatically reduce the patient's incision size, hospital stay, postoperative pain and recuperation. But these benefits, and the success of the surgery itself, are closely tied to the surgeon's training and experience with new technology. This is where University Hospital surgeons – the surgeons who train other surgeons – excel.

Minimally invasive surgery dates back to the 1980s, but its techniques are continually refined. The latest technology requires intense training and continuous practice. University Hospital surgeons train under surgeons who pioneered these breakthrough procedures. University Hospital surgeons are fully credentialed. They train residents and surgeons in other cities. In increasing numbers, they are fellowship-trained in minimally invasive procedures.

Two years ago, University Hospital was the first Central New York hospital to use the da Vinci® Surgical System. Today it ranks 66th among the top 100 robotic-assisted cardiac surgery programs in the world, according to the da Vinci manufacturer, Intuitive Surgical Inc.



Linda Breckheimer of Liverpool was walking the next day, and working out at full speed seven weeks after robotic-assisted heart surgery by Charles Lutz MD, the most experienced user of the da Vinci® robot in CNY.

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Minimally Invasive Surgery

- Heart
 - Prostate/
Urologic
 - Lung
 - Joint
Replacement
- ...and many
more procedures

The



Charles Lutz MD

Cardiac Surgery

The first CNY cardiac surgeon to operate with the revolutionary da Vinci Surgical System® is University Hospital's Charles Lutz MD, assistant professor of surgery. Since early 2004, he has been performing **mitral valve repair, single vessel coronary artery bypass, atrial septal defect repair and pacemaker lead insertion**. Due to his high-volume da Vinci experience, Lutz proctors other U.S. surgical teams tackling their first robotic-assisted procedures.



Gabriel Haas MD

Robotic Prostatectomy

The da Vinci system is ideal for difficult-to-access surgical sites such as the prostate. The first Syracuse urologist to offer robotic-assisted **prostatectomy** is University Hospital Professor of Urology Gabriel Haas MD, who is fellowship trained in urological cancers and chair of the Department of Urology.

In 2004, Dr. Haas devoted a six-month sabbatical to studying robotic prostatectomy at leading sites around the world. "It is very unusual for a clinician to take such a sabbatical," he admits. "But I did not want to subject my patients to a learning curve."

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Experience Factor



Ali Moinzadeh MD

Urologic Cancers

Most urology-related cancers can now be treated with minimally invasive procedures, according to University Hospital urology surgeon and Assistant Professor of Urology Ali Moinzadeh MD, who recently completed a two-year fellowship in laparoscopic and robotic surgery at the Cleveland Clinic.

Dr. Moinzadeh uses laparoscopic and/or robotic technology for cancers of the **adrenal glands, kidneys, prostate, testicles and bladder.**

“Minimally invasive approaches can dramatically reduce the trauma of procedures such as nephrectomy (removal of a kidney), considered one of the most painful surgeries,” says Dr. Moinzadeh.



Elisabeth Dexter MD

Lung Cancer

For early-stage lung cancer and benign lung disease, Assistant Professor of Surgery Elisabeth Dexter MD is the first CNY surgeon to offer minimally invasive thoracic lobectomy, a less traumatic alternative to traditional lung surgery. Also known as video-assisted thoracic (VAT) lobectomy, it has been proven to be as effective as the open procedure with regard to lung cancer survival.

“VAT lobectomy dramatically reduces incision size, recovery time and the need for pain medication. And there is no need to divide all of the large muscles or cut a rib to reach the lung,” Dr. Dexter explains. “**The patient is spared much of the trauma of chest surgery.**”



Michael Clarke MD

Joint Replacement

Hip and knee replacements often entail a long road to recovery, but the road can be shorter and smoother with minimally invasive approaches, according to orthopedic surgeon and Assistant Professor Michael Clarke MD, MA, FRCS.

Dr. Clarke offers **minimally invasive hip and knee replacement** solutions and is the pioneer of a new minimally invasive approach through the upper, inner thigh that divides no muscles or tendons and in which the incision is completely hidden. Fellowship-trained Dr. Clarke also offers the **bone-conserving procedure known as total hip resurfacing.** “It’s ideal for younger, more active patients who may later need total hip replacement,” Dr. Clarke reports.

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Minimally Invasive Stenting

Expands Vascular Surgery Options

Carotid Stenting

For high-risk patients with severe carotid stenosis, University Hospital offers minimally invasive carotid stenting, performed by vascular surgeon Michael Costanza MD and neuro-interventional radiologist Amar Swarnkar MD.

The procedure – carotid angioplasty with stenting – was FDA-approved in 2005 for patients with coexisting conditions, such as severe heart or lung disease, respiratory problems, neck scarring and other severe medical problems.

The procedure utilizes a nickel-titanium stent that is placed inside the blood vessel and guided with the aid of x-rays to the narrowed carotid artery. The crush-resistant stent pushes the blockage to the outer vascular wall, restores normal blood flow – and includes an emboli protection device to retrieve any clots that might dislodge during the procedure.

Well-Tolerated

Carotid endarterectomy, an open surgical procedure, continues to be the treatment of choice for severe carotid artery stenosis, according to Dr. Costanza. But for patients at high surgical risk, carotid stenting provides an alternative to medical management. “Stenting the carotid artery entails less medical and cardiac risk than surgery,” he reports. “It does not require an incision, and it can usually be performed under local anesthesia. Patients recover quickly, and the stent is proving to be very durable.”

SAPPHIRE Study

Clinical trials have found outcomes from carotid stenting comparable to surgery outcomes in terms of stroke, with a lowered incidence of heart complications in patients who receive the stent.



Assistant Professor of Surgery Michael Costanza MD first performed carotid stenting during his fellowship in vascular and endovascular surgery at the University of Maryland in Baltimore. He joined the Department of Surgery at University Hospital in 2004.



Assistant Professor of Radiology Amar Swarnkar MD

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A study published in the October 2004 *New England Journal of Medicine* reported encouraging results from the Stenting and Angioplasty Protection in Patients at High Risk for Endarterectomy (SAPPHIRE) trial, which enrolled 747 patients at 29 centers.

According to SAPPHIRE investigators, "The main finding of our randomized trial is that carotid-artery stenting with the use of an emboli protection device is not inferior to carotid endarterectomy in the prevention of stroke, death or myocardial infarction, among patients for whom surgery poses an increased risk."

At University Hospital, patients must be approved for carotid artery stenting by a medical committee that includes a vascular surgeon, neurosurgeon, cardiologist, neurologist and interventional radiologist.

According to Dr. Costanza, the committee's role is to evaluate which patients are most appropriate for carotid stenting and review all outcomes.

Stenting for Thoracic Aneurysm Repair

Dr. Costanza and cardiac surgeon and Assistant Professor of Surgery Greg Fink MD are also the only Syracuse-area surgeons to offer endovascular stenting for thoracic aortic aneurysm repair.

Utilizing highly detailed CT scans, stenting for thoracic aneurysm is a desirable option for many patients because the risk of open surgery is so much higher.

"Eventually it will be available for almost all aneurysm patients," Dr. Costanza predicts.

Collaboration Key

The additional stenting options are milestones for University Hospital's Vascular and Endovascular Surgery Section, led by Vivian Gahtan MD. "These services are critical to our mission of providing state-of-the-art, comprehensive care for peripheral vascular disease," says Dr. Gahtan. "Our collaborative efforts across disciplines provides a comprehensive perspective and optimal patient care."



Assistant Professor
of Surgery
Gregory Fink MD



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