



UPSTATE

UNIVERSITY HOSPITAL

SYRACUSE, NEW YORK

SURGICAL SERVICES

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New Surgery Chair Spurs Faculty Growth

Upstate's new Professor and Chair of Surgery Robert N. Cooney MD brings impressive clinical, research and education credentials — and has already recruited four new surgeons to the department.

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New Thoracic Surgeon Adds Minimally Invasive Options

Najib Safieddine MD, fellowship-trained in minimally invasive thoracic surgery, offers a video-assisted approach to a variety of thoracic procedures including lobectomy and thymectomy.

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Knowing changes everything.™

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ROBERT N. COONEY MD

**NEW
SURGERY
CHAIR
FOCUSED ON
RECRUITING**

*St. J. Cooney, M.D.
Dept. of Surgery*



In his first nine months at Upstate, Professor and Chair of Surgery Robert N. Cooney MD has placed team building at the top of his agenda.

“When I arrived at Upstate, we had more than 30 outstanding surgeons on the faculty. But we also had critical shortages. Coming in, it was very clear we had to recruit, especially pediatric surgeons for the new children’s hospital,” explains Dr. Cooney, who came to Upstate from the Penn State Milton S. Hershey Medical Center.

To date, in an extremely competitive market, Dr. Cooney has recruited two pediatric surgeons as well as a new thoracic surgeon and plastic surgeon.

Upstate’s recent recruiting success reflects its rising surgical stature, enhanced by last year’s opening of the world-class Upstate Golisano Children’s Hospital – and next year’s groundbreaking for a new Upstate Cancer Center.

Upstate’s open-heart surgery program is also ranked first in the region and third in New York State, according to mortality data from the NYS Department of Health.

And Upstate University Hospital was also recently recognized, by the American College of Surgeons National Surgical Quality Improvement Program, as one of 25 U.S. hospitals that achieved exemplary outcomes for surgical patient care.

Pivotal Role

Dr. Cooney’s own recruitment also adds significantly to Upstate’s surgical strength.

“I am thrilled that we have attracted to this critical leadership position an academic surgeon of this stature,” says Upstate’s Senior Vice President and Dean of Medicine Steven J. Scheinman MD. “Dr. Cooney is a highly regarded trauma and bariatric surgeon with more than \$3 million in NIH-funded research and a reputation for building programs.”



Cooney is also noted for commitment to mentoring and faculty development – a definite asset when recruiting young surgeons. This year, when Dr. Cooney received the Distinguished Academic Achievement Award from the University of Vermont College of Medicine, he was cited for mentoring more than 30 trainees in his surgical research program and critical care fellowship at Hershey. One of those trainees, Tamer Ahmed MD, a pediatric surgeon, is now joining the Upstate faculty.

At Hershey, Dr. Cooney was the Charlene J. Smith Professor of Surgery and Cellular and Molecular Physiology, as well as chief of the Division of General Surgery, vice-chair for research, and co-director of the Penn State Institute for Diabetes and Obesity. He formerly served as chief of Trauma, Critical Care, and Bariatric Surgery at Hershey.

Career Path

Dr. Cooney, a native of Falmouth, Me., earned his undergraduate degree at the University of New Hampshire, then spent two years conducting basic biochemical research at Tufts. “The lab work was very stimulating. But it required you to spend all of

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Dr. Cooney – continued from pg. A3

your time at the research bench,” explains Dr. Cooney. “I realized I was more of a people person. I missed the day-to-day patient contact that is integral to the medical profession. My grandfather practiced medicine for 65 years in rural Maine, and I’d grown up riding shotgun as he made his house calls.”

After attending medical school at the University of Vermont, Dr. Cooney completed his general surgery residency at the University of Massachusetts Medical Center in Worcester, followed by a fellowship in surgical critical care at the University of North Carolina in Chapel Hill.

According to Dr. Cooney, “I chose surgery because I liked the discrete nature of the intervention and the camaraderie of the surgical team.” With trauma, he responded to the challenge of “young and healthy people sustaining amazingly severe injuries. It was high adrenaline, and we were on the cusp of an evolving field – at the time, there were only four trauma and critical care fellowships in the country.”

At Hershey, Dr. Cooney established a training program in trauma and critical care and began to identify research questions. “I noticed that certain critically ill patients didn’t heal,” he remembers. “Despite adequate amounts of nutrition, they were

not using the calories they were fed. Consequently there were related complications, such as immobility and prolonged recovery.

“With my training in biochemistry and molecular biology, I had a natural desire to use my background to address patient-related problems,” he continues. “Through research, we discovered that patients with severe trauma couldn’t absorb the nutrients we were giving them, due to the effects of severe inflammation.

“Today – 15 years later – we have a much improved understanding of biochemical pathways which regulate anabolic growth and how inflammatory stimuli turn off normal anabolic pathways.”

Dr. Cooney is currently principal or co-investigator on three NIH projects with more than \$3 million in funding. He is also exploring “Mechanisms of Growth Failure in Intestinal Inflammation” with support of a \$421,463 grant from Crohn’s Colitis Foundation.

In the past decade, as Dr. Cooney turned his clinical focus to bariatric surgery, he has identified new research questions, such as how surgically altering intestinal anatomy cures type 2 diabetes. He is currently co-investigator on an NIH-funded study examining how gastric bypass surgery alters the regulation of food reward.

Dr. Cooney’s clinical and research experiences are well suited to bariatric surgery. “There are very few interventions that cause the same magnitude of change,” he believes.

“To help someone lose 100, 150 or 200 pounds has such a powerful impact on their self image and health – it’s just an amazing journey,” says Dr. Cooney.

“And then to have the unintended consequence of having their diabetes disappear? How does this work? These, of course, are the questions that send us back to the research bench.” ■

UPSTATE SURGEONS

BARIATRIC SURGERY

Chief/Director:
Howard Simon, M.D.

Taewan Kim, M.D.

Howard Simon, M.D.

BREAST SURGERY

Chief/Director:
Kara Kort-Glowaki, M.D.

Jayne CharLamb, M.D.

Michael Curtis, M.D.

Kara Kort-Glowaki, M.D.

Robert Lambert, M.D.

Richard Wells, M.D.

CARDIAC SURGERY

Chief/Director:
Gregory Fink, M.D.

Gregory Fink, M.D.

Charles Lutz, M.D.

COLORECTAL SURGERY

Jiri Bem, M.D.

DENTAL SURGERY

Chief/Director:
Terrence Thines, DDS

Patrick Smith, DDS

Terrence Thines, DDS

ENDOCRINE (THYROID) SURGERY

Michael Curtis, M.D.

Kara Kort-Glowaki, M.D.

Robert Lambert, M.D.

GENERAL SURGERY

Chief/Director:
Dilip Kittur, M.D.

Fahd Ali, M.D., SCL

Jiri Bem, M.D.

Margherite Bonaventura, M.D.

Mark Hamill, M.D.

M. Asadullah Khan, M.D.

Taewan Kim, M.D.

Kara Kort-Glowaki, M.D.

Robert Lambert, M.D.

Howard Simon, M.D.

MINIMALLY INVASIVE GENERAL SURGERY

Taewan Kim, M.D.

Howard Simon, M.D.

PEDIATRIC SURGERY

Chief/Director:
Michael Ratner, M.D.

Tamer Ahmed, M.D.

Kim Mendelson, M.D.

Michael Ratner, M.D.

PLASTIC SURGERY

Michael Curtis, M.D.

ROBOTIC / MINIMALLY INVASIVE CARDIO- THORACIC SURGERY

Gregory Fink, M.D.

Charles Lutz, M.D.

THORACIC SURGERY

Chief/Director:
Leslie Kohman, M.D.

Najib Safieddine, M.D.

David Wormuth, M.D.

TRANSPLANT SERVICES

Chief/Director:
Amy Friedman, M.D.

Amy Friedman, M.D.

Dilip Kittur, M.D.

TRAUMA/CRITICAL CARE/ BURNS

Chief/Director:
Moustafa Hassan, M.D.

Fahd Ali, M.D., SCL

Margherite Bonaventura, M.D.

Mark Hamill, M.D.

Moustafa Hassan, M.D.

Margaret Tandoh, M.D.

VASCULAR AND ENDOVASCULAR SURGERY

Chief/Director:
Vivian Gahtan, M.D.

Kwame Amankwah, M.D.

Michael Costanza, M.D.

John Fey, M.D.

Vivian Gahtan, M.D.

M. Asadullah Khan, M.D.



NAJIB SAFIEDDINE MD

**NEW
THORACIC
SURGEON
EXPANDS
MINIMALLY
INVASIVE
OPTIONS**

Najib Safieddine MD, who is fellowship trained in minimally invasive thoracic surgery, has joined the Department of Surgery at Upstate Medical University as an assistant professor.

Dr. Safieddine is the only Syracuse surgeon offering video-assisted thoracic surgery (VATS) for lobectomy, thymectomy and other chest procedures. He recently completed a fellowship in minimally invasive thoracic surgery at Cedars Sinai Medical Center in Los Angeles.

Dr. Safieddine also completed a thoracic surgery fellowship at the University of Toronto and his general surgery residency at the University of Toronto and Ottawa University. He earned his medical and bachelor's degrees at the University of Western Ontario.

Approach of Choice

According to Dr. Safieddine, "The minimally invasive approach, whether in the diagnostic or therapeutic realm, is certainly becoming the approach of choice in most thoracic surgery centers across the world – not just for malignant disease but also for benign diseases of the lung and esophagus. It's also an essential component of a comprehensive cancer program."

The VATS approach uses a tiny fiber-optic camera, inserted into the chest through a 1/2-inch port, to transmit images to a video monitor. Guided by these images, the surgeon manipulates telescopic tools, also inserted through small ports.

Multiple Advantages

Minimally invasive thoracic surgery offers the patient multiple advantages, including shorter hospital stay, faster recovery time and less pain. "With VATS, we do not spread the ribs or cut the chest muscles," explains Dr. Safieddine. "The patient leaves the operating room with four tiny scars, compared to the 6- to 8-inch scar associated with open thoracotomy."

Thoracic Surgery Procedures

- Employing minimally invasive approaches, as appropriate
- Lobectomy
- Transcervical Thymectomy
- Esophageal surgery (including GERD)

According to a February 2010 study in the *Journal of Thoracic and Cardiovascular Surgery*, "Video-assisted thoracoscopic lobectomy is associated with a lower incidence of complications compared with lobectomy via thoracotomy. Video-assisted thoracoscopic lobectomy may be the preferred strategy for appropriately selected patients with lung cancer."

TOP Team

At Upstate, Dr. Safieddine will join Professor of Surgery Leslie Kohman MD in Upstate's Thoracic Oncology Program (TOP), the region's first multi-disciplinary clinic for thoracic cancers – and a cornerstone of the soon-to-be-constructed Upstate Cancer Center.

A variety of factors convinced Dr. Safieddine to practice at Upstate, including its ranking in the top 20 percent of cancer programs nationwide by the American College of Surgeons Commission on Cancer.

According to Dr. Safieddine, "I also admire the public mission of Upstate Medical University. Plus, it's not too far from my home in Toronto, and the people at Upstate are very nice." ■

