

UPSTATE

MEDICAL UNIVERSITY

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Knowing changes everything.™

UPSTATE IS HIGH-VOLUME, HIGH-QUALITY CENTER FOR BARIATRIC SURGERY

Upstate University Hospital is the logical choice for Central New Yorkers considering gastric bypass surgery.

Its bariatric program has been in place the longest, since the 1970s, and its surgeons handle about 450 cases per year. They are also involved in weight loss surgery research, and in training doctors to become bariatric surgeons. The program is comprehensive, meaning it includes in-house dietitians and pre- and post-operative services, and it serves as the tertiary center for bariatrics, meaning it welcomes referrals of patients with complications.

But scheduling surgery isn't as simple as circling a date on the calendar.

Patient Requirements

Would-be patients must be morbidly obese — at least 100 pounds overweight, or have a body mass index of 40 or more, or a BMI of 35 or more along with weight-related health conditions such as high blood pressure or diabetes. They must also have made weight loss attempts and be willing to attend an informational session about the bariatric program at Upstate.

Then they can get an appointment and begin what may be a three- to six-month, or longer, process before surgery. During that time, they will undergo medical and psychological evaluation, attend support groups, learn the lifestyle and dietary modifications that will be necessary for surgery to be successful, and lose 5 percent of their weight as a demonstration of their seriousness.

“We fully realize that most patients would prefer to be operated on right away, but that’s actually counter-productive,” says Howard Simon MD, director of the Bariatric Surgery Center.

Thousands of Cases

Already an experienced surgeon, Dr. Simon began offering laparoscopic gastric bypass surgery at Upstate in 2002. Taewan Kim MD was a fellow then. Today, Dr. Simon has completed about 2,000 cases, and Dr. Kim has completed about 1,000, making them the most experienced laparoscopic weight loss surgeons in Central New York.



Howard Simon MD,
director of the Upstate
Bariatric Surgery Center

Patients have three surgical options:

- Gastric bypass, in which the surgeon creates a small stomach pouch and attaches the middle section of the intestine to the pouch, allowing food to bypass a portion of the small intestine.
- Gastric banding, in which the surgeon wraps an adjustable band around the upper part of the stomach.
- Sleeve gastrectomy, in which a thin vertical sleeve of stomach is created using a stapling device while the rest of the stomach is removed.



Upstate's Bariatric Surgery program is the only program in Central New York to earn a five star rating from Health Grades and Level IA accreditation from the American College of Surgeons' Bariatric Surgery Center Network.

They tell their patients that surgery, alone, will not take the weight off. "The operation is necessary, but it's not sufficient," Dr. Simon emphasizes. Patients will regain the weight if they become grazers, constantly nibbling on small amounts of food. "The other thing is, you've got to exercise," says Dr. Simon.

Patients range in age from the late teens to the late 60s. Many have diabetes, which usually resolves after surgery.

Many also see improvement in high blood pressure and sleep apnea, and women are likely to experience improved fertility.



Taewan Kim MD, assistant professor of surgery

Faster, Better, Minimally Invasive Exceeds National Standards

The gastric bypass used to take six to eight hours. Today, Dr. Simon and Dr. Kim usually complete the surgery in an hour. They hand sew the jejunum to the stomach, which keeps their leak rate low. Nationally 2 to 3 percent of gastric bypass patients experience leakage; at Upstate, leaks affect fewer than 1/2 percent, Dr. Simon says.

The majority of bariatric surgeries today are minimally invasive procedures. Patients who are not candidates, who would require an open surgery, include those who have had previous stomach surgery.

Post-Surgery

With each of the weight-loss surgeries, patients are limited in the amount of food that can be eaten at one time, which helps them feel full sooner and stay full longer. Also, as they eat less food, the body stops storing excess calories and starts using its fat supply for energy.

After surgery, patients start consuming liquids and then soft foods before they are able to eat a regular diet – just smaller portions than they were accustomed to.

Life After Surgery/Follow-Up Care

Bariatric surgery patients have four or five follow-up appointments the first year, two in the second year, and then annually after that so that surgeons can track progress and measure vitamin levels, which can be impacted by the surgery. Bariatric

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surgery patients face a slightly increased risk of ulcers, so they must avoid smoking and non-steroidal anti-inflammatory drugs.

Dr. Kim says patients on the day of surgery are generally excited about the prospect of improving their lives. The day after, facing nausea and belly

pain from surgery, about two-thirds of them experience “buyer’s remorse” and lament why they chose surgery. “Ask those same patients about their decision six months later,” Dr. Kim says, “and they’ll tell you ‘this is the best thing I ever did.’”

The Tale of Two Patients

Marc Donabella and Pete Scaffido played football together as kids, attended the same high school and – between the two of them – had gained 408 pounds since graduation.

After high school, Marc went on to play college football and, for years, kept devouring food like a linebacker. He gained 150+ pounds, and struggled with gout and dangerously high blood pressure. In 2006, Marc had laparoscopic gastric bypass surgery. He’s lost 165 pounds, the gout’s gone and his blood pressure’s under control. Most importantly, Marc says, now he’s able to run around with his 9-year-old daughter and coach her soccer team, the Orange Crush.

Over the years, Pete has worked as a printer and done carpentry and roofing projects at home, even as his weight ballooned to 477 pounds. At that size, he’d had to give up skiing, his favorite pastime, couldn’t find clothes that fit, and worried about his health. In 2006, at Pete’s request, his doctor referred him to Upstate and Pete had gastric bypass surgery. He’s lost 243 pounds, and now works in the ski patrol. Pete credits his success to Upstate and his own determination.

Both stress that surgery is not the easy way out and counsel others who struggle with obesity that success requires discipline, commitment, and Upstate. ■



Pete in 2006 (in red shirt) and 2011 (above, standing). He lost 243 lbs.

Marc in 2005 (holding railing) and 2011 (above, standing). He lost 165 lbs.

Cathy Lavalley CNMT at the controls of the new PEM, located at Upstate Radiology Associates, 550 Harrison Center, Syracuse



PEM

NEW HIGH-RESOLUTION MAMMOGRAPHY



Drs. Feiglin and Masrani

Cancer cells absorb and accumulate sugar more quickly than healthy tissue. When patients are injected with a radioactive sugar substance called a radiotracer and then undergo Positron Emission Mammography (PEM), their doctors will see images that clearly distinguish cancer from healthy tissue. PEM captures a snapshot of the cellular activity within a cancerous tissue mass, revealing its size, shape and location.

A radiologist can perform a biopsy of the mass immediately to confirm cancer, or to assess the effects of any chemotherapy or radiation therapy.

Upstate University Hospital offers this high resolution scanner to provide more complete answers quickly for patients with suspicious lumps. PEM brings a greater level of accuracy to advanced breast imaging, particularly for patients who are unable to tolerate MRI procedures or for cases where ultrasound or MRI is imprecise.

Deepa Masrani MD, an assistant professor of radiology who specializes in women's imaging, reads the PEM images. David Feiglin MD, professor and chair of radiology, says PEM is not indicated or reimbursed for routine screening but he says health insurers are starting to reimburse for its use on a case-by-case basis. ■



OVERNIGHT EPILEPSY MONITORING UNIT OPENS AT COMMUNITY CAMPUS



Above: Robert Beach MD, PhD, professor of neurology, is the unit's medical director.

At left: Construction of the new unit was done by Upstate physical plant employees Kevin Deland, Scott Nemier, Chad Sand, Sean Behm and Joseph Burgmeier.

A new adult Epilepsy Monitoring Unit, a specialized section of the intensive care unit on the third floor of Upstate University Hospital at Community General, opened in mid-October.

The unit consists of four dedicated beds for people who are newly diagnosed with epilepsy or who require seizure monitoring, to better define or identify seizure activity. Patients receive 24-hour monitoring of both their electrical brain activity and their physical activity, typically over three to five days. All of the data is reviewed daily by EEG technicians and physicians.

Upstate improves its ability to evaluate adult patients with epilepsy through this expansion. Currently, two beds at the downtown hospital's east tower are used for epilepsy monitoring. The new unit should reduce patient wait times and allows Upstate to provide the service at two locations.

Robert Beach MD, PhD is the unit's medical director. Christina Herzog is director of clinical neurophysiology. Carolyn Towers, a registered EEG technician, is assistant director.

Yaman Eksioglu MD leads the pediatric epilepsy monitoring unit, which has dedicated bed space in the Upstate Golisano Children's Hospital. ■

NEW GENERATION OF SINUS SURGERY RELIES ON BALLOON CATHETER

Sinusitis patients have a safer, quicker method of obtaining relief, through a procedure that uses a balloon catheter.

Patients suffering from chronic, persistent sinusitis due to anatomical problems may be candidates for sinus surgery if they do not respond to medical treatment. Edward Sall MD, who performs sinus surgery at Upstate University Hospital at Community General, uses the balloon sinuplasty method.

“The balloon sinuplasty technique is a fantastic adjunct to sinus surgery,” says Dr. Sall. “It has proven improvement in every aspect of sinus surgery and offers patients more benefits than the traditional surgery.”

Dr. Sall was one of the first physicians in Central New York to offer balloon sinuplasty after earning certification for the procedure more than two years ago. He now performs more than 100 cases per year.

The sinuplasty technique uses a small, flexible balloon catheter that enters the sinus cavity



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through the nostril. The balloon is inflated to gently restructure the cavity and produce wider openings while maintaining the integrity of the sinus lining and improving sinus drainage and function. This technique is radically different than traditional surgery, which removes bone and tissue to enlarge the sinus opening.

“Compared to the traditional method of surgery, the balloon technique offers the patient more comfort, quicker return to work and daily activities, and tissue preservation,” said Dr. Sall. “The technology also allows patients to return home the same day as their procedure.”

This is the next generation of sinuplasty, first introduced in 2005 as a way to treat the more than 30-million adults who suffer from chronic sinusitis, an inflammation of the sinus lining that lasts three or more months. Sinusitis can be miserable, accompanied by headaches, teeth pain, nasal congestion, postnasal drip, sore throat, fever and fatigue. ■