UPSTATE MEDICAL
UNIVERSITY NEWS
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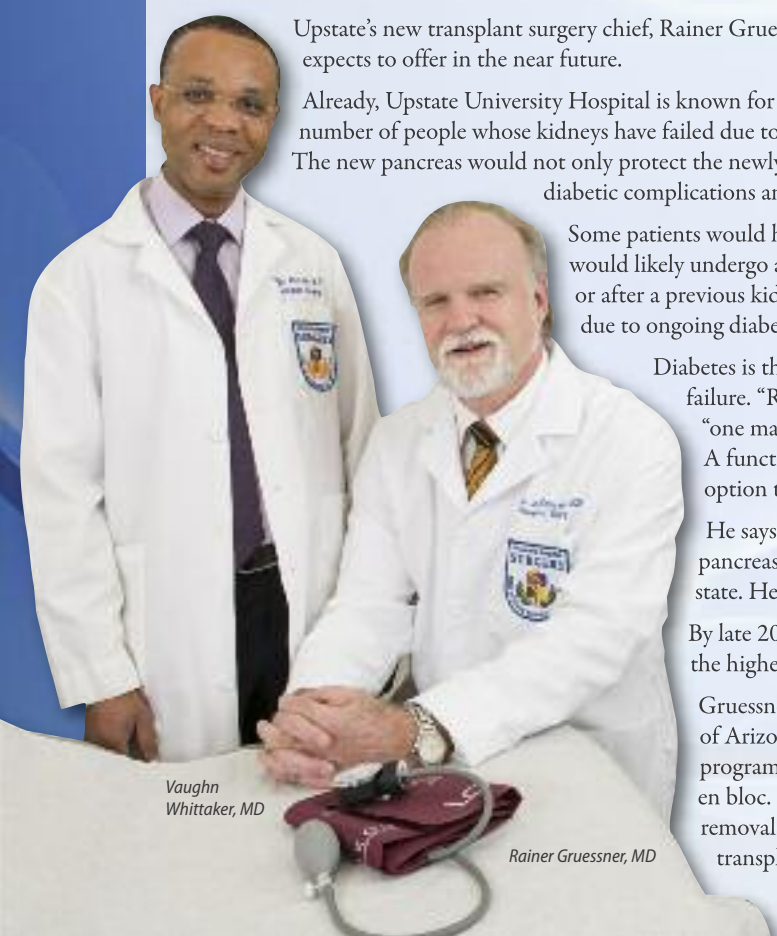
NEW Transplant SURGERY CHIEF PLANS PANCREAS, ISLET TRANSPLANTS



Vaughn Whittaker, MD

Rainer Gruessner, MD

Upstate's new transplant surgery chief, Rainer Gruessner, MD, is accepting patients for pancreas transplants he expects to offer in the near future.

Already, Upstate University Hospital is known for kidney transplant expertise, and Gruessner says a good number of people whose kidneys have failed due to diabetes mellitus would also benefit from a new pancreas. The new pancreas would not only protect the newly transplanted kidney but also halt or reverse the secondary diabetic complications and render the patient nondiabetic and insulin-free.

Some patients would have both organs transplanted at the same time. Others would likely undergo a pancreas transplant alone to preserve their kidney function or after a previous kidney transplant to prevent failure of the transplanted kidney due to ongoing diabetes.

Diabetes is the most common cause of end-stage kidney disease or renal failure. "Rather than waiting until the kidney fails," Gruessner says, "one may want to be proactive and go for a pancreas transplant." A functioning pancreas transplant remains the only treatment option that achieves insulin independence long term.

He says surgeons in the United States perform about 1,000 pancreas transplants per year and only about 35 in all of New York state. He hopes to increase those numbers starting in 2016.

By late 2015, 70 kidney transplants had been performed at Upstate, the highest number ever.

Gruessner came to Upstate in September from the University of Arizona, where he built a successful multivisceral transplant program, in which three or more abdominal organs are transplanted en bloc. He and his team also performed the first fully robotic removal of a native pancreas and simultaneous islet auto-transplant in a patient with chronic pancreatitis.

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TRANSPLANT *continued from page A1*

He expects to be able to offer islet transplants at Upstate in the future as well, for two distinct patient populations. The first group is patients with chronic pancreatitis and intractable pain who will undergo complete removal of the pancreas and a simultaneous islet transplant so that the patient does not require insulin. This islet "auto transplant" is covered by most insurance companies.

The second group is patients with brittle or labile insulin-dependent diabetes mellitus. Since the results of islet transplants trail those of pancreas transplants, these islet "allo" transplants are currently not covered by most insurance companies.

Gruessner's medical degree is from the Johannes-Gutenberg-University in Mainz, Germany. He obtained the habilitation, the equivalent of a doctorate, from the Philipps-University in Marburg, Germany. He completed his general surgery training at the same institutions and then a fellowship in transplantation surgery at the University of Minnesota from 1987 to 1989.

He made significant contributions to the field of transplantation during his early academic career at the University of Minnesota, including a pre-emptive liver transplant to an infant with a rare metabolic disorder called oxalosis and creation of a standardized technique for intestinal transplantation from a living donor.

Gruessner was part of the teams that performed the world's first split pancreas transplants and the world's first pancreas allotransplant after complete removal of a patient's native pancreas.

In Arizona, he was chairman of the department of surgery from 2007 to 2014. He has edited three textbooks and written more than 80 textbook chapters and more than 300 medical journal articles.

Gruessner is accepting new adult and pediatric patients for all types of abdominal transplants — kidney, pancreas, islet, liver and intestine. Eventually, he wants to add liver and intestine to the transplants performed at Upstate. He is also accepting patients with chronic pancreatitis for evaluation of total pancreatectomy and islet auto-transplantation.

Reach him through transplant services at 315-464-5413. ■

PENILE CANCER RISK MAY BE INCREASED IN OBESE MEN

Byler *Nikolavsky* *Vourganti*

A man would generally notice a small lesion that developed on his penis and would seek medical care before the lesion developed into advanced penile cancer. However, if that man is severely overweight, his penis may not be visible, enveloped in fat pads.

"Buried penis represents a difficulty in early detection of suspicious lesions — but may also provide an environment susceptible to poor hygiene and subsequent chronic inflammation," Timothy Byler, MD, writes in the September issue of Case Reports in Urology. He's the lead author of a paper with input from colleagues at Upstate Medical University, including Dmitriy Nikolavsky, MD, Srinivas Vourganti, MD and Jared Manwaring, MD.

They write about two cases of men in their 40s and 50s who may represent an enlarging demographic at risk. "Although HPV was found on one of the surgical specimens, these men represent young nonsmokers who were circumcised as neonates and therefore should be at low risk for penile cancer," Byler writes.

Both men had body mass indexes in the 50s. Each sought medical care for purulent, malodorous discharge from the area where his penis was contained within a suprapubic fat pad. In both cases, doctors could not observe the area without causing pain, so each man had to be examined under anesthesia. Biopsies revealed cancer. Each man chose penectomy for treatment. One subsequently died from unrelated pulmonary failure. The other was prescribed adjuvant chemotherapy.

Traditional risk factors for penile carcinoma include advanced age, lack of circumcision, smoking, HPV or HIV infection. The urologists say they believe buried phallus may mimic lack of circumcision, because maintaining hygiene in the area is difficult, and the space provides an area for chronic inflammation and low-grade infections. "This represents a new group of patients that must be carefully examined and counseled regarding penile carcinoma," they write. ■

TRAUMA SURGEONS ARE EXPERTS IN REPAIRING COMPLEX HERNIAS

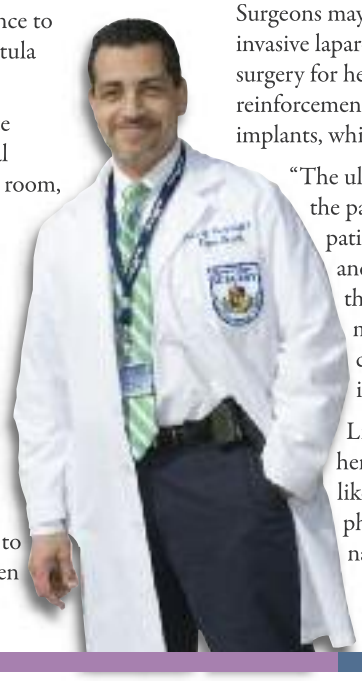
Acute care surgeons at Upstate who have extensive trauma experience have developed expertise in complex hernia repair, explains Moustafa Hassan, MD, director of acute care surgery at Upstate.

His team cares for patients with complicated abdominal injuries, often from motor vehicle accidents or stabbings or shootings. "The challenges in managing such complex abdominal walls and open abdomens in our trauma population has helped us gain the experience to carry over into our complex hernia and fistula patients in general," he describes.

In the past, patients who arrived at Upstate University Hospital with major abdominal trauma would go straight to the operating room, where surgeons would work for hours to repair the injuries.

The outcomes were not great, so a "damage control" strategy has gained favor, Hassan says.

"We open the abdomen, go in and temporize, stop the bleeding, stop the contamination, temporarily take care of the injuries and leave the abdomen open and covered by a special dressing. The patients go back to the intensive care unit to be warmed, resuscitated, stabilized and then come back to the operating room once, twice or many times until their abdomen is actually closed."



Moustafa Hassan, MD

This strategy can be employed for patients with complicated incisional or inguinal hernias, as well.

"The most important thing is patient selection," Hassan says. "We offer individualized treatment of different types of hernias based on each patient's specific need and circumstance."

Surgeons may offer traditional open surgery, minimally invasive laparoscopic surgery or robotic-assisted laparoscopic surgery for hernia repair. They select the most appropriate reinforcement material for each patient — some receive mesh implants, while others will receive biological tissue grafts.

"The ultimate repair of the hernia is to be able to bring the patient's muscles back together again, to give the patient the ability to function and move around, and also to reinforce the repair, usually from the undersurface. We assume at this point that the muscle is not strong enough and a hernia can occur again, so reinforcement is very important."

Like many services at Upstate, care provided to hernia patients is multidisciplinary. Patients are likely to see not only their surgeon but also physical therapists, plastic surgeons, patient navigators and nutritionists. ■

CELIAC DISEASE CAN MIMIC A BRAIN TUMOR

When an adolescent girl suffering from headaches and blurred vision seeks medical care, doctors may not immediately think of celiac disease as a cause — but the immune disorder should be a consideration. A pediatrician specializing in gastroenterology at Upstate Golisano Children's Hospital explains why in an article published this summer in the journal Case Reports in Gastroenterology.

Mirza Beg, MD, writes about a girl who suffered neurological symptoms for a year until the headaches and blurry vision worsened and she sought emergency treatment. She had developed "pseudotumor cerebri," causing symptoms that mimic those of a brain tumor.

Mirza Beg, MD

She underwent a series of medical tests that eventually included a biopsy of her small intestine. After she was diagnosed with celiac disease and began following a gluten-free diet, the girl's headaches and blurry vision went away. So did the pressure inside her skull.

Celiac disease is a challenge to diagnose, Beg acknowledges. Though its hallmark is a gastrointestinal tract that is sensitive to gluten, celiac disease can also cause psychiatric symptoms and affect the skin and reproductive organs, in addition to causing headaches, blurry vision and – in rare instances – fake brain tumors. ■

DO YOU HAVE THE BEST MEDICAL APPS ON YOUR PHONE?

Nearly all family physicians carry powerful computers in their pockets, loaded with reference information and connected to vastly more on the Web, says Joshua Steinberg, MD, an assistant professor of family medicine at Upstate's Binghamton Clinical Campus.

"If you collect good resources and know how to get what you're looking for efficiently, you should be able to answer a great number of questions at the point of patient care with but a few clicks, in less than 20 seconds," Steinberg writes in the fall issue of Family Doctor, a journal of the New York State Academy of Family Physicians.

He recalls the various manuals, pharmacopeias and guides on which he relied during medical training. Today, much of that information is replaced by apps that are downloaded onto smartphones. Eleven of his favorites include:

- **ePocrates**, a free drug reference that includes pill sizes, dosing, renal and hepatic insufficiency adjustments, out-of-pocket pricing and more. "Anyone can remember that quinolones mess up Coumadin. But when a patient feels lousy, can you gaze at a list of 14 meds and pick out the four that might interact with each other? ePocrates will do this for you."

- The Centers for Disease Control and Prevention's **Vaccine Schedules** app, and family medicine's own **Shots Immunizations** app, which provide the typical schedules for kids, teens and adults. Both includes tables of vaccines by medical indication, catch-up schedules and additional details about particular vaccines.

- The **Infectious Disease Compendium**, a concise resource of nearly any entity or microbe, with parenteral and oral regimens and alternatives that will work around allergies – plus hot links to evidence in the literature to support numerous assertions. "You will actually enjoy using this app," Steinberg writes. "The tracts are peppered with wisecracks, sarcasm and all manner of humor."

- **Qx Calculate**, which organizes frequently used medical calculations such as BMI, Framingham cardiac risk, fractional excretions of sodium and others.

- **DueDateCalc**, the modern version of an OB wheel.

- The **Electronic Preventive Services Selector**, or EPSS, which organizes the screening and preventive services that have been reported by the United States Preventive Services Task Force.

- **PreopEval**, which combines the guidance on preoperative clearance and perioperative management from several authoritative guidelines.

- **Contraception Pocketcards**, a reference that offers comparative contraception effectiveness, quick start algorithms, medical contraindications table, pill formulations, and more.

- **Warfarin Guide**, which combines a Warfarin adjustment protocol from American Family Physician with indications, targets, and durations of therapy as recommended by the American College of Chest Physicians.

- **BiliCalc,** for providers who do newborn care. This gives bilirubin levels, along with details about which infants are at risk for needing phototherapy. Providers input the newborn's age in hours and the bilirubin level, and the app shows the data on a graph.

- **STD 2010**, provided by the Centers for Disease Control and Prevention. This app gives concise and comprehensive information about sexually transmitted diseases.

11 ADDITIONS TO UPSTATE'S COMMUNITY CAMPUS

Services have expanded, and new technology and equipment have been added to Upstate's Community campus in the four years since Upstate University Hospital acquired Community General Hospital. Here are 10 additions to know about:

- Two types of specialized emergency care are available. The **Golisano After Hours Program** is for children through age 21, while Geriatric Emergency Medicine, or **GEM Care**, offers specially designed amenities and safety features for seniors. A 20-bed transitional care unit is available for seniors requiring ongoing physician oversight.

- A dedicated orthopedic PA program cares for patients undergoing surgery by physicians from **Upstate Orthopedics and Syracuse Orthopedic Specialists**. The Community Campus is the only site in the area to offer MAKOplasty partial knee resurfacing and total hip replacement procedures.

- Through a partnership with the Syracuse Community Health Center, many of the mothers who receive prenatal care at the center deliver their babies at Upstate's **Jim and DeDe Walsh Family Birth Center.**

- Specialty-trained anesthesiologists offer **outpatient pain treatment services** in the operating room.

- Upstate **audiology** services are offered within the hospital's Patient Testing and Admitting area, and ear, nose and throat specialists have offices nearby.

- Urologists see patients at the Community Campus and make use of a **urological surgery** laser to precisely remove the obstructive portion of an enlarged prostate in its entirety. Surgeons also have access to a Da Vinci robot.

- Office visits, surgeries and follow up care for weight loss surgery takes place through the hospital's **bariatric surgery program**, which is accredited as a comprehensive center. Such accreditation, granted by the Metabolic and Bariatric Surgery Quality Improvement Program, indicates a proven track record in caring for a high volume of patients who have complicated medical conditions.

- A four-bed **epilepsy unit** includes digital monitoring equipment.

- An expanded **vascular clinic** and and **surgical services** are available.

- Patient tables that accompany the 128-slice **CT scanner** accommodate pediatric, adult and bariatric patients.

- Looking ahead, construction is scheduled to be complete in the coming months on a new **cord blood bank** that will store cord blood donations that may be used in treatment or for research. Senator John DeFrancisco secured a $15 million state grant to make the bank a reality. ■

Upstate Cord Blood Bank

UPSTATE IN THE NEWS

Several construction projects that are in the works at Upstate University Hospital's downtown campus will allow patients to be better served.

An **adolescent inpatient psychiatry unit** is being established on 7 West. Hospital CEO John McCabe, MD, says it will be "a small unit, but one that this community sorely needs for adolescent psychiatric patients."

The **pediatric emergency department** will move to a wing on 4 North, allowing for expansion of the department in space devoted to patients age 19 and younger. Patients still will arrive through the main emergency room.

Also, planning is underway for a **renovated postpartum unit** at Upstate's Community campus.

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An international organization that serves patients with an inherited disorder, called von Hippel-Lindau syndrome or VHL, has designated Upstate as a **VHL Clinical Care Center**. Upstate is one of several centers in the United States and the only one in New York state, outside of New York City, to earn this designation.

VHL causes benign and malignant tumors affecting the brain and other parts of the body. The most common tumors are retinal and central nervous system hemangioblastomas, renal cell carcinoma, renal cysts and paeochromocytomas.

As a designated Clinical Care Center, Upstate provides significant patient and physician support and also ensures appropriate screenings, according to guidelines offered by the VHL Alliance Clinical Advisory Council. Such screenings are recommended as early as one year old for those at risk of VHL.

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Upstate is one of six universities in the state to earn the designation of **"StormReady"** after participating in training through the National Weather Service.

"The Syracuse area has a long history of severe weather, snowstorms, floods and even a few tornadoes," warning coordination meteorologist David Nicosia said. "Upstate has taken all the necessary steps to be better prepared for whatever Mother Nature has in store. These efforts will no doubt make the university safer and could save lives in the future."

To obtain the designation, 20 Upstate employees completed

SEEKING VOLUNTEERS

Dengue vaccine clinical trial

Researchers from Upstate and the U.S. Army Medical Research and Material Command are developing a **dengue virus vaccine** and seek healthy adults between the ages of 18 and 45 as volunteers for an FDA-regulated **clinical trial**.

Leading the study at Upstate are dengue experts **Timothy Endy, MD, MPH,** and **Mark Polhemus, MD**. Reach them at the Center for Global Health & Translational Science at 315-459-3031 or by email at trials@upstate.edu

Study volunteers will receive injections of one of four attenuated dengue live virus challenge strains that were manufactured by the Army and approved for use in this trial by the Food and Drug Administration. The goal is to stimulate the human body to produce a dengue immune response for each of the four strains of dengue.

Volunteers will be paid for their participation.

Timothy Endy, MD, MPH *Mark Polhemus, MD*

weather-spotter training sessions. In addition, Upstate must maintain a 24-hour warning point and emergency operations center, have more than one way to receive warnings from the NWS and alert the public, have the ability to monitor local weather and flood conditions, conduct routine preparedness programs and ensure that hazardous weather and flooding are addressed in Upstate's formal emergency management plans.

Matthew Mason, MD *Natasha Ginzburg, MD* *Ryan Sidebottom, DO*

Three new urologists have joined the Upstate team as assistant professors of **urology**.

Matthew Mason, MD, takes care of pediatric patients with urologic issues, including bladder infections, hydrocele, enuresis and more.

He's an Upstate graduate, from 2008, who completed residency at the University of Virginia and a fellowship at Vanderbilt University. Patients can seek appointments by calling 315-464-6060.

Natasha Ginzburg, MD, specializes in female pelvic medicine and reconstructive surgery.

Her medical degree is from Drexel University College of Medicine in Philadelphia, where she also completed a fellowship after her residency at Albert Einstein School of Medicine in the Bronx.

Ryan Sidebottom, DO, received his medical degree from the Texas College of Osteopathic Medicine and then was chief resident in urologic surgery at the Albert Einstein Medical Center in Philadelphia.

For appointments with Ginzburg or Sidebottom, call 315-464-1500.

A new **anesthesiologist** at Upstate offers surgical patients a new approach to pain management.

Lucien Catania, MD

Lucien Catania, MD, specializes in performing nerve blocks for surgical anesthesia and pain control. He offers paravertebral nerve blocks, lumbar plexus blocks and sacral plexus blocks.

Paravertebral nerve blocks involve the injection of local anesthetic in a space adjacent to where the spinal nerves emerge within the back. It's a new modality at Upstate's Community campus, "and there is good data to support the benefits it affords patients," Catania says. "This method does not require entering the spine and thus avoids many of the risks and potential complications associated with entering the spine with an epidural block."

Catania graduated from Downstate Medical Center in 1998 before completing an internship at St. Joseph's Family Practice Program and then a residency at Upstate. He did a fellowship at the University of Pittsburgh Medical Center.

Stroke experts at Upstate are linking electronically through **telemedicine** with outlying hospitals including **Carthage Area Hospital**, so that patients who arrive at rural hospitals with signs or symptoms of stroke can be evaluated rapidly.

Upstate's stroke neurologists will be able to hear and see patients through the state-of-the-art equipment.

"We're delighted to partner with Carthage Area Hospital in bringing advanced stroke treatment to residents of the north country," hospital Chief Executive Officer **John McCabe, MD,** told the Watertown Daily Times. "Upstate's mission, as the area's only academic medical center, is to collaborate on projects just like this and to be a resource for medical professionals throughout the state."

Robert Swan, MD, has joined Upstate as assistant professor of **ophthalmology**, specializing in pediatric and adult uveitis/ocular inflammatory disease. He also serves as the quality officer for the department of ophthalmology.

Robert Swan, MD

Prior to joining Upstate, Swan was an attending ophthalmologist at Mary Imogene Bassett Hospital in Cooperstown.

He received his medical degree from Upstate Medical University in 2008, graduating cum laude and in the top 5 percent of his class. He completed his internship at Bassett Hospital in 2009; an ophthalmology residency at Albany Medical Center in 2012; and a clinical uveitis fellowship with C. Stephen Foster, MD, at Massachusetts Eye Research and Surgery Institute in 2015.

Swan is accepting patients: 315-464-5253.

All **Syracuse Housing Authority** properties are **smoke-free**, as of Nov. 19, the date of this year's Great American Smokeout. Upstate has provided SHA residents with smoking cessation classes.