

LOWER HUDSON/BRONX

MDNEWS[®]

■ A BUSINESS & PRACTICE MANAGEMENT MAGAZINE | ABOUT PHYSICIANS | FROM PHYSICIANS | FOR PHYSICIANS ■



Lawrence Hospital Center

Teams up With
Columbia University
Medical Center
for Its Center for
Advanced Surgery

LAWRENCE HOSPITAL CENTER TEAMS UP WITH COLUMBIA UNIVERSITY MEDICAL CENTER FOR ITS Center for Advanced Surgery

By Jackie Frederick-Berner

WHEN CONFRONTED WITH A SERIOUS HEALTH ISSUE THAT REQUIRES SPECIALIZED SURGERY, FOR SOME PEOPLE, ONLY A BIG CITY MEDICAL CENTER WILL DO. FOR OTHERS, THAT TYPE OF ENVIRONMENT CAN BE DAUNTING. “THEY WALK INTO A HUGE COMPLEX THAT’S FAR AWAY FROM HOME, AND IT’S OFF-PUTTING TO SOME PATIENTS,” EXPLAINS SPENCER AMORY, M.D., FACS, DIRECTOR OF THE LAWRENCE HOSPITAL CENTER FOR ADVANCED SURGERY AT IN BRONXVILLE, NY.

PATIENTS IN THE Lower Hudson Valley area benefit from the best of both worlds thanks to a joint partnership between Lawrence Hospital Center and the New York-Presbyterian Healthcare System, which includes Columbia University Medical Center. In addition to Lawrence Hospital Center’s own team of talented surgeons and clinicians, patients of the Lawrence Hospital Center for Advanced Surgery have immediate, on-site access to Columbia University Medical Center’s surgeons, who provide a full spectrum of specialized surgical care, including advanced laparoscopic procedures; breast, obesity, colorectal and endocrine surgery; surgical oncology; and urgent general surgery.

Dr. Amory points out that surgery has evolved into a highly



specialized field. At bigger medical institutions like Columbia University Medical Center, surgeons bring to their patients an extremely focused level of expertise. Historically, that model has been hard to reproduce out in the community because of the smaller volume of patients, but not anymore. Columbia University Medical Center and Lawrence Hospital Center have formed an alliance that capitalizes on the strength of their combined resources and brings the latest, specialized care from the city into the suburbs.

Colorectal, Gastrointestinal and Endocrine Surgery

Colorectal surgeons at the Lawrence Hospital Center for Advanced Surgery specialize in the detection, diagnosis and treatment of all disorders affecting the lower gastrointestinal tract, including cancers of the colon and rectum and numerous other benign conditions, such as inflammatory bowel disease. The majority of surgeries are done laparoscopically. The center’s gastrointestinal and endocrine clinicians treat diseases and conditions of the thyroid, parathyroid and adrenal glands and the pancreas and liver. They repair complex hernias and perform gallbladder and spleen removal procedures.

A Stellar Risk Record

When it comes to laparoscopic cholecystectomy, a minimally invasive surgical procedure to remove the gall bladder, the center’s surgeons are particularly adept. This type of surgery may be necessitated by gallstones in the gallbladder or bile duct and gallbladder or pancreas inflammation. For those undergoing a cholecystectomy,



Spencer Amory, M.D., FACS, Director of the Lawrence Hospital Center for Advanced Surgery, in the newly remodeled lobby.

it's helpful to look at a surgeon's conversion rate. This indicates how frequently a surgeon needs to switch from a minimally invasive laparoscopic cholecystectomy to a traditional open operation due to complications during surgery. "Our conversion rate is less than 1%," says Dr. Amory. He points out that this low conversion rate is the direct result of years of experience Columbia University Medical Center surgeons have gleaned from doing a large volume of challenging gallbladder procedures.

Another marker to look at when it comes to a cholecystectomy is the surgeon's rate of bile duct injury, which can be a very serious complication of gallbladder surgery. The center boasts exemplary statistics. "No surgeon at the Center for Advanced Surgery, including myself, has had that type of complication at Lawrence," points out Dr. Amory. "We have a stellar record in gall bladder surgery." He credits this perfect record to an approach developed and followed by Columbia University Medical Center surgeons. Their practice of "complete dissection before division" ensures that all structures are identified before anything is cut. Dr. Amory relates this distinguished level of proficiency to the incidences where the center's surgeons at Lawrence Hospital Center repair common bile duct injuries that have been done elsewhere.

Specialty-Driven Surgery

Hepatobiliary surgery, a subspecialized area of general surgery, is a good example of the highly specialized expertise available at the Lawrence Hospital Center for Advanced Surgery. Patients with diseases like bile duct or pancreatic cancer or those who require thyroid and parathyroid surgery get the high-level care

that is the cornerstone of Columbia University Medical Center right at their own community hospital. "A classic example is the patient who lives either in lower Westchester County or, frankly, Rockland County who normally, to get that kind of care, would drive down to the city to see us at the main campus," explains Dr. Amory.

For patients with complex hernias — inguinal, umbilical and ventral — a division of the Columbia Hernia Center is on site at the Lawrence Hospital Center for Advanced Surgery. Surgeons use the newest techniques and technologies in hernia repair.

Breast Surgery

The Columbia University Comprehensive Breast Center at Lawrence Hospital

When Columbia University Medical Center decided to partner with Lawrence Hospital Center, it looked closely at what services the hospital's patients could really benefit from and what Columbia University Medical Center could readily provide. According to Helen Pass, M.D., FACS, Chief of Breast Services at the Lawrence Hospital Center for Advanced Surgery, specialized breast surgery was a perfect fit. "One of the things about the management of patients with breast diseases is that you need special expertise, but not special equipment, which makes it easy to offer care in a community setting."

That's exactly what Dr. Pass and her team of surgeons brings to Lawrence Hospital Center. The center offers the latest techniques in breast cancer surgery, including oncoplastic lumpectomy, skin-sparing mastectomy and nipple-preserving mastectomy. These newer, oncoplastic surgical techniques allow for a wider excision of cancerous tissue with a superior cosmetic outcome. "'Onco' is the first word, as it still all starts with doing the correct oncologic cancer surgery," explains Dr. Pass, "but the next part is to recreate the breast, so that they're not left with a dent or a divot."



Helen Pass, M.D., FACS, shows a model of the planned, new Comprehensive Cancer Center at Lawrence Hospital



Aaron Roth, M.D., FACS, and Michelle Coppola, medical assistant, prepare to see a patient in one of the center's exam rooms.

Skin-Sparing and Nipple-Sparing Mastectomies

“In the 1980s, surgeons began doing skin- and nipple-sparing mastectomies, but the cancer recurrence rate was found to be much too high. Since then, surgical techniques have evolved, and surgeons are now able to safely perform these operations on women whose cancers meet the criteria,” says Dr. Pass. “The recurrence rate is no greater than that for a standard mastectomy in correctly selected patients.”

In a skin-sparing mastectomy, the skin of the breast remains intact. The entire breast mound is taken out through a hole left from the removal of the areola. During reconstruction, the empty shell is then essentially filled and configured into a very natural shape.

In a nipple-sparing mastectomy, the cancerous portion of the breast is removed through an incision while leaving the skin and nipple intact.

For those women who are lumpectomy candidates, an oncoplastic lumpectomy has been shown to give the best cosmetic results. After the cancerous tissue is removed, the remaining healthy breast tissue is transposed to fill any gaps left in the breast.

Additional Benefits

In addition to the most up-to-date breast cancer surgery techniques, the center also performs sentinel node biopsy, axillary lymph node dissection as well as surgery for recurrent disease. Treatment is provided in conjunction with breast

imaging, including digital mammography, sonography and MRI, as well as needle biopsy under guidance of all three types of imaging.

Patients who may not have breast cancer but are considered high risk because of their family history benefit from the center's prevention services, including risk stratification (evaluation of evidence known to contribute to an individual's breast cancer risk), genetic testing, genetic counseling and risk management, such as increased surveillance and prophylactic surgery.

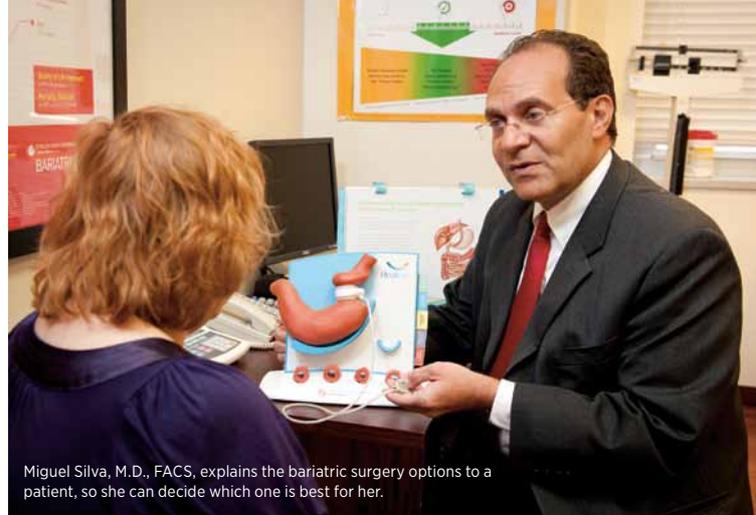
The goal of the Columbia University Comprehensive Breast Center at Lawrence Hospital is to bring the expertise closer to home for their patients. “They're mothers, they're wives, they have other obligations,” explains Dr. Pass. “If we can bring the same quality care where it's logistically easier for them, then it's one thing that makes life less stressful without wondering who's going to watch the kids while they trek down to the city for a quick post-op visit. We sought to give them the quality of cancer care available in the city, combined with the convenience of care in a more intimate hospital located closer to home.”

Bariatric Surgery

The Columbia University Center for Metabolic and Weight Loss Surgery at Lawrence Hospital

With special expertise in laparoscopic approaches, the Columbia University Center for Metabolic and Weight Loss Surgery at Lawrence Hospital Center offers a full range of

obesity surgeries. Those performed at this designated Center of Excellence include gastric banding, gastric bypass and sleeve gastrectomy. In addition, a dedicated team of nurse practitioners, registered dietitians and psychologists support patients. “It takes a lot of courage for a person to decide that they want to have bariatric surgery, and they need a lot of personal motivation,” explains Aaron Roth, M.D., FACS, bariatric surgeon at the Lawrence Hospital Center for Advanced Surgery. “Offering the different operations allows them to be motivated to the one, which in their mind is best for them and, in reality, will give them the best result.”



Miguel Silva, M.D., FACS, explains the bariatric surgery options to a patient, so she can decide which one is best for her.

THE SURGEONS BEHIND THE LAWRENCE HOSPITAL CENTER FOR ADVANCED SURGERY

SPENCER E. AMORY, M.D., FACS, CLINICAL PROFESSOR OF SURGERY

Dr. Amory received his medical training from Johns Hopkins University and Columbia University. The techniques he's developed in laparoscopic cholecystectomy have enabled his group to have the lowest cholecystectomy conversion rates in the state. In addition, Dr. Amory has earned a reputation for his diagnostic acumen in complex surgical problems and for the highly individualized and personalized care that he offers. He is the recipient of the Leonard Tow Humanism in Medicine Award.

HELEN A. PASS, M.D., FACS, CHIEF OF BREAST SERVICES, ASSISTANT PROFESSOR OF CLINICAL SURGERY

Dr. Pass specializes in oncoplastic breast surgery, which combines the latest techniques in breast cancer surgery with plastic surgery. She received her advanced surgical training at The University of Texas M. D. Anderson Cancer Center, the National Institutes of Health and Georgetown University Hospital in Washington, DC. She is past president of the American Society of Breast Surgeons. Before joining the Lawrence Hospital Center team, she led breast care programs at the University of Michigan Medical Center and William Beaumont Hospital in Michigan.

AARON ROTH, M.D., FACS, ASSISTANT PROFESSOR OF CLINICAL SURGERY

Dr. Roth specializes in general and bariatric surgery with an emphasis on minimally invasive techniques. He is a former member of the Institute for Minimally Invasive Surgery in White Plains, NY, that was a center for education and training of minimally invasive surgeons. He received his medical degree from the Chicago Medical School and surgical training at Lenox Hill Hospital in New York City with a fellowship from the University of Pittsburgh Medical Center.

LEAQUE AHMED, M.D., FACS, ASSISTANT CLINICAL PROFESSOR OF SURGERY

Dr. Ahmed was trained in endocrine and pancreatic surgery

at Columbia University Medical Center and serves as Director of Bariatric Surgery at Harlem Hospital Center, where he has performed hundreds of minimally invasive weight loss procedures. In addition to obesity surgery, he specializes in minimally invasive thyroid and parathyroid surgery and pancreatic surgery.

MIGUEL SILVA, M.D., FACS, ASSISTANT CLINICAL PROFESSOR OF SURGERY

Dr. Silva specializes in minimally invasive bariatric surgery. He is known as one of the early adopters of the gastric sleeve technique and is among the most experienced surgeons in the New York area in laparoscopic sleeve gastrectomies. He received advanced training in laparoscopic surgery at Baptist Hospital, Miami, FL, and received his medical training at Albert Einstein College of Medicine/Montefiore Medical Center, Mount Sinai School of Medicine and University of Medicine and Dentistry of New Jersey/Robert Wood Johnson Medical School.

ALLEN CHEFITZ, M.D., FACS, ASSISTANT CLINICAL PROFESSOR OF SURGERY

Dr. Chefitz specializes in laparoscopic abdominal surgery and the use of biomaterials. He received his surgical training at Montefiore Medical Center/Albert Einstein College of Medicine and his medical training at University of Massachusetts Medical School.

MARC BESSLER, M.D., FACS, DIRECTOR OF THE COLUMBIA UNIVERSITY CENTER FOR METABOLIC AND WEIGHT LOSS SURGERY

Dr. Bessler specializes in minimal-access bariatric surgery. He was the first to perform the transoral gastroplasty, an incisionless stomach stapling, on a New York patient as part of the technique's clinical trial. He has advanced training in laparoscopy, endoscopy, microsurgery, gastroplasty and gastric bypass, and he completed his general surgery residency at New York-Presbyterian/Columbia University, where he was a fellow in surgical endoscopy. Dr. Bessler received his medical degree from New York University School of Medicine.



Drs. Roth (at computer) and Silva consult on the electronic medical record of a postoperative patient.

Meeting Many Needs

Patients undergoing weight-loss surgery are 100 pounds or more overweight with a body mass index of 40. Dr. Roth says, “Bariatric surgery is not cookie cutter where everyone gets the same thing and the same result.” He points out that some people are better candidates with the speed and definitive nature of the gastric bypass, as weight is lost quickly, and it’s not reversible. Others may benefit from the gastric band because it’s a less-extensive surgery, and it is reversible. Still others may do well with the gastric sleeve. Dr. Roth says that weight loss surgery is life altering for patients. “Patients see all the positives that result from their weight loss — increased energy levels, improved health and feelings of wellness. This frequently translates into a renewed sense of self, improving relationships both personal and at work, leading to better satisfaction with life.”

In addition to weight loss, the many patients with



Allen Chefitz, M.D., FACS, checks in with the receptionist, Laura Marroquin.

obesity-related diabetes, high blood pressure and high cholesterol find that these conditions are completely eliminated by surgery, so much so that the center now offers gastric band surgery to diabetic patients with a body mass index of 35 or above. Columbia University Medical Center is also conducting clinical protocols that offer gastric bypass for patients who have diabetes but whose weight and BMI are lower than the current accepted criteria for surgery.

Backed by Unsurpassed Research

The powerful research arm of Columbia University Medical Center translates into a team of doctors who are always on the cutting edge of medical knowledge and care. Patients receive benefits of the academic institution, including access to clinical trials and advanced procedures. Additional bariatric research being conducted at Columbia University Medical Center includes the hormonal effects of different weight loss surgeries, studies of vitamin D and bone metabolism and the outcomes of the various operations offered at the center, including the gastric sleeve and the population of patients it benefits.

Another ongoing study is described as an incisionless type of weight loss surgery called transoral gastroplasty or Toga, which, if proven successful, has the potential to revolutionize obesity surgery. In a transoral gastroplasty, a stapling device is inserted through a patient’s mouth and esophagus into the stomach. The stomach is then stapled internally. Columbia University Medical Center researchers are closely following those patients who’ve undergone the procedure. If approved by the FDA, the technique will be offered at Lawrence Hospital Center.

Team Concept Is Key

The team concept has always been a long-standing model at major medical centers, and it’s now being put into practice at the Lawrence Hospital Center for Advanced Surgery. Patients, especially those whose medical problems aren’t always straightforward, may have multiple center doctors closely involved in their care.

That team concept also means working hand in hand with Lawrence Hospital Center surgeons. A case in point is a Lawrence Hospital Center patient who was having severe hypoxemia after surgery. The center was able to facilitate his transfer to Columbia University Medical Center, so he could be successfully treated with nitric oxide. For hospitals without that kind of relationship, such transfers can be challenging.

Dr. Amory is quick to point out that the relationship between Columbia University Medical Center and Lawrence Hospital Center is more than a legal arrangement. “Many hospitals are affiliated, but this is more. Whatever expertise and advances that are available at the main campus, we bring out into the community.” For Lawrence Hospital Center patients, that means a world-renowned medical institution, right in their own backyard. ■