

THE *face* OF PLASTIC SURGERY

NEWYORK-PRESBYTERIAN HOSPITAL, DIVISION OF PLASTIC SURGERY • SPRING 2006



(LEFT TO RIGHT) DRs. J. ASCHERMAN, S. HOLLAND, J. WU, R. GRANT (TOP TO BOTTOM) M. TALMOR, L. GAYLE

Message from the Director

Robert T. Grant, MD, FACS

Welcome to the first newsletter of the *Division of Plastic Surgery*. I would like to take the opportunity to introduce readers to the division's expanding program of clinical expertise, translational research, and educational leadership.

As the first division within the Department of Surgery to establish joint collaboration with Weill Cornell Medical College, we practice at both the Columbia and Weill Cornell campuses of NewYork-Presbyterian Hospital. Most division faculty members have bicampus appointments. Rapid growth in the last few years, including notable additions to the faculty, have established the reputation of the Division of Plastic Surgery as a leading U.S. center.

CLINICAL PRACTICE

Today the division is noted for consistently high quality of care in the full spectrum of plastic, reconstructive, and aesthetic surgery. Our physicians have particular expertise in the management of plastic surgical diseases of the breast, and perform a high volume of breast reconstructions after cancer treatment or congenital deformity. Breast reduction and augmentation procedures, reconstruction following open heart and transplant procedures, and management of complex chest wall wounds are other areas of expertise.

The division's congenital and craniofacial pediatric surgery program has undergone important growth during the last decade, with the addition of new faculty and the opening of the Morgan Stanley Children's Hospital. The two campuses sponsor a multidisciplinary Cleft and Craniofacial Program, providing cutting-edge congenital and

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Humanitarian Missions

CRANIOFACIAL SURGEONS PROVIDE LIFE-CHANGING TREATMENT TO CHILDREN ABROAD

Humanitarian missions are a vital activity for many faculty in the Division of Plastic Surgery. Several physicians regularly travel to Asia, South America, and other places to treat children who would otherwise receive no care, including orphans for whom reconstructive surgery represents the life-changing possibility of being adopted.

In May 2005, **Jeffrey A. Ascherman, MD**, Site Chief, Division of Plastic Surgery at Columbia, took his fourth trip to China to operate on children with cleft palate, cleft lip, hand deformities, and other problems. During this trip, his team — which included two pediatric orthopedic surgeons, a pediatric urologist, a general pediatric surgeon, four anesthesiologists, and a team of

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DIVISION PHYSICIANS

Robert T. Grant, MD, FACS,
Division Chief
Jeffrey A. Ascherman, MD, FACS
Lloyd B. Gayle, MD, FACS
Sarah W. Holland, MD
Mia Talmor, MD, FACS
June K. Wu, MD

nurses, intensivists, and a biotechnician — practiced at a major medical center in Nanjing. Most of Dr. Ascherman's team members are Columbia faculty.

Disfigurement by cleft palate or cleft lip commonly precludes Chinese children from being adopted. Since China has no healthcare system equivalent to Medicaid in the U.S., treatment of non-life-threatening conditions is simply unavailable to orphans under the care of the state. "On our first day at the orphanage, we screen each child. After that, each surgeon usually performs three to five surgeries per day," says Dr. Ascherman. "We try very

so they can continue the work after the New York team returns home.

"This is a chance to really help children in need," says Dr. Ascherman. "These missions are a team effort," he continues. "We need everyone in order to be successful. The host hospital physicians and staff stay with us for long hours to help however they can."

Dr. Lloyd Gayle, Site Chief at NewYork-Presbyterian Hospital/Weill Cornell, Division of Plastic Surgery, has participated in humanitarian missions since 1994 in Armenia, Kenya, Thailand, and various cities in the Philippines. He

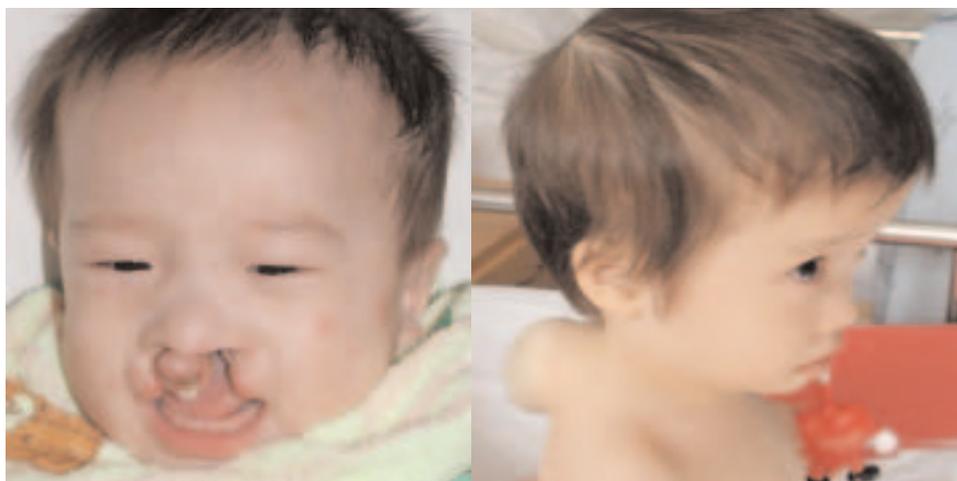
involved a multi-specialty team including general surgeons, plastic surgeons, nursing staff, anesthesiologists, a podiatrist, an obstetrician, and transportation of an enormous supply of medical equipment, medicines, and supplies. Pamela Messina, a plastic surgical nurse and pediatric neonatal nurse practitioner from NewYork-Presbyterian Hospital/Weill Cornell, played a pivotal role in providing care to children in the recovery room as well as surgical care in the operating room. A number of participants in the FAMI trip are faculty at Hospital for Special Surgery.

In addition to performing surgery, Dr. Ascherman's and Dr. Gayle's missions also provide broader medical care to local residents. In the Philippines, the FAMI team screened 5000 people for hypertension and other medical problems. They provided education about nutrition, and where appropriate, guided individuals to follow up with local doctors. The team also worked with two surgeons from Manila to provide general surgical care.

"Being able to provide indigent care is its own reward," states Dr. Gayle.

"Reconstruction of children, wherever they are, is a lasting gift. It makes a phenomenal difference in how these kids are perceived, and in some cases whether they are able to be functional, meaningful members of their family and community." In Kenya in particular, children with disabilities are frequently ostracized. For some, disfigurement impairs speech and or nutrition, and later in life, prevents meaningful work. "In a society of 'survival of the fittest,' the inability to be functional in the family becomes a cost that is not sustainable," says Dr. Gayle.

While Dr. Gayle values the opportunity to give to the children, he also notes that surgical missions are an important learning opportunity for participating surgeons. "The surgeons in the Philippines are trained, but poorly equipped. They have adapted to not having instrumentation and supplies, and we (U.S. surgeons) can learn from them."



ORPHAN FROM MISSION TO CHINA BEFORE CRANIOFACIAL SURGERY (LEFT) AND 1 YEAR AFTER SURGERY (RIGHT)

hard to do all that we can, and usually we can help all the children that we see."

This mission to China was funded by the Children of China Pediatrics Foundation (CCPF), a non-profit organization created by individuals who adopted children from China. Dr. Ascherman, who serves on the medical board of CCPE, has seen two of his patients adopted by families in the New York region after reconstructive surgery. In 2003, Dr. Ascherman brought one child to New York-Presbyterian Hospital/Columbia so that he could undergo a major reconstructive procedure for facial cleft and an absent left side of his nose.

In addition to performing surgeries while abroad, the Columbia team also gives lectures and teaches local physicians

returned from Urdaneta City, Philippines, in late March 2005 after a trip to perform reconstructive surgery on twenty-five children with cleft lip and cleft palate.

"The nutritional status and health care of many people in rural Philippines is very poor," says Dr. Gayle. "Since pregnant women generally do not receive prenatal care or vitamins, the incidence of cleft palate and cleft lip is fairly high. Urdaneta City has no plastic surgeons, and children just don't receive care unless they can travel to Manila or another large city."

The March 2005 mission was sponsored by Filipino-American Medical Incorporated (FAMI). Like Dr. Ascherman's upcoming mission, it

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pediatric reconstructive surgery.

EDUCATIONAL ACTIVITY

Columbia and Weill Cornell have sponsored plastic surgery residency programs since 1949, making the NewYork-Presbyterian Plastic Surgery residency program one of the longest-running in the U.S. After Columbia and Weill Cornell merged in the late-1990s, their residency programs soon merged into one that today is highly regarded, attracting candidates of the highest caliber. It is fully accredited by the AGCME, the governing body that supervises graduate medical education in the U.S.

After completing the full program of didactic lectures, in-patient and out-patient training, and research, graduating residents achieve universal completion of the Board-certification process in plastic surgery. One third of graduates pursue private practice opportunities, one third continue with additional fellowship training, and the remainder accept full-time faculty appointments at academic institutions. Competition for this position is intense, with over 180 applications received from across the U.S. each year.

Division faculty members also lecture to rotating groups of third-year medical students and support a monthly preceptorship for a fourth-year student in plastic surgery. They serve as faculty preceptors for students taking the required surgery elective and participate in the student exam and evaluation process.

TRANSLATIONAL RESEARCH

The Division of Plastic Surgery stands at the forefront of clinical and laboratory research in plastic surgery, and is considered a leader both nationally and abroad. Our laboratories are located at the Columbia and Weill Cornell medical schools and are funded by both departments of surgery and by the American Diabetes Association. The main focus of basic research, gene therapy to enhance wound healing in a diabetic mode, is conducted in association with other research within the department on the sRAGE molecule. Other studies include work on the basic science of manipulation and management of hemangiomas and vascular malformations, as well as investigations into treatments of keloids and other abnormal scar conditions.

Clinically, the division has participated in several multi-center studies of breast reduction surgery. It recently reported on the treatment of patients undergoing breast reconstruction after radiation therapy, as well as advances in sternal reconstruction after post-operative infection or dehiscence. At present, the division is participating in IRB-approved studies on silicone breast implants, providing access to this technology to qualified patients. Other clinical activity focuses on the use of acellular dermis for soft tissue repair and enhancement. In collaboration with the

Screenings

Are you considering cosmetic or reconstructive surgery?

The Division of Plastic Surgery provides periodic complimentary screenings to answer prospective patients' questions and determine eligibility for surgery.

For information on the next screening date call 800.543.2782.

Consultations

Call 212.305.3103 to schedule a private consultation. The consultation fee is credited with any procedure.

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Department of Biomedical Engineering at the Morningside Heights campus, division researchers are investigating the effects of ultrasound energy on wound healing and use of novel skin substitutes for open wounds.

We are proud of our accomplishments to date, and look forward to continued success and growth in the future.

For more information, please call 800.543.2782.

Thanks to generous support from alumni, patients, and families, the Division of Plastic Surgery supports Operation Smile in New York City's Chinatown, and numerous humanitarian missions abroad. Every year, these programs provide needed surgical care to patients who would otherwise receive no care. We rely on your continued support for ongoing participation in these programs.

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Body Contouring Following Weight Loss Surgery

Following significant weight loss through bariatric surgery (gastric bypass, gastric banding, or other procedures), patients typically have areas of undesirable excess skin. This commonly includes excess skin of the abdomen, breasts, arms, and thighs. Body contouring is often a complement to weight loss surgery, serving to refine the results achieved by bariatric surgery. Our staff understands patients' desire to look and feel attractive after weight loss surgery. We wish to work with patients in their weight loss journey until they are completely satisfied with their new body image.

We would like to stress that body contouring provides an additional quality-of-life benefit following massive weight loss. Surgery to remove the excess skin helps prevent fungal infections that are often found between skin folds in overweight people. In addition, the presence

of a large pannus, the apron of skin below the abdomen, prevents patients from losing further weight and having active lifestyles.

Through body contouring procedures, our plastic and reconstructive surgeons can safely and effectively reshape the body where excess skin remains and provide patients with an opportunity to emerge healthier, both emotionally and physically. Members of our staff would be happy to discuss the various surgical options that can enable patients to optimize their appearance following weight loss surgery, or extreme weight loss.

BODY CONTOURING PROCEDURES

The best candidates for body contouring procedures are healthy individuals who have reached their plateau of weight loss. After bariatric surgery, weight loss generally continues for about a year before stabilizing.

The following body contouring procedures can be performed with superior results by our staff. Multiple simultaneous surgeries can also be performed in some cases. Our staff will carefully evaluate each patient to discuss appropriate staged surgical options tailored to each individual's needs. Patient safety always remains our primary concern. These options are designed to offer maximum results with minimal scarring.

- Tummy Tuck (Abdominoplasty)
- Breast Lift (Mastopexy)
- Arm Lift (Brachioplasty)
- Medial Thigh Lift (Thighplasty)
- Lower Body Lift
- Liposuction
- Face Lift (Rhytidectomy)
- Gynecomastia Surgery

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