A Perfect Balance

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DEAR FRIENDS & COLLEAGUES:

As I look back on my fifteen years in the Department, one thing is remarkably clear—for the surgeons at Mount Sinai, there is no such thing as “good enough.” We are an impassioned team of highly skilled surgeons who are deeply committed to excellence in patient care, research and education.

Every day, we recommit ourselves to a culture of discipline. We look to enhance our team by welcoming new members who share our vision and are prepared to contribute in ways that will move us forward as a department. We invest in research to develop new technologies that will benefit our patients.

As a department, our focus lies in three primary areas: clinical excellence, innovation in research and advancement in education. This report demonstrates our continuous efforts to build momentum in each of these areas, leveraging our collective expertise across surgical divisions and creating collaborative efforts with other clinical departments at Mount Sinai.
Each member of our team is dedicated to maintaining the constant attention and discipline that is required to achieve the “perfect balance” that distinguishes us from other surgical programs. This pursuit of greatness is worth it to us, because we can see the results in our practice and more importantly, we see it in our patients.

Sincerely,

Michael L. Marin, M.D.

MICHAEL L. MARIN, M.D.
The Julius H. Jacobson II, M.D.
Professor of Vascular Surgery
Chairman, Department of Surgery
There is a special place within the practice of surgery, where science, clinical care and training intersect. It requires not only strong surgeons who care deeply about the patient experience, but also a passion for research and a commitment to mentorship. As a tertiary care facility with a diverse community and world-class research center, Mount Sinai has the resources we need to develop new techniques, care for our patients, and teach the next generation of surgeons.
Above all, we are committed to outstanding patient care

It was a surgeon at The Mount Sinai Hospital who first donned a white coat, now an icon of the medical profession. Over a century and a half after its inception, our department has grown exponentially, and our commitment to outstanding clinical care is stronger than ever. The spirit of the white coat lives on in the institutes and divisions that are leading our department, and the surgical community, into the future.
The Mount Sinai Medical Center has had a long history of innovation and excellence in the field of organ transplantation. The kidney transplant program was instituted in 1967; since then it has steadily grown to one of the largest adult and pediatric kidney transplant centers in the country. Mount Sinai was already a national and international leader in liver pathology, and had been since Dr. Hans Popper, “the Father of Modern Hepatology,” joined the institution in the 1960s.

In 1988, under the visionary guidance of Dr. Arthur Aufses, Jr., we established the liver transplantation program. There have been many “firsts” in the program’s 22-year history: our doctors performed the first liver transplant in New York State; the first adult-to-adult living donor liver transplant in New York State; and the first pediatric liver transplant in New York State.

Today, our surgeons are writing the next chapter in transplantation. The Recanati/Miller Transplantation Institute (RMTI), established in 1998 through an endowment from a former liver transplant recipient, has brought together a team of health care professionals dedicated to the delivery of outstanding medical and surgical care to patients with end-stage organ diseases. Over the last twelve years, we established the first small bowel transplant program in New York State, developed a multi-million dollar research center, and recently created a Center for Living Donation with the mission of providing compassionate care to potential living donors. The RMTI’s resources have created an environment that fosters innovation and excellence in patient care, teaching, and research. Our dedicated group of more than 30 physicians, including surgeons, hepatologists and nephrologists, work together to provide state-of-the-art, multidisciplinary care for both adult and pediatric patients with end-stage organ diseases of all types, including kidney, pancreas, intestine, and liver diseases.
Dr. Kishore Iyer (left), assists Dr. Sandy Florman on a living donor transplant procedure. Below: The surgeons close the biopsy site as they prepare the liver graft for implantation.
“The harsh reality is that there are not enough organs. We need to encourage living donation and donor safety must be paramount.”

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DR. SANDY FLORMAN

PREPARING HEROES
The Center for Living Donation specifically addresses and prioritizes the needs of those incredible people who voluntarily donate one of their kidneys or a piece of their liver to save another person’s life. Living donors are a special patient population that presents unique physical and psychological concerns. The program at Mount Sinai is the first of its kind to provide expertise in the medical, surgical, and psychological health of people considering living donation. The creation of this center represents the institutional commitment to ensure that donor safety is never compromised and remains paramount.

The living donor team focuses solely on the living donor, with a multi-disciplinary staff concentrating on the pre-, peri-, and post-operative phases of live donor care. Pre-donation care will focus on evaluating the donor and educating them about the risks and benefits of donation. During the inpatient and recovery phase, staff will focus on safety, advocacy, psychological support, and monitoring for complications. In post-recovery, patients will be educated about maintaining a healthy organ system, including long-term monitoring.
**Spotlight: Dr. Sandy Florman**

Dr. Florman was recruited in October 2009 as Director of the RMTI and is dedicated to building Mount Sinai’s transplantation programs. He is especially committed to the well-being of living donors and has established the Center for Living Donation. An expert in adult/pediatric transplantation and complex hepatobiliary surgery, Dr. Florman is well known in the transplant community and has presented at many major scientific meetings. He’s involved in clinical studies that focus on new immunosuppressants and ways to improve organ preservation. He recently led a study examining Belatacept, a novel immunosuppressant (co-stimulation blocker) given monthly instead of the conventional twice daily oral treatment. The study showed improved graft function while dramatically reducing side effects caused by traditional immunosuppressants, especially diabetes and hypertension. Dr. Florman’s vision is for RMTI to become the leading center for transplantation and end-stage organ disease management with an emphasis on quality through a patient-centric care and multidisciplinary team approach.
“In everything we do, we keep in mind that our patients are people who need not only our expertise, but also our support and encouragement.”

DR. MICHAEL MARIN
treating patients with breast cancer

Requiring a convergence of specialties because the impact that cancer has on a patient’s health is multi-faceted. We realized that we were uniquely well positioned to create a center of care that approaches breast cancer holistically, thanks to Mount Sinai’s expertise in Surgery, Breast Radiology, Medical Oncology, Radiation, Obstetrics and Gynecology, Genetics, and other disciplines.

When we started designing the Dubin Breast Center, we sought input from breast cancer experts, patients and advocates. We asked them to suggest ways we could improve the patient experience and create a welcoming and comforting environment that would enhance both our clinical treatments and patient services. We are now incorporating their suggestions and feedback into both the day-to-day operations as well as an enhanced organizational culture that fosters wellness for the whole patient—mind, body and spirit.

Most patients undergo a combination of surgery, radiation and/or chemotherapy, among other treatments. We are creating integrated scheduling systems and training our staff to be sensitive to the time that elapses at each step for our patients. The idea is to streamline the process and promote efficiency through awareness so that every person has the best possible experience while they are in our care.

preserving dreams

Because women with breast cancer often have fertility issues, we are in the process of developing an onco-fertility program. Mount Sinai is home to a distinguished Obstetrics and Gynecology program equipped with experts who can help our patients preserve their fertility or explore other options to sustain fertility either before or after their cancer diagnosis.
Above: **Dr. Elisa Port** on her way to scrub in for surgery.
“Eva and Glenn Dubin made a baseline commitment to get the center up and running. And there are still so many ways to contribute because the building is just the start.”

DR. ELISA PORT
Spotlight: Dr. Elisa Port
A renowned breast cancer surgeon and researcher, Dr. Port joined Mount Sinai this year as Chief of Breast Surgery and Co-Director of the Dubin Breast Center. Her clinical research in sentinel lymph node biopsy, the use of MRI in breast cancer, and her work with patients and decision-making in breast cancer has shaped clinical understanding of the role of treatments in breast cancer care. In addition to her research, Dr. Port has fostered a robust practice, caring for 2000 women a year in her previous position at Memorial Sloan Kettering.
“Building something from the ground up is attractive because you can take all of the best practices that other centers have already established and implement them seamlessly. That’s how you take patient care to the next level.”

DR. ELISA PORT

PHYSICAL PREPARATION
After a patient undergoes a mastectomy or major breast cancer surgery, breast reconstruction is a critical component of her recovery. We bring our world-class plastic surgeons into the dialogue early in the process. This step helps foster a positive and trusting relationship from the onset, giving each woman a chance to consider her options which ultimately contributes to a greater comfort level and satisfaction with the outcome.

SAVING LIVES
The realization that family members may be at risk is one of the ripple effects that follows a breast cancer diagnosis. We are collaborating with our renowned genetics screening and counseling center, and the Department of Genetics, to develop programs for high risk surveillance and comprehensive care plans tailored to each individual patient. Together, we help each woman decide what combination of screening and treatment is right for her based on her profile, family medical history and lifestyle.
SUCCESS STORY:
GERARD TREGLIA


IN DECEMBER 2007, GERARD TREGLIA STARTED experiencing some very intense stomach pains above his waist. When he went to a gastrointestinologist in January 2008, he found out that he had a mass on his pancreas. He saw a surgeon on Long Island, who said it was inoperable because it was too close to the vein. His prognosis was dire.

“I knew it was a virtual death sentence. I thought I’d be dead within a year. I got all my affairs in order. I decided to try treatment anyway. I started a radiation regimen and then went on chemotherapy for about 7 months. Miraculously, the tumor shrunk. By then, I’d found a different surgeon—Dr. Labow.

I liked Dr. Labow immediately. He was caring, compassionate. I connected with him in a way that I hadn’t with the first surgeon.

When I first met with him, I still felt like I had a death sentence. But I’d responded to the therapy and that was encouraging. He told me that the tumor was still close to the vein but he was going to operate on me. I knew I had to do it—there was no other option. Even though it was a complicated situation, I was comforted by the thought that for him it was a piece of cake.

Dr. Labow performed the operation on December 18, 2008. I was in the hospital over Christmas but that surgery was the greatest gift I’d ever received. I knew when I woke up that it was a success, and I can’t describe the feeling that came over me.

I went through a difficult, painful recovery period. At one point, I had to go back to the hospital. Dr. Labow met me in the ER and made sure everything was ok.

I’ve been cancer free since the surgery. I turned 60 in October 2009. Just a year before I didn’t think I’d make it to that milestone. Dr. Labow saved my life.”
Dr. Daniel Labow prepares a patient for surgery.
The portable operating table. Anesthesia. Blood transfusions. These innovations changed the surgical landscape and all of them were conceived in the minds of surgeons at The Mount Sinai Hospital. Today, our inventive spirit remains strong. Together, we challenge each other to imagine less invasive techniques, more effective tools, and better treatments for our patients.
When the Division of Laparoscopic Surgery formed in 1992, Mount Sinai was one of the first medical schools in the United States to recognize the field as a distinct specialty within general surgery. Mount Sinai now boasts one of the nation’s most clinically active laparoscopic and minimally invasive programs.

In 2009, the Division of Laparoscopic Surgery evolved into the Division of Metabolic, Endocrine and Minimally Invasive Surgery. Comprising two sections, the Section of Laparoscopic and Bariatric Surgery and the Section of Metabolic and Endocrine Surgery, this interdisciplinary division capitalizes on the educational and research opportunities presented by the synergy of these two rapidly evolving fields, and recognizes the increasing importance of metabolism in the management of endocrine diseases such as diabetes, obesity and gastrointestinal disorders. Multiple disease-specific specialists including endocrinologists, nutritionists, psychiatrists, cardiologists and gastroenterologists to provide coordinated care in a dedicated practice space.

Ours is a truly novel metabolic surgery program that brings together traditional endocrine, bariatric and laparoscopic techniques to treat diseases of metabolism. We pioneered endoscopic neck surgery and transaxillary endoscopic thyroid surgery, both of which are innovative minimally invasive approaches for removing the thyroid and parathyroid glands.

Within this division, we have created centers of care, such as the Adrenal Center. The Adrenal Center at Mount Sinai brings a team of experts together as one team to provide highly sophisticated care and advance the treatment of adrenal disorders.
Spotlight: Dr. William Inabnet
Dr. Inabnet is an international authority in the field of minimally invasive endocrine and laparoscopic surgery, with a keen interest in disorders of the endocrine system in obese patients, especially type-2 diabetes. He pioneered new techniques in minimal access endocrine neck surgery as well as adrenal and pancreatic surgery. Dr. Inabnet is a co-investigator for one of only six U.S. medical centers to receive a multimillion-dollar National Institutes of Health grant to study the utility of bariatric surgery. He recently launched a multicenter, randomized controlled trial comparing optimal medical therapy to gastric bypass in type 2 diabetic patients with moderate obesity. Dr. Inabnet serves on the American Thyroid Association’s Surgical Affairs Committee—a work group which establishes national thyroid surgery guidelines and provides leadership for all aspects of thyroid surgery. He was recently inducted into the Society of University Surgeons as well as the French National Academy of Surgery, a rare honor for a non-French surgeon.
Our endocrinologists, endocrine surgeons, cardiologists, radiologists and geneticists work collaboratively to provide comprehensive evaluation and treatment for adrenal gland disorders and diseases, while the surgeons perform a range of minimally invasive procedures, such as laparoscopic transabdominal and retroperitoneal adrenalectomy, single incision laparoscopic adrenalectomy, adrenal sparing surgery, and adrenal autotransplantation to produce the best possible outcomes for our patients.

Dr. Inabnet is also leading an effort with otolaryngology and endocrinology to create a Thyroid Cancer Center at Mount Sinai that will bring together multiple specialties including endocrine surgery, otolaryngology, endocrinology, medical oncology, pathology and nuclear medicine. All of these clinical units will provide comprehensive care to patients with thyroid cancer or with high-risk thyroid nodules, and will also provide the clinical volume and platform for research protocol development and advanced education.

At the same time, we continue to see the positive effects of bariatric surgical procedures such as gastric bypass, sleeve gastrectomy, laparoscopic gastric banding and duodenal switch, in the treatment of type-2 diabetes and obesity. These procedures have emerged as the most effective treatment with the highest remission rate, compared to nonsurgical therapies. Given the worldwide obesity and diabetes epidemic, the research opportunities before us are great, especially since the mechanism of action of these procedures is poorly understood.

The translational science opportunities here are unlimited and our division is perfectly situated for this kind of cross-disciplinary research. As a result, we can successfully recruit researchers who specialize in hormones, gut-peptides, or genomics and then provide the clinical arena in which to perform basic science studies and translational research.

“Mount Sinai has made a large investment in translational science. We plan to leverage those resources to push our research in metabolic and endocrine surgery further.”

DR. WILLIAM INABNET
Above: Dr. William Inabnet performs a laparoscopic gastric bypass.
Below: A surgical resident monitors vital signs during the procedure, visible on the monitor.
Mount Sinai has built an international reputation as a leader in the development of minimally invasive techniques for life-threatening vascular conditions. Our surgeons were the first in the country to perform minimally invasive endovascular aortic aneurysm repair in 1992. Since then, we have developed treatment for preventing strokes, devised new procedures for abdominal and thoracic aortic aneurysms, and honed minimally invasive treatments for blockages in blood vessels in the kidney, liver and legs.

Our research is focused on limiting the magnitude of the surgery so patients can go home the next day and resume their normal activities. Our goal is to enable physicians to use techniques that make procedures safer and speed recovery by restoring blood flow and function of the area as soon as possible. We develop new techniques, approaches, and devices in the lab; we assess their effectiveness in the clinical setting; and once proven, put them into practice. We also work with different companies in the medical device industry to test novel devices, from the design of the devices themselves to the implementation and testing through FDA-supervised clinical trials.

Because we are dedicated to sharing our discoveries and knowledge with the surgical community, we regularly share our findings with other physicians through training, teaching and lectures across the New York region, the country and abroad.
Spotlight: Dr. Peter Faries
Dr. Faries directs a basic science laboratory, funded by the National Institutes of Health, which is evaluating the cellular mechanism that leads to the development of aortic aneurysms. His laboratory is evaluating how stem cell therapy can be used to strengthen the aorta to restore the normal structure and function. His goal is to translate his findings in the lab to more effective patient care. While there are some similar studies to look at the use of stem cells to treat heart attacks, and a variety of other areas, his focus on aortic aneurysms is a novel area of inquiry.
Dr. Peter Faries and Fellow, Dr. Scott Sundick collaborate to remove a blockage for a patient with peripheral vascular disease.
Our primary mission is to provide quality care to our patients. At the same time, we are also committed to improving vascular care and contributing to the medical community. Right now, the vascular surgeons in our division are working together to revolutionize the treatment we can offer patients with vascular aneurysms. Current treatments for aneurysms involve surgically removing the diseased segments or placing a stent to reline the diseased segment of the blood vessel. Aneurysms of the aorta are particularly challenging because the aorta is the biggest blood vessel in the body. Its branches supply blood to the brain, chest, spine, liver, spleen, intestines, kidneys and legs.

We’ve been developing a new technique that doesn’t involve removing the segment or placing a stent. In our lab, we’ve been growing cultures of the mesenchymal stem cells to reform the structure of the wall of the aorta. After we place stem cells into the aortic aneurysm, we can trace them, observe their functionality and study the histological effects on the tissue. Once we perfect our technique, it could be very readily translated into a clinical application.

Mount Sinai is one of only a few medical centers where this research could be done because it has a number of unique features:

- **Aortic Center:** This multi-disciplinary clinical center brings together the vascular surgery, radiology, cardiology and cardio-thoracic surgery divisions, enabling us to manage patients with the full spectrum of aortic disease.

- **Stem-cell basic science research:** Our world renown stem cell scientists create an environment conducive to discovery and innovation.

- **Clinical studies:** Because we develop novel devices and treatments, we have the clinical trials to evaluate and demonstrate the efficacy of these treatments. Our extensive experience and resources encourage our partners in the medical device industry to select our center as the site for future studies.
Spotlight: Dr. Daniel Labow
With Mount Sinai’s reputable gastrointestinal program and the right resources, Dr. Daniel Labow saw a great opportunity to develop a multi-disciplinary surgical oncology division when he joined the faculty in 2004. Since then, he has been dedicated to investigating innovative procedures such as HIPEC, exploring his special interests in liver and in rare tumors, and achieving major clinical results in applying these ground-breaking techniques in the day-to-day care of patients. Dr. Labow and his team regularly present their findings to their peers at the national level.
When it comes to cancer, time and expertise matter. Treatment is most effective when an integrated team works together to develop a coordinated plan that can be executed quickly, using the most advanced techniques available.

In addition to contributing our knowledge to complex cases as surgical consultants, we conduct ongoing clinical trials to provide cutting-edge surgical treatment for patients with advanced cancers. In recent years, our work has yielded both novel approaches and improvements on existing techniques:

- Hyperthermic Intraperitoneal Chemotherapy (HIPEC) is a promising procedure for treating metastatic cancer in the abdomen.
- Complex procedures that involve removing half or more of the liver affected by metastasized cancer originating in other parts of the body.
- The use of laparoscopic colectomy to remove parts of the colon and nearby lymph nodes containing cancerous tumors.
- Sophisticated treatment for neuroendocrine tumors, a rare condition that requires interdisciplinary care.
- Advancements in laparoscopic and open resections, in the treatment of pancreatic malignancy, one of the most deadly cancers.
- Participation in multiple national clinical trials in the treatment of primary liver cancer, establishing us as a leading center in such treatment.
“Mount Sinai is building a world-class gastrointestinal cancer center. We’ve invested in talent, resources and research. In my opinion, we’re well on our way to achieving our goal.”

DR. DANIEL LABOW
3.

The key to our continued success is EDUCATION

When The Mount Sinai Medical Center became a teaching institution at the turn of the 20th century, only four surgeons completed their training every year. Since then, our surgical training program has become one of the largest and most successful in the world. Our program consistently has a matching rate of 100% for our medical students, and a 100% graduation rate of our residents, many of which go on to work at top academic medical centers across the globe.
Above Dr. Celia Divino, Chief of General Surgery, gives instruction to surgical residents in the surgical simulation center. Below Dr. Randy Steinhagen, Chief of Colon and Rectal Surgery, leads a discussion among residents at a morning meeting.
Over the last five years, the department has experimented with new approaches to education in an effort to provide the next generation of surgeons with a learning experience that will prepare them for clinical care. Our general surgery residency program has grown exponentially, with 132 faculty members providing technical instruction as well as professional mentoring to more than 75 residents. The results are compelling: our alumni have secured some of the most competitive fellowships and demonstrated continual success on the American Board of Surgery certification examinations.

Metabolic and Endocrine Surgery Fellowship
We developed the first integrated metabolic and endocrine surgery fellowship in the world, where trainees learn to perform advanced procedures that a traditional endocrine surgical fellowship does not offer. Our program, staffed by four fellowship-trained endocrine surgeons and four laparoscopic surgeons, focuses on endocrine and metabolic surgery, such as minimally invasive thyroid and parathyroid procedures, laparoscopic adrenalectomy, pancreas endocrine surgical oncology, office-based procedures, head and neck surgical oncology, and gastrointestinal metabolic surgery.

Our fellows spend a significant amount of time focusing on Laparoscopic, Bariatric and Minimally Invasive Surgery, working with one of the busiest laparoscopic surgery programs on the East Coast, and performing a large number of diverse procedures. They are involved with studies that investigate the effects of gastrointestinal surgery (bypass) on the remission of type-2 diabetes, a global health problem. They also participate in our Multidisciplinary Thyroid Center, which comprises endocrine surgery, otolaryngology, endocrinology, cytopathology, nuclear medicine and oncology.
“We look at our residents and see the future of surgery in their hands. Naturally, we take our responsibility to train those hands very seriously.”

DR. MICHAEL MARIN
Trainees enroll in our vascular surgery residency right out of medical school. This dedicated training offers residents the benefit of an increased focus and exposure to all of the different vascular illnesses and treatments early in their careers. It was among the first residency of its kind in the country and is one of the premier programs. It also started a trend in surgical training with other sub-specialties of surgery such as cardiothoracic surgery initiating similar training programs.

In addition to training at Mount Sinai, vascular surgery residents train at the Veterans Administration hospital in the Bronx, at one of the New York City hospitals in Elmhurst, Queens and a busy community-based hospital in Englewood, New Jersey.
VASCULAR SURGERY FELLOWSHIP PROGRAM
Mount Sinai also offers advanced training in vascular surgery. Trainees perform the advanced fellowship after completing their residency in general surgery. The Mount Sinai program was initiated by Dr. Julius Jacobson over 30 years ago and continues to train the highest caliber vascular surgeons in the country.

POST-GRADUATE VASCULAR TRAINING
Attending surgeons who are in clinical practice and are seeking advanced training in minimally invasive vascular techniques participate in our Post-Graduate Vascular Training. We also host surgeons for terms ranging from a couple of days to 3 months, to teach them the newer, novel techniques. These practicing surgeons can then employ these techniques in their clinical practice to the benefit of their patients.
A surgical team of physicians and nurses volunteer for a mission to Haiti in the aftermath of the 2010 earthquake.
“Surgical residents at Mount Sinai have the chance to put their skills to work in hospitals across the globe. They gain valuable hands-on experience as well as a clear perspective on the role of medicine in needy communities.”

DR. MICHAEL MARIN

THE GLOBAL SURGICAL HEALTH PROGRAM
The Global Surgical Health program started five years ago in the Dominican Republic to serve rural communities, share knowledge and expertise, and provide a life-changing experience for young surgeons. Working with limited resources, senior residents observe valuable skills and lessons, which they can incorporate into their practice when they return to Mount Sinai Hospital. The program has expanded to hospitals in Peru, Nigeria, Indonesia, and Haiti, where there will soon be a permanent critical care center.

In Indonesia, our focus is on education, where we host the largest critical care symposium in South East Asia. This year, 800 participants from 15 different countries participated in workshops run by our physicians. We also have a strong relationship with the University of Indonesia, where we have lectured since 1994 and have invited medical students and physicians to come to Mount Sinai to observe our work.
Spotlight: Dr. Ernest Benjamin

Dr. Benjamin started at Mount Sinai Hospital in 1979. Originally from Haiti, he studied medicine in France, specializing in anesthesiology, nephrology and critical care. In 1993, he became director of the Surgical Intensive Care Unit and has held that position ever since. In addition to his full time position in the Department of Surgery, he also holds an appointment in the Department of Anesthesiology.

Dr. Benjamin has been an active member of the Global Surgical Health team since its inception. After Haiti suffered the terrible earthquake in January 2010, he led a group of Mount Sinai doctors to provide medical services in his homeland’s devastated capital:

“The airport opened on a Thursday, so we arranged to go down on a private plane on Friday, taking a team and supplies. Our plane also carried two orthopaedic surgeons, two operating room nurses, and the head of Partners in Health, a nonprofit that we have worked with in Haiti. Another, larger team was scheduled to join us the following week.

We were assigned to work at the University Hospital, the largest hospital in Port-Au-Prince. The Mount Sinai team set up the first operating facility while Partners in Health coordinated the relief effort. The hospital was completely dysfunctional—on one side there were a growing number of deceased, and on the other side there were patients sitting outside in the sun because they feared that the hospital building might collapse.

The nearby nursing school had crumbled and over 150 nurses and teachers were still in the building. As a result, the staff couldn’t function very well themselves. It looked overwhelming, but we were comforted by the fact that help was coming from all over the world. We set up a compound and started performing surgery. In the days since the earthquake, patients had not received any special care and the facilities weren’t clean, so most of our patients needed limb amputation, fracture repair, and skin grafts.

There was very little that could be done in terms of critical care. Many people had expired from internal trauma, many of those who had survived were suffering from major infections, and there was no facility to take care of them. It took us a while to establish a makeshift ICU because there was no sanitary place to put it, and supplies were scarce.

It is very difficult to describe our experience in Haiti. There was nothing anyone could have done to prepare for what we found there. Even though I’ve been dealing with critical care catastrophes, I wasn’t prepared for what we encountered when we landed.”
HERE IS CONSENSUS AMONG OUR RESIDENTS

that the breadth of learning opportunities Mount Sinai offers is unparalleled. “The residency structure offers a balanced way to learn,” Dr. Alero Nanna explains. “It’s the perfect mix of independence, supervision, teaching, mentoring.”

The recipient of the Medical Student Teaching Award, Dr. Nanna is involved in creating a manual for different rotations. “It makes me a better candidate because I’m participating in this academic process and it gives me a chance to absorb the information from a different perspective.” Given her interest in international medicine, Nigerian-born Dr. Nanna is also looking forward to working at Mount Sinai’s hospital in the Dominican Republic.

Dr. John Byrn, a former surgical resident, recently returned to his home state of Iowa after six years at Mount Sinai. Dr. Byrn had developed a strong interest in colorectal surgery, and ultimately won a prestigious colorectal fellowship at Cleveland Clinic.

“Mount Sinai set me on the trajectory that led me to my current position as a clinical assistant professor at the University of Iowa Carver School of Medicine with a practice at the University Hospitals and Clinics,” he reports. “I’m happy because I get to do all the things I love: teach; contribute to the surgical literature in a way that helps us do what we do better; and move minimally invasive surgery forward here in Iowa.”

Both agree that mentorship is one of the surgical program’s greatest assets. “Dr. Divino takes a personal interest in my development,” says Dr. Nanna. Dr. Byrn adds that Mount Sinai mentors tend to stay in touch long after the residency ends. “The chair emeritus, Dr. Aufses, Jr., wrote recommendations for me—7 years after we met,” he recalls. “And we continue to exchange emails today.”
“We teach our residents to care for their patients and take an active role in their community.”

DR. MICHAEL MARIN
The Department of Surgery comprises nine divisions:

- General Surgery
- Colon and Rectal Surgery
- Metabolic Endocrine and Minimally Invasive Surgery
- Organ Transplantation
- Pediatric Surgery
- Plastic and Reconstructive Surgery
- Surgical Intensive Care
- Surgical Oncology
- Vascular Surgery

Our primary surgical practices are housed on Mount Sinai’s main campus on the Upper East Side. Our faculty, staff, residents and medical students also provide surgical services at four affiliates:

- Elmhurst Hospital, Queens
- The James J. Peters Veteran’s Administration Medical Center, Bronx
- Englewood Hospital, New Jersey
- Queens Hospital Center

Private philanthropy has played a pivotal role in propelling The Mount Sinai Medical Center to become one of the world’s leading medical institutions. In 2008, the Department of Surgery established the Surgery Advisory Board, a dynamic a unique community of philanthropists who share our mission of sustained excellence, and The Friends of The Mount Sinai Department of Surgery, a group of dedicated supporters who participate in special gatherings and departmental functions.

We invite you to join our world-renowned surgeons in their quest to treat patients and innovate in the field of surgery. Your
support will help fund the ongoing efforts of researchers to develop new and effective surgical treatments, support the Department’s work in global health, and ensure that Mount Sinai continues to attract the most gifted, experienced and innovative thinkers and practitioners in the field. As a member of the Surgery Advisory Board, you will receive regular briefings from our leading clinicians, scientists and educators on the latest medical advancements in cutting-edge technologies, research and surgical treatments.

Our success today has been made possible in part by the efforts of the current Department of Surgery Advisory Board:

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