In March, we held a Gala event celebrating 60 years of open-heart surgery at NYP/Columbia. The evening brought together patients and family members, surgeons, physicians and support staff, and highlighted our many milestones, innovations and accomplishments in cardiac surgery. More below.

NYP/Columbia has launched a Marfan Clinic and will become a referral site for individuals suffering from this disease. In Marfan syndrome, a weakening of the connective tissue often leads to heart valve problems and to aneurysms that can rupture, putting the patient at risk of sudden death. We are known for our ability to provide timely treatment and careful monitoring of adults 18 and over who have this complex condition. The clinic will be based at ColumbiaDoctors Midtown on 51st Street in midtown Manhattan. Hiroo Takayama, MD, PhD, and David J. Engel, MD, will serve as co-directors. On June 10th the Clinic will be participating in the Marfan Walk for Victory in Brooklyn.

In this issue you will also learn how our multidisciplinary approach allows us to provide exceptional patient care, and why gastric cancer is a threat for baby boomers

Craig R. Smith, MD, FACS
Chairman, Department of Surgery
a support staff of nurses, aides and physical therapists, and one remarkable heroine. After more than 21 surgeries, Roberta serves as an inspiration for other patients, telling them, “Stay positive and keep on going. Your life has a purpose and it’s worth fighting for.” She recently told her story at Columbia’s Lung Health awareness day on May 6th.

Here’s how her journey began. In 1993, Roberta’s car started accelerating on its own and crashed into a tree. Fortunately, a team of paramedics was right behind her, and after being rescued with the “jaws of life,” Roberta was rushed into surgery at a Long Island hospital. It took several operations to repair a shattered clavicle and femur, leaving Roberta in a wheelchair and with trouble holding up her head. But there were three things in her favor: The unflagging support of her husband, Barry, and her children. Work she loved, designing custom clothes, and organizing fashion shoots. And her own natural optimism. Sure that something more could be done, Roberta eventually made her way to Columbia.

In 2002, Dr. James McMurtry, a noted neurosurgeon, invented an operation to re-fuse Roberta’s vertebrae and give her head some more stability. “I was in terrible pain but Dr. McMurtry changed all that, and threw away my neck brace,” Roberta recalls.

Two years later, Roberta returned to Columbia to be treated for breast cancer, a decision that would not only save her life but miraculously address many of her previous injuries. After a full mastectomy and chemotherapy, Roberta opted to have her ovaries and fallopian tubes removed, fearing that her cancer might one day return in these organs. Dr. Jeffrey Ascherman then took charge of her reconstructive surgery. Concerned that Roberta was still in a wheelchair, he referred her to his colleague, Dr. Howard Kiernan, an orthopedic surgeon. In 2008, Dr. Kiernan operated on Roberta’s feet and gave her a knee replacement, and with the help of the rehab team at Columbia, she was able to walk again.

“Life was great,” Roberta said, until 2009 when, on a trip to Florida, she woke in the middle of the night with severe heartburn and numbness in her arms. She immediately flew back to New York to consult with her Columbia team. Gastroenterologist Dr. David Markowitz diagnosed an aggressive form of esophageal cancer near the junction with Roberta’s stomach. Addressing this new cancer wasn’t easy. After her car accident, Roberta had a metal rod placed in her chest. Her thoracic surgeon, Dr. Frank D’Ovidio, carefully worked around it. After excising the cancer in her stomach and esophagus, he did a gastric pull-up, creating a “human” feeding tube by connecting what was left of Roberta’s esophagus to her small intestine. As a result of adjusting the access point for this surgery, he was also able to remove 40 lymph nodes to prevent the cancer from spreading.

A couple of years after the esophageal surgery, Roberta had trouble speaking and swallowing. She aspirated her food, resulting in a bout of pneumonia and a trip to the ER. After making sure there was no recurrence of her cancer, Dr. D’Ovidio sent Roberta to Dr. Lucian Sulica who identified a surprising case of vocal cord paralysis unrelated to her cancer treatment. With an injection, Dr. Sulica was able to repair Roberta’s vocal cords, help her regain her voice, and end the choking episodes. “Dr. Sulica cares for singers at the Metropolitan Opera,” Roberta notes, “And I was pleased to be in such good company.”

The good news is that Roberta’s Stage 3 esophageal cancer was contained, and, since finishing her treatment, she has remained cancer-free for eight years. “One big factor in the outcome was Roberta’s determination,” says Dr. D’Ovidio. She brought so much to the table, with her optimism and her willingness to do whatever it takes to heal. We know that patients with this attitude are the ones who tend to do better and recover faster.”

Fit, slim, and energetic, Roberta is now making her debut as an author and an inspirational speaker. Her mission is encouraging other patients to stay optimistic and participate in their own healing. Recently she heard about a patient who was too depressed to undergo surgery for esophageal cancer. After Roberta told him her story, urging him to trust his doctors, he scheduled the operation and is now doing well.

“The will to live comes from the mind, the body and the soul,” Roberta says. “You just have to cultivate each part of you and keep it strong.”

Roberta has other advice for patients dealing with a tough diagnosis, “When you’ve got the worst of the worst, you go to the best of the best. At Columbia, the doctors are all brilliant and they also work as a team. Their flawless collaboration is what saved my life.”

Roberta’s book is now available on Amazon. You can watch her on ABC-TV’s Medical Marvels here:
www.abc7ny.com/health/medical-marvels-complex-esophageal-surgery-saves-a-life-/1646502/
NYP/Columbia Celebrates Landmarks in Heart Surgery

On March 29, 2017, NYP/Columbia celebrated 60 years of open-heart surgery with a gathering of patients, doctors, surgeons, nurses, and an official proclamation from the New York State Assembly and Manhattan Borough President, Gale Brewer.

In 1956, Dr. George Humphreys performed the institution’s first open-heart surgery on a child with a congenital heart defect. NYP/Columbia has completed tens of thousands of heart procedures since and now performs more than 2,200 open-heart surgeries each year.

“The continued success of our cardiothoracic surgery program is a testament to the dedication of our multidisciplinary team, including surgeons, cardiologist, nurses and researchers,” said Craig R. Smith, MD, chair of the Department of Surgery.

Other newsworthy accomplishments:

2016
Drs. Emile Bacha and Paul Chai implant a ventricular assist device in the world’s youngest patient who later receives a successful heart transplant.

2013
Dr. Emile Bacha is the first surgeon in the world to use 3D printing in the surgical repair of a heart defect.

2010
The landmark PARTNER trial, led by Drs. Craig Smith and Martin Leon, paves the way for the approval of transcatheter aortic valve replacements (TAVR) for aortic stenosis.

2001–2002
Drs. Michael Argenziano, Craig Smith and Mehmet Oz perform the first totally endoscopic, robotic open heart operation as well as the first robotic coronary artery bypass operation in the US.

2001
NYP/Columbia team performs the country’s first ABO blood-type incompatible heart transplant in a child.

1989
NYP/Columbia doctors are the first in the nation to successfully transplant a child with complex single ventricle after an unsuccessful corrective surgery.

1985
NYP/Columbia becomes the only medical center in the state to be designated a regional heart transplant center by the New York state Health Planning and Review Council.

1984
A team of NYP/Columbia surgeons led by Dr. Eric Rose performs the world’s first pediatric heart transplant.

1980’s & 1990’s
NYP/Columbia leads research on left ventricular assist devices (LVADs) and extracorporeal membrane oxygenation (ECMO) dramatically improving the time children with heart failure can survive while waiting for a transplant.

1977
The institution establishes its heart transplant program.

1963
NYP/Columbia physicians publish their approach for managing patients with tetralogy of fallot, a standard for many years to come.

“We will continue to put our patients first and provide the best possible outcomes for the next 60 years and beyond,” said Dr. Smith.
Gastric Cancer: A Concern for Baby Boomers

Generally found after 69, it’s more likely to strike men than women

According to the American Cancer Society, about 28,000 Americans are diagnosed with stomach cancer every year. This cancer is generally found after the age of 69, and is more likely to strike men than women. While it’s been on the decline since the late 1930s, thanks to improved refrigeration and antibiotics, it remains a concern for baby boomers.

At 69, Vera Weinstein was planning a leisurely cross-country trip to visit her daughter in California. She was due for a colonoscopy, so she scheduled one a few days beforehand. Then her doctor followed up with an endoscopy because Vera complained of acid reflux. To everyone’s surprise, this test showed stomach cancer.

“My husband and I have always eaten well, with lots of fruits and vegetables and everything made from scratch,” Vera said. “I didn’t fit the profile of the average stomach cancer patient, so it was a shock to get this news.”

Fortunately, the Weinsteins had a strong connection to Columbia. Vera’s husband Len had been treated there for pancreatic cancer. “Len had very successful surgery,” Vera says. “Five years to the day, we were going to celebrate his recovery, when we found out about mine.”

Len’s doctor came to the rescue, setting up an appointment for Vera with Beth Schrope, MD, PhD, a general surgeon known for her expertise in gastric cancer. Dr. Schrope is also Director of the Pancreatic Cyst Surveillance Program at Columbia’s Pancreas Center.

“I told Dr. Schrope that I was worried and upset,” Vera recalls. “But she was so upbeat and cheerful. She said, ‘What is the point of worrying until you have to?’ Immediately she calmed me down.”

Dr. Schrope performed a distal gastrectomy, removing the bottom portion of Vera’s stomach. She also found cancer cells in Vera’s lymph nodes and recommended chemotherapy.

“I recovered from the surgery in three days,” Vera recalls. “And there were plenty of people on hand to help me. Donald Garmen, my nurse practitioner, was there 24/7 to answer any questions. The nutritionist was also on top of her game and helped me greatly. I was put on a very strict diet for a month until my stomach started working.”

“Vera and her husband were justifiably concerned at her diagnosis,” says Dr. Schrope, “but together our team at Columbia devised a comprehensive care plan including minimally invasive surgery and chemotherapy. She recovered beautifully from surgery and tolerated the chemotherapy like a trooper. Vera was supported by our team—a surgeon and an oncologist, and an array of nurse practitioners and care specialists—and also by her husband. I am thrilled to see how well she has done throughout her treatment and happy to see her planning for an ambitious future.”

Vera’s last CT scan was clear, and she is looking forward to more travel, including a trip to Hawaii and a Scandinavian cruise. “My husband and I have a long bucket list,” she says, “and there are many more things we want to do.”

Find more information, about our Center for Global Excellence in Gastric Cancer Care here: www.columbiasurgery.org/gastric-cancer
To set up an appointment, please call 212.305.9441

Still can’t find what you are looking for?
With over 5000 pages on our web site, we probably have it covered. Use the search bar located on the top of every page at: www.columbiasurgery.org or email us at info@columbiasurgery.org