SUNY Upstate Names Sixth President

David R. Smith M.D., former chancellor of Texas Tech University and former Texas Commissioner of Health, assumes the presidency this month.

Page A2

Nancy Nussmeier M.D. Named Anesthesiology Chair

The director of the Cardiovascular Research Institute at the Texas Heart Institute in Houston brings her national reputation for research, education and clinical care to SUNY Upstate Medical University.

Page A4

Plicator Procedure Offers Reflux Relief

In under one hour, a new outpatient procedure relieves symptoms for many who suffer from chronic gastroesophageal reflux disease (GERD).

Page A6

THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital’s Physician-To-Physician Service
The incoming president of SUNY Upstate Medical University is a pediatrician whose first assignment – at a community clinic on the Texas/Mexico border – taught him “the difference between health and medicine.”

Working for the National Health Service Corps in Brownsville, Tex., David R. Smith MD recognized that his patients’ most challenging problems were more societal than medical, according to a profile in MedHunters magazine.

That distinction changed the direction of Smith’s career, steering him toward posts that influence public health policy as well as medical care delivery. “I knew that I could do more by changing the way things were done,” he explains.

National Prominence

Smith most recently served as chancellor of Texas Tech University, a system with 31,000 students and a budget of almost $1 billion. Under his leadership, the system saw unprecedented growth in enrollment, student quality and fundraising. Innovations included the development of the nation’s first four-year medical school on the U.S./Mexico border and a geriatric program with a “teaching nursing home.”

En route to his position as chancellor, Smith served as medical director of the Brownsville Community Health Center; a deputy director with the Department of Health and Human Services in Washington D.C.; and senior vice president and CEO of Parkland Memorial Hospital in Dallas. One of Smith’s initiatives there – moving primary care delivery out of the emergency department and into the community – earned a chapter in Bill Moyers’ 1993 book, Healing and the Mind.

Smith also served as Texas Commissioner of Health, an agency with a $7 billion annual operating budget. In addition to campaigning for childhood vaccinations and folic acid for pregnant women, Smith was the plaintiff in the state’s landmark case against the tobacco industry. Texas won a $17 billion settlement in that case.

He also served for five years as president of the Texas Tech University Health Sciences Center and Dean of the School of Medicine and Graduate School of Biomedical Sciences.

An Ohio native, Smith is said to “carry himself with the air of a Texan. He has a warm handshake and a warmer heart.”

Homecoming

Smith and his wife, Donna Bacchi MD, a New York State native, pediatrician – and equally adamant public health advocate – met as undergraduates at Cornell University. “So in a way,” Smith said, “coming back to New York is like coming home.”

Speaking briefly at Upstate when his appointment was announced, Smith said he prefers to be called Dave, and listening more than speaking. “I believe that’s why we have two ears and one mouth,” he said.

Smith assumes the Upstate presidency on September 1.
This month, the Department of Anesthesiology at SUNY Upstate Medical University welcomes as its chair Nancy A. Nussmeier MD, former director of Cardiovascular Anesthesia Research at the Texas Heart Institute in Houston. Fellowship-trained in cardiothoracic anesthesia at Emory University Hospital, Atlanta, she was most recently a professor of anesthesiology at Baylor College of Medicine in Houston.

“Dr. Nussmeier, a nationally recognized leader in cardiac anesthesiology, brings to SUNY Upstate extraordinary academic, clinical and leadership skills,” according to Steven J. Scheinman MD, executive vice president and dean of the College of Medicine at Upstate. “She will be an outstanding leader for the department and the institution.”

As director of Cardiovascular Anesthesia Research at the Texas Heart Institute, one of the nation’s largest cardiovascular centers, Nussmeier directed an aggressive research enterprise dedicated to improving anesthesia and surgical care in patients with cardiovascular disease. The institute’s studies address such issues as how to protect the brain during cardiac surgery; gender-related outcomes after cardiac surgery; investigation of novel drugs to treat pain after cardiac and thoracic surgery; and anesthetic management for people with severe heart failure. Nussmeier had directed the Cardiovascular Anesthesia Research Institute since 1999.

Nussmeier has published dozens of research articles and abstracts in a variety of journals, including the New England Journal of Medicine, Journal of Thoracic Cardiovascular Surgery, Anesthesiology, Anesthesia and Analgesia, Journal of Cardiothoracic Vascular Anesthesia,
and Texas Heart Institute Journal. She has also contributed to nearly a dozen medical textbooks. In addition, Nussmeier serves on the editorial boards of numerous publications including Anesthesia and Analgesia and the Journal of Cardiothoracic and Vascular Anesthesia.

**Academic Appointments**

While directing cardiovascular anesthesia research at the Texas Heart Institute, Nussmeier served as a professor in the Department of Anesthesia at Baylor College of Medicine and as an attending anesthesiologist at Texas Heart Institute at St. Luke’s Episcopal Hospital.

Before joining the Texas Heart Institute, she served on the faculty the University of Washington School of Medicine, Seattle, and the University of California, San Francisco.

Nussmeier is a member of the board of the Society of Cardiovascular Anesthesiologists, where she serves as chair of its Committee on Research and co-chair of its Task Force for Philanthropy. She also serves on the American Heart Association Council on Cardiovascular Surgery and Anesthesia Leadership Committee. She has also held leadership positions with the American Society of Anesthesiologists.

A native of Indiana, Nussmeier received a bachelor’s degree from Purdue University in 1975, and a medical degree from Indiana University School of Medicine in 1979. Her postgraduate training includes a surgery internship at Massachusetts General Hospital and Waltham Hospital, Boston (1980); anesthesia residency at Massachusetts General Hospital (1982); and a cardiothoracic anesthesia fellowship at Emory University Hospital, Atlanta (1983).
The Plicator procedure, a new treatment to control heartburn and other symptoms of gastroesophageal reflux disease (GERD), is now offered at University Hospital.

The outpatient procedure has been shown to reduce or eliminate symptoms associated with GERD. It is designed for individuals who are dependent on medications or would otherwise need surgery to control the chronic symptoms of GERD. These symptoms include heartburn, regurgitation, chest pain, hoarseness and chronic cough.

University Hospital is the only hospital in New York State, outside the New York City metropolitan area, to offer the procedure. It is performed by University Hospital gastroenterologists Ronald Szyjkowski MD and Bipin Saud MD.

**Often Debilitating**

“GERD, also known as reflux, can be a very debilitating condition and this procedure gives patients a viable alternative to long-term drug use or anti-reflux surgery,” explains Dr. Szyjkowski.

The Plicator procedure corrects the underlying mechanical defect that causes GERD.

According to Szyjkowski, GERD is caused by a weakened muscular valve – the lower esophageal sphincter – at the end of the esophagus. This valve normally keeps stomach contents from flowing up into the esophagus. In patients with GERD, however, this valve is weak or relaxes too frequently, allowing stomach contents to flow freely into the esophagus.

**Endoscopic**

The Plicator is a flexible endoscopic instrument that is inserted through the mouth, down the esophagus and into the stomach, where it is positioned at the gastroesophageal junction.

The Plicator then grasps, folds and fixates tissue at this junction by using standard suture, thus tightening the valve that restores the normal anti-reflux barrier. The entire procedure is visualized through the scope’s high-resolution cameras, allowing for precise suture placement.

The procedure is performed under conscious sedation in an outpatient setting. It typically takes 30 minutes or less, and patients return home the same day.

**Highly Effective**

In a multi-center trial, the Plicator procedure was evaluated at one-year post-procedure and found to eliminate the need for prescription heartburn medications in 70 percent of treated patients.

Prior to the Plicator procedure, treatment options for GERD were limited to chronic drug therapy or traditional anti-reflux surgery.

“Daily intake of medications, known as proton pump inhibitors, is safe and can provide significant symptom relief for most patients,” reports Dr. Szyjkowski. “But they help only to suppress acid production and do not prevent the physical regurgitation of gastric contents into the esophagus.”
Gastroesophageal Reflux Disease

“In addition, the drugs are often required for a patient's lifetime since GERD symptoms will typically return once medication has been discontinued or forgotten,” he adds. “Many patients do not want to take medicine everyday. Until now, surgery was their only other option.”

Traditional anti-reflux surgery requires general anesthesia, multiple incisions, hospitalization and a recovery period lasting several days.

To qualify for the Plicator procedure, patients must be 18 years or over and diagnosed with GERD by a physician. They should have completed a trial of antacid medicines.

Most insurance companies cover the procedure. Patients may be referred by a physician or may self-refer. For more information or to schedule an appointment, call Dixie Janicek at 315-464-5804.

GERD: Not Only Irritating

- An estimated 15 million people in the United States suffer from GERD, making it the most prevalent disorder of the esophagus. The most common symptom of GERD is heartburn, described by sufferers as a burning sensation behind the breastbone. Other symptoms include regurgitation, chest pain, hoarseness, wheezing and chronic cough.

- Left untreated, GERD can lead to a variety of serious esophageal complications including inflammation, also known as esophagitis; ulceration; or strictures. GERD patients are at risk to develop a pre-cancerous condition known as Barrett’s esophagus.

- A new University Hospital outpatient procedure for gastro-esophageal reflux disease (GERD) provides a welcome option for many who suffer from the disruptive symptoms of GERD.

- The Plicator procedure has been shown to reduce or eliminate symptoms and medication use associated with GERD.

University Hospital internist Lisa Kaufmann MD, clinical professor of medicine, has an on-air discussion about stress reduction and “mindful eating” with HealthLink on Air radio host Trisha Torrey, right.

University Hospital’s HealthLink On Air

Sundays, 9 to 10 a.m.
570 WSYR-AM

This new interview-format radio show focuses on health and medical issues affecting Central New Yorkers. As with its parent, University Hospital’s free HealthLink seminar series at ShoppingTown, HealthLink On Air was created to help Central New Yorkers become smarter health care consumers.

www.healthlinkonair.org

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