UAMS has more than doubled the size of its neurosurgery team since 2010, recently adding subspecialists who bring skills and techniques unique to Arkansas and the region.

Led by Neurosurgery Department Chair J.D. Day, M.D., the team has grown from five faculty physicians and surgeons to 14, four of them based at Arkansas Children’s Hospital.

It includes three recent additions:
• Hazem M. Ahmed, M.D., Ph.D., who has completed five fellowships: neurosurgery, pediatric neurosurgery, spine surgery, cerebrovascular surgery, and skull base surgery.
• Noojan Kazemi, M.D., who has completed two neurosurgery spine fellowships and brings the very latest minimally invasive approaches.
• Demitre Serletis, M.D., Ph.D., a neurosurgeon and epilepsy specialist who is developing an Epilepsy Surgery Program at UAMS, the only one of its kind in Arkansas and one of only a handful in the U.S. with a stereotactic robot used for brain electrode implantation. An accomplished scientist, Serletis has published extensively in the field of epilepsy research.

“We have complete coverage of all the subspecialties of neurosurgery,” Day said. “We have four spine fellowship-trained neurosurgeons, the state’s only fellowship-trained epilepsy surgeon, the only fellowship-trained neuro-oncologist, the only fellowship-trained surgeon in functional neurosurgery, in addition to a comprehensive multidisciplinary brain tumor program.”

Another First
In addition, Day recently became the first in the state to use a minimally invasive, breakthrough brain tumor removal procedure using the new BrainPath tube. The bullet-shaped device is guided deep into the brain with advanced 3-D imaging and a computerized brain navigation system. It allows Day to target and suction out brain tumors, abscesses and hemorrhages with less tissue disruption than with traditional techniques.

Day’s international renown has led neurosurgeons in other countries to seek him out as a fellowship mentor. He has mentored fellows from Japan and China constantly for nearly three years.

Other members of the neurosurgery team are:
• Dongxia Feng, M.D., Ph.D., who joined the neurosurgery team in 2011 after completing neurosurgery research fellowships at the University of Texas Health Science Center in San Antonio and UAMS.
• T. Glenn Pait, M.D., a neurosurgeon and spine specialist who leads the T. Glenn Pait, M.D., Spine Clinic.
• Erika Petersen, M.D., who is fellowship trained in functional neurosurgery and serves as director of Functional and Restorative Neurosurgery.

UAMS neurosurgeons are (l-r): Erika Petersen, M.D., Allan Gocio, M.D., T. Glenn Pait, M.D., Monir Tabbosha, M.D., J.D. Day, M.D., Dongxia Feng, M.D., Hazem Ahmed, M.D., Demitre Serletis, M.D., Ph.D., and Noojan Kazemi, M.D.

MESSAGE FROM DR. SMITH

Dear Colleagues:

We are excited to inform you that UAMS has a new Allergy and Immunology Clinic that opened in December. The physicians staffing the clinic, Drs. Matt Bell and Josh Kennedy, both completed their internal medicine/pediatrics residencies at UAMS prior to completing fellowship training and board certification in allergy & clinical immunology. Both have extensive experience in treating allergic disorders in adults and look forward to bringing this clinical expertise to the UAMS community.

The clinic offers testing for and management of: seasonal allergies, drug allergies, venom allergies and asthma. The physicians also specialize in complex cases involving chronic hives, chronic sinusitis, adult immunodeficiency and food allergies. They will work closely with other UAMS specialists including those in pulmonology, dermatology and otolaryngology.

We hope you will find this new UAMS service helpful. To schedule an appointment with our Allergy and Immunology Clinic, call 501-686-8000 or 866-826-7362.

Sincerely,

Charles W. Smith, M.D.
Executive Associate Dean for Clinical Affairs
UAMS in February will begin using telemedicine to better address the needs of rural Arkansans with spinal cord injuries.

TRIUMPH (Tele-Rehabilitation Interventions through University-Based Medicine for Prevention and Health) enables routine follow-up and emergency care for the nearly 200 Arkansans a year who sustain spinal cord disabilities that are severe enough to limit their abilities to function in their homes, jobs and communities.

A key component of TRIUMPH is its Call Center, a 24/7 service that connects local physicians and patients with UAMS Board Certified Physical Medicine and Rehabilitation specialists, including Thomas Kiser, M.D., the state’s only spinal cord injury specialist.

“The Call Center can provide primary care physicians with support and education for treating these complex patients,” said Ellen Lowery, who directs the TRIUMPH program.

Emergency room physicians in 42 Arkansas community hospitals can use the Call Center to connect via telemedicine with the UAMS physiatrist on call.

UAMS is also developing evidence-based treatment guidelines that will assist physicians in treating spinal cord injury patients. Continuing education programs/credits will be available to physicians, nurses and physical therapists via learnondemand.org soon after the TRIUMPH Call Center is activated on Feb. 1.

TRIUMPH is a collaboration of the UAMS Center for Distance Health and Department of Physical Medicine and Rehabilitation and is funded by the Arkansas Trauma Rehabilitation Program.

“The TRIUMPH Call Center can be reached at 855-767-6933 (855-PMR-MYTE).”

**PHYSICIAN PROFILE**

**SALLIE OLIPHANT, M.D., M.SC.**

**FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY**

**WHAT DO YOU LIKE MOST ABOUT YOUR SPECIALTY?**

Urogynecologists treat a variety of pelvic floor disorders which significantly affect a woman’s health and well-being including urinary incontinence, overactive and painful bladder syndromes, fecal incontinence, and pelvic organ prolapse. As an urogynecologist I have the opportunity to significantly improve the quality of life of my patients through a combination of medical and surgical interventions. My treatments help women enjoy their lives without the burden of pelvic floor disorders, which is truly rewarding.

**WHAT MAKES YOU UNIQUE AMONG YOUR PEERS?**

As a fellowship-trained urogynecologist, I am able to offer my patients the full range of treatment options for pelvic floor conditions. My treatment approach is patient-centered and I feel strongly that each woman’s experience is unique. With this in mind, my treatment approach is tailored to the individual woman and her specific treatment goals. I am also an experienced researcher, having completed a master’s degree in clinical research, and have a specific interest in maternal birth injury and its effects on pelvic floor support.

**WHY DID YOU COME TO UAMS?**

I grew up in Mississippi, so was excited to return to the South. I was impressed with the clinical and research expertise at UAMS and knew that I would have an amazing opportunity to impact the health of the women of Arkansas with my work.

**WHAT ARE YOUR CLINICAL SPECIALTIES?**

I have a particular interest in minimally invasive surgical treatment of pelvic organ prolapse, including both vaginal and laparoscopic approaches. My most satisfying task as a physician is educating women about their bodies and engaging them in the treatment process.

To make a referral, call 501-686-8000 or email soliphant@uams.edu.
The 63-year-old male patient presented to the UAMS Otolaryngology – Head and Neck Surgery Clinic with recurrent laryngeal cancer. The patient has a history of expressive aphasia and right hemiplegia due to a cerebrovascular accident in 1980. In 2006 an outside physician performed a microlaryngoscopic CO2 laser resection of the glottic squamous cell carcinoma of the larynx with positive margins. The patient received radiation treatment for his residual disease at an outside facility and remained under close surveillance due to his history and due to an anterior glottic web (granulation tissue that forms across the lumen of the larynx – a complication of his initial surgery).

Recurrent Cancer Confirmed
His routine follow-up visits revealed no evidence of disease until May 2011, when the patient presented with progressive hoarseness without dyspnea or dysphagia. Flexible endoscopic examination revealed findings consistent with tumor recurrence. The tumor involved the entire right true vocal cord, extending to the anterior commissure and involving the anterior two-thirds of the left true vocal cord. There was less than 5 mm of extension into the subglottic region. Tumor involving the floor of the right ventricle caused limitation in the right true vocal cord movement (Fig. 1). The left true vocal cord was mobile, and the epiglottis was uninvolved.

The patient underwent direct laryngoscopy and biopsy, which confirmed the diagnosis of a well-differentiated invasive squamous cell carcinoma. He also underwent repeat imaging for re-staging in the form of contrast CT of the neck, which revealed no pathological lymph nodes in the neck, unremarkable hyoid bone, thyroid and cricoid cartilages, as well as the paraglottic and pre-epiglottic spaces. His recurrent tumor was staged as T2N0.

Options Discussed
Management options were discussed with the patient in detail, including no treatment, palliation with chemotherapy, re-irradiation, conventional microlaryngoscopic laser excision, TORS, and open surgery in the form of supraccricoid partial laryngectomy with cricohyoidepiglottopexy (SPL-CHEP) or total laryngectomy. The patient’s preoperative pulmonary function test revealed a FEV1 to FVC ratio of 62.84 percent, which was considered borderline for a partial laryngectomy.

The patient chose to have surgery starting with minimally invasive transoral approaches, preferably TORS, with awareness of the possibility of undergoing microlaryngoscopic laser excision or SPL-CHEP, depending on the adequacy of intraoperative exposure obtained for safe oncological tumor extirpation in transoral techniques. He was also consented for a planned tracheotomy.

Procedure
After obtaining general endotracheal anesthesia, a Feyh-Kastenbauer retractor (FKR) with a Wollenberg laryngeal blade (Gyrus ACMI, Southborough, MA) was placed into his mouth, providing wide exposure to the endolarynx (Fig. 1). Following this observation, the FKR was removed, and a standard tracheotomy between the second and third tracheal rings was performed. The patient was intubated through the tracheotomy, and the FKR was replaced to provide the previously obtained exposure. Utilizing the da Vinci surgical robot, the entire procedure was performed by using a 5-mm Maryland dissector in the left arm and a spatula monopolar cautery in the right arm with the aid of a 0-degree scope. A partial laryngectomy was performed by removing the entire right cord with its subglottic region, the anterior two-thirds of the left cord with its subglottic region, both paraglottic spaces and the supraglottis.

Outcome
The laryngeal framework, epiglottis, both arytenoids and posterior third of the left true vocal cord were preserved (Fig. 2). The surgical field was packed with moist gauze while waiting for frozen section margins. Surgical margins of resection were negative in frozen section.

The final pathology report was in agreement with the reported intraoperative frozen section margins. The patient went home seven days after surgery; he was decannulated four weeks after surgery; and his percutaneous gastrostomy tube was removed at six weeks. He maintained satisfactory phonation without any additional assistance for communication. The patient is cancer free 28 months after surgery.
Emre Vural, M.D.
Professor, Department of Otolaryngology-Head and Neck Surgery

EDUCATION
Doctor of Medicine, Ankara University School of Medicine, Ankara, Turkey
Residency, Department of Otolaryngology-Head and Neck Surgery, Ankara University School of Medicine

FELLOWSHIP
Fellow, Facial Plastic and Reconstructive Surgery, Department of Otolaryngology-Head and Neck Surgery, UAMS
Fellow, Head and Neck Surgery, Department of Otolaryngology-Head and Neck Surgery, UAMS

CERTIFICATION
American Board of Otolaryngology
American Board of Facial Plastic and Reconstructive Surgery
Medical Oncology; American Board of Internal Medicine in Hematology

PUBLICATION

To make a referral, call 501-686-8227.
UAMS Begins Statewide Sickle Cell Clinical Program

UAMS has opened a multidisciplinary clinic to serve Arkansas’ adult sickle cell patients as part of a statewide comprehensive program to address the disease.

The multidisciplinary clinic at UAMS’ Outpatient Center is led by Robin Devan, M.D., a palliative care physician in the Department of Internal Medicine. Clinic staff will include an advanced practice nurse, a registered nurse and a social worker. Patients will be seen annually and will receive any primary or specialty care they may need.

The program also includes:
• A Call Center with nurses available 24/7 to assist and advise providers and patients
• A Transition Clinic, which will facilitate the smooth transition of pediatric sickle cell patients to adult care
• A Patient Registry of consenting adults with sickle cell, tracking their care, morbidity and mortality over time

“Sickle cell is a chronic, high-maintenance disease, because as a blood disease it affects every organ in the body,” Devan said, noting that life expectancy can be in the mid-40s for patients with the most severe form of sickle cell. “People in their 20s and 30s may present with kidney failure, liver failure, strokes, retinopathy, and other life-threatening conditions.”

Sickle cell affects an estimated 1,300 children and adults in Arkansas. The goal of the program is to improve sickle cell care and the overall well-being of patients across Arkansas through provider training, the use of evidence-based medicine, and patient education.

The program is funded in part by the Arkansas Legislature and Medicaid and is made possible through a partnership with the UAMS Center for Distance Health.

For more information about the program, visit http://sicklecell.uams.edu or call 1-855-Sic-Cell (742-2355).
CME CONFERENCES

Symposium on Critical Care and Emergency Medicine
March 7-8, 2014
Arlington Hotel and Spa, Hot Springs

20th Annual Diabetes Update
April 4-5, 2014
Crowne Plaza Hotel, Little Rock

Diamond Conference
April 25, 2014
Holiday Inn Airport, Little Rock

2014 Trauma Update
May 2-3, 2014
Embassy Suites, Little Rock

Neurology Update
June 7, 2014
UAMS Stephens Spine Institute, Little Rock

For more CME information, visit www.cme.uams.edu or call 501-661-7968.

UAMS Offers Online Continuing Education Credits

A new UAMS website portal, learnondemand.org, allows healthcare professionals at any time to hear lectures and take classes online to earn continuing education credits.

Learn On Demand, developed at the UAMS Center for Distance Health, allows users to track all their educational hours and credits earned inside or outside the program. The site also is compliant with the continuing education requirements for all three national accrediting organizations for physicians, nurses and pharmacists.

Learn On Demand is important to UAMS' long-term goal of ensuring health care professionals statewide have equal access to educational tools.

NEW PHYSICIANS

Emergency Medicine
Lee Wilbur, M.D.
Gregory Snead, M.D.

Neurosurgery
Noojan Kazemi, M.D.