The UAMS liver transplant program has performed a record number of transplants the past year – 36 – and its survival rates continue to surpass national rates.

Survival outcomes for liver transplants at UAMS are exceeding the United States’ one-year and three-year averages, according to the Scientific Registry of Transplant Recipients (SRTR). UAMS’ one-year survival rate was 95.2 percent, compared to the national average 87.9 percent.

Such good results, along with continuing investments in top physicians, surgeons and staff, put UAMS among the premier organ transplant centers in the country, said transplant hepatologist Andres Duarte, M.D. Major referral centers for liver patients in other states are now telling patients from Arkansas they should go to UAMS, Duarte said, recalling two such instances in the past year involving the Mayo Clinic, where he completed his hepatology fellowship training.

“They know that our work at UAMS is on par with theirs, and they don’t offer anything that we don’t,” said Duarte, who added that UAMS patients will also experience significantly shorter wait times for transplants compared to other institutions.

UAMS has four liver transplant surgeons and five hepatologists dedicated to liver transplantation.

“The physicians and surgeons on our team have had extensive training at some of the best liver transplant centers anywhere, and they are board certified,” said Daniel Borja, M.D., who leads the liver transplant surgery team with Frederick Bentley, M.D. He expects that UAMS will likely be performing closer to 50 liver transplants a year as their reputation grows over the next few years.

Borja also noted that liver transplants are just part of UAMS’ comprehensive, multidisciplinary liver disease treatment program. “We have the expertise to treat literally any liver disease, and there are no other institutions in Arkansas that can provide the same level of service.”

In addition to transplantation, Borja performs liver resections for primary cancer and for metastatic tumors, such as colorectal cancers. Prior to joining UAMS in 2012, Borja completed two fellowships at the University of Minnesota. The first fellowship was in hepatopancreatobiliary (HPB) surgery, which includes the pancreas, bile ducts and the liver, and often involves cancer patients. During his second fellowship, Borja specialized in liver, kidney and pancreas transplantation.

Frederick Bentley, M.D., has more than 30 years of experience as a transplant surgeon and received fellowship training in transplantation surgery at the University of Minnesota in Minneapolis. Gerardo Tamayo, M.D.,
UAMS Begins Multidisciplinary Spina Bifida Clinic

UAMS recently opened an adult Spina Bifida Clinic, the first multidisciplinary clinic available to adult patients in Arkansas.

The clinic, which will help streamline the complex care required of adult spina bifida patients, is staffed by UAMS specialists representing urology, gastroenterology, neurosurgery, orthopaedics, colon and rectal surgery, plastic and reconstructive surgery, and medical social workers.

Spina bifida is a developmental congenital disorder caused by the incomplete closing of the embryonic neural tube. It is the most common permanently disabling birth defect in the United States.

Each year, spina bifida patients seen at Arkansas Children’s Hospital turn 21 and must transition to adult care elsewhere.

UAMS’ Ehab Eltahawy, M.D., medical director for the UAMS Urology Clinic, led the formation of the Spina Bifida Clinic.

“Spina bifida patients and their families require this type of clinic because they’re struggling to access all the follow-up care they need,” Eltahawy said. “UAMS is in a unique position to offer a multidisciplinary clinic.”

To make a referral, call 501-686-8000 or 866-826-7362.

UAMS Offers 3-D Mammography

The Breast Center at the UAMS Winthrop P. Rockefeller Cancer Institute has added 3-D mammography technology to its full array of services. The UAMS Breast Center is the only facility in central Arkansas to offer this advanced breast cancer screening tool.

Known as breast tomosynthesis, the 3-D screening technology has been shown to detect a 41 percent increase of invasive breast cancers and a 29 percent increase of all breast cancers, according to a study published in the June 25, 2014, issue of the Journal of the American Medical Association (JAMA). Tomosynthesis provides a view of the structures within the breast from angles not available on a traditional 2-D image.

The UAMS Breast Center routinely uses tomosynthesis technology for all women receiving baseline — or first-time — mammograms, those who have previously been diagnosed with breast cancer and all women known to have dense breast tissue.

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To make a referral, call 501-686-8711.

PHYSICIAN PROFILE

KEITH WALTER, M.D.
PLASTICS & RECONSTRUCTIVE SURGEON

WHAT INSPIRED YOU TO BECOME A DOCTOR?
I volunteered at a Detroit hospital during high school, working in the Burn Unit and doing research in the associated lab. It was exciting and eye-opening, and I knew that medicine and research were the path for me.

WHAT DO YOU LIKE MOST ABOUT YOUR SPECIALTY?
The variety! On any given day, my cases may include breast reconstructions for cancer patients, hand fractures, diabetic wounds, burn patients and orthopaedic traumas needing flaps for wound coverage. My job is endlessly interesting. Helping people get back to “healthy” after injury or illness is incredibly rewarding.

WHAT MAKES YOU UNIQUE AMONG YOUR PEERS?
I spent a year at the University of Utah doing a fellowship in breast reconstruction, so for women who desire surgery to restore their breasts after mastectomy, I can provide a wide range of options. I also have a Ph.D. in cell biology, focusing on melanoma, which is something of a rarity among plastic surgeons.

WHY DID YOU COME TO UAMS?
UAMS offered great clinical opportunities and the resources to do research and teach for me and my wife, an anesthesiologist. The practice model of the breast oncology team led by Dr. Suzanne Klimberg mirrors my ideal, and her focus on innovation is inspiring. My future boss, Dr. James Yuen, was so busy that I knew I would be able to get to work right away! It also helped that my only sibling lives in Little Rock, which has brought our families closer.

WHAT ARE YOUR CLINICAL SPECIALTIES?
Beyond breast reconstruction and other breast procedures, I focus on reconstruction after skin cancer extirpation, burn and other scar treatments, and complex wound management. Because my training included hand surgery, I take hand call regularly.

To make a referral, call 501-686-8711.
The 35-year-old female patient presented to the UAMS Obstetrics and Gynecology Clinic with a leiomyomas diagnosis from an outside hospital.

The patient had initially presented at an urgent care clinic with excessive abdominal pain, where an exam revealed a mass. She followed the physician’s advice to go to an emergency room, where she was diagnosed with uterine fibroids and a hysterectomy was recommended. Looking for alternatives to hysterectomy, the patient self-referred to UAMS. She was seen initially by Nancy Andrew Collins, M.D., an Ob-Gyn who referred her to the UAMS Fertility and Reproductive Endocrinology Clinic, where I see patients.

An MRI revealed three fibroids. Two were large; one was approximately 9 cms in diameter, another was 5 cms and the third was 4 cms.

**DISCUSSION**

About 40 percent of all women, and as many as 80 percent of African-American women, experience uterine fibroids. These hypertrophic growths on the myometrium are estrogen dependent, so they typically occur in women of child-bearing age. Fibroids cases vary tremendously in number and size, with some causing the uterus to expand to the equivalent of a 7-month pregnancy.

As the leading cause of hysterectomies, uterine fibroids are a serious public health issue, which has prompted the National Institutes of Health (NIH) to fund research into fibroids prevalence and treatment.

The patient in this case, who has no children, was told initially that her best option was hysterectomy. She said there was no discussion of more conservative options. Through her own initiative, the patient learned that there were potentially better options.

Fibroids patients not concerned about preserving their fertility may be offered a nonsurgical procedure such as uterine artery embolization, which is offered at UAMS.

When she presented to my clinic, the patient requested the fibroids be removed in a way that preserved her fertility and that utilized the least invasive techniques. For patients who envision future pregnancies, our goal is to preserve the integrity of their uterine cavity. As in her case, many times fibroids indent the cavity and are partially in the cavity, so they have to be shelled out from the endometrium. This requires repairing the endometrium and the uterine wall so that the cavity returns to its normal shape and position.

**PROCEDURE**

For this patient, a robot-assisted laparoscopic myomectomy was the best option. Although her fibroids were large, they were under the threshold for requiring an open surgical approach. Typically an open myomectomy is used when the fibroids have caused the uterus to expand significantly or there are several fibroids. The surgery becomes technically difficult to remove larger fibroids or large numbers of fibroids due to limited operative space, increase in blood loss and longer time under anesthesia.

Prior to surgery, in addition to an MRI, the patient received a sonohysterogram. The saline-infused sonography distends the uterine cavity, providing additional details on the fibroids’ size and position affecting the uterine cavity, and aiding surgical planning.

The myomectomy utilized the da Vinci Surgical System, requiring skin incisions for four ports of 1 – 2 cm each. The fibroids were dissected from the uterine wall/endometrium and removed through the abdominal ports. The uterine wall was then repaired or reconstructed by pulling together and re-approximating the remaining good tissue. This allows for normal menstrual cycles and enables normal implantation so that a fertilized egg can attach. It also strengthens the wall so that it can endure labor.

**Outcome**

The patient, an avid runner and Zumba instructor, was able to go home one day after surgery. An open procedure would have meant another one to two days in the hospital. She reported minimal pain and was able to resume most physical activities in two weeks, including Zumba, as tolerated. An open procedure would have required a recovery period of six weeks and restrictions on activities, such as lifting anything above 20 lbs.

Our Zumba instructor and enthusiast was ecstatic to be able to quickly return to her activities.
An MRI revealed three fibroids (above and below) measuring 9 cms in diameter, 5 cms and 4 cms.
Liver Program (cont’d from cover)

completed a fellowship in multiple abdominal transplant surgery at the University of Minnesota and a multidisciplinary critical care fellowship at Washington University in St. Louis. Both are certified by the American Board of Surgery. Gary Barone, M.D., completed a transplantation residency at Ohio State University and is American Board certified in vascular surgery and surgical critical care.

UAMS’ team of transplant hepatologists has been expanded significantly under Jonathan A. Dranoff, M.D., who became chief of the Division of Gastroenterology and Hepatology in 2011. The hepatologists dedicated to liver transplantation are Farshad Aduli, M.D., who completed training at Tulane University in New Orleans; Duarte, with advanced hepatology training from the University of Toronto, and Mayo Clinic – Rochester; Mauricio Garcia, M.D., with advanced hepatology training from the University of Nebraska, and Matthew Deneke, M.D., who recently joined UAMS after completion of transplant hepatology training at Mayo Clinic - Rochester.

Borja said the UAMS liver transplant program is as aggressive as any center in taking transplant candidates at higher risk. While such an approach could adversely affect UAMS’ SRTR rates, it’s for the benefit of patients, he said.

“We like taking care of patients with decompensated cirrhosis as we think there is a lot we can offer to them, apart from first-class liver transplantation,” Duarte said.

To make a referral, call 501-686-8962.

Gastroenterology and Hepatology Specialists Join UAMS

Gastroenterologists Matthew Deneke, M.D., and Julia Liu, M.D., M.Sc., have joined UAMS’ gastroenterology team and are now seeing patients.

Deneke sees patients with cirrhosis, hepatitis and hepatobiliary malignancies. He is also a member of the UAMS transplant hepatology team. Liu sees patients with general gastroenterological diseases and has a strong focus in inflammatory bowel disease. She also has interests in gastroesophageal reflux disease and gastroparesis.

Deneke recently completed a fellowship in transplant hepatology at the Mayo Clinic in Rochester, Minn., and prior to that completed a fellowship in gastroenterology and hepatology at UAMS. He completed his residency in internal medicine at the University of Alabama at Birmingham, and he is a 2002 graduate of the UAMS College of Medicine. Deneke is certified by the American Board of Internal Medicine.

Liu completed a clinical fellowship in gastroenterology at Brigham and Women’s Hospital in Boston and two research fellowships: at Brigham and Women’s Hospital and Harvard Center for Minimally Invasive Surgery. She is internationally known for her use of advanced endoscopic imaging approaches in inflammatory bowel disease.

She received her medical degree in 1995 from the University of Toronto Faculty of Medicine, and a Master of Science from Harvard School of Public Health. She is certified by the American Board of Internal Medicine for both Gastroenterology and Internal Medicine.

Other UAMS gastroenterology specialists include Jonathan Dranoff, M.D., chief of the Division of Gastroenterology and Hepatology, Farshad Aduli, M.D., Andres Duarte, M.D., Mauricio Garcia, M.D., Cyrus Tamboli, M.D., and Sherrie Harrell, A.P.N.

To make a referral, call 501-686-8000 or 866-826-7362.
CME CONFERENCES

Palliative Care Conference
October 2-3, 2014
Embassy Suites, Little Rock
www.Medicine.uams.edu/cme

18th Annual Family Medicine Update
October 3-4, 2014
UAMS Stephens Spine Institute
www.cme.uams.edu

Tobacco and Disease – Lung Cancer Symposium
November 7, 2014
Crown Plaza Hotel – Little Rock
www.Medicine.uams.edu/cme

Hoarseness for the Primary Care Physician
October 21, 2014 • Noon-1pm
Ozlem E Tulunay-Ugur, M.D.
Dept of Otolaryngology
Head and Neck Surgery
UAMS NE – Jonesboro

For more CME information, visit medicine.uams.edu/cme or call 501-661-7962.

NEW PHYSICIANS

Gastroenterology and Hepatology
Matthew Deneke, M.D.

Hematology and Oncology
Fade Mahmoud, M.D.
Elizabeth Rogers, M.D.

Internal Medicine/MIRT
Mary Burgess, M.D.

Neurosurgery
Adib Abla, M.D.

Pulmonary and Critical Care
Setu Patolia, M.D.

(Mammography continued)

dense breast tissue. It also is available for any woman by request.

In addition to screening and diagnostic mammography, UAMS Breast Center offers imaging and procedures including breast MRI, ultrasound, cyst aspiration, needle localization, core biopsy (stereotactic, ultrasound and MRI guided) and ductogram.

Robert Fincher, M.D., medical director of the UAMS Breast Center, pioneered virtually every breast imaging procedure in Arkansas, including both stereotactic and ultrasound-guided core biopsy. He has interpreted more than 200,000 mammograms and performed more than 15,000 breast ultrasounds, 8,000 needle localizations and 7,000 core biopsies.

To make a referral, call (501) 526-6100.