

University of Arkansas for Medical Sciences

CONSULT

A Newsletter for Medical Professionals

WINTER 2020

BOARD-CERTIFIED VASCULAR SURGEONS

The board-certified vascular surgeons at UAMS Health have two job descriptions: Sometimes they're the safety net and sometimes they're the high wire act.

The Safety Net

"When I explain the value of a multidisciplinary team that includes vascular surgery, I always start off by reminding people that you want a vascular surgeon in consult for complicated procedures," said Mohammed M. Moursi, M.D., chief of vascular and endovascular surgery at UAMS. "Our surgeons at UAMS are amazing, but there are many high-stakes surgeries across the disciplines where if something goes wrong, you're going to want a vascular surgeon in the room."

A 2016 study published in the Journal of Vascular Surgery (Manzur, M., et. al) found that over a three-year period in a large California hospital, the need for vascular consults was frequent and involved a variety of vascular beds. Importantly, the majority of consults (56%) were unplanned and occurred in the operating room, most typically to address high operative blood loss, which is associated with increased mortality and complications.

Repair or reconstruction to the aorta and common femoral artery are common needs in both planned and unplanned scenarios.

"Of course, blood loss is less and patient outcomes are better when the vascular team is part of the plan from the start, rather than an unplanned intervention on the operating table," Moursi said. "Fortunately, UAMS Health is committed to an interdisciplinary approach to health care and many of our specialists understand the value of having a vascular surgeon in their corner. We work frequently with orthopaedic surgery, otolaryngology, surgical oncology and others."

The High Wire

Then, there are the times when vascular surgery takes center stage. UAMS' vascular surgeons are trained in the most up-to-date approaches in treatment for the body's blood vessels, using minimally invasive endovascular techniques as well as traditional vascular surgery to provide individualized care.

"There are some procedures that vascular surgeons are specially trained in that - if you have the option for your patient referral - you

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Mohammed Moursi, M.D.



Kalenda Kasangana, M.D.



Kyla Shelton, M.D.



Christian Simmons, M.D., Ph.D.



Amanda Hawks, APRN

shouldn't want any other type of surgeon to touch," Moursi said.

Conditions that are best performed by board-certified vascular surgeons include:

- Abdominal aortic aneurysm repair
 - Open procedures
 - Endovascular procedures
 - Complex endovascular procedures such as fenestrated aneurysm repair
- Thoracoabdominal aneurysms
- Carotid stenosis
 - Open carotid endartectomy
 - Carotid stenting
- Treatment of critical limb ischemia
 - Open bypass
 - Endovascular treatments
- Mesenteric ischemia, chronic and acute
- Renal artery stenosis
- Aortic arch reconstruction
- Dialysis access
- Median arcuate ligament syndrome

Comprehensive Care

Surgery is not always the best fit for every patient, especially given innovations in treatment. The board-certified vascular surgeons at UAMS Health are trained in the full spectrum of care options and can create a treatment plan that includes everything from prescription medications and physical therapy to endovascular procedures and open surgeries.

If your patient requires multidisciplinary care, UAMS Health has more fellowship-trained specialists than anywhere in the state. Patients also gain access to clinical trials, advanced technology and the latest treatments – all in the forward-thinking atmosphere of an academic medical center.

Consult Access

UAMS Health offers referrals and consults with our vascular surgery team, available 24/7. Our surgeons are available for consults on "straight-forward" as well as complex vascular cases, offering diagnosis and individualized risk-benefit advice to provide the best disease management for each patient. For consults, call 501-686-6080.

The UAMS Health vascular team is also partnering with the UAMS Institute for Digital Health & Innovation to offer videoconference follow-ups to referring physicians on patient outcomes. For referrals and more information, call 501-686-6176.

December 2020 Message from Dr. Seupaul



Dear Colleagues,

The start of a new year is always time for reflection, and this year that tradition feels

particularly timely as we continue to navigate the effects of the COVID-19 pandemic.

Looking back, I'm proud of how our profession weathered 2020. We rose to the occasion, even when the needs kept shifting.

We treated patients. We partnered with public health officials to coordinate and lead the creation of testing and treatment services - at a pace that often felt like it was happening overnight. We provided scientific and medical expertise to help public officials and everyday citizens understand what was at stake. We supported each other when the hours stayed long and the initial adrenaline wore off. Our industry collectively shouldered the difficultly of doing all this among financial uncertainty.

Across the board, technology and digital health played a vital role in these accomplishments. I have been incredibly impressed by our industry's adoption of new technology to meet the needs of the ever changing moments of 2020.

The start of the new year also always feels like time to look ahead. While I do not know what 2021 will bring, I trust that your professional dedication, along with your embrace of technology, will continue to be what inspires me the most.

Thank you,

Ranke A Suppaul

Rawle A. Seupaul, M.D.
Chief Clinical Officer
UAMS Medical Center
Stanley E. Reed Professor & Chair
Department of Emergency
Medicine
UAMS College of Medicine

News to **Know:** Updates from UAMS

Internist C. Preston McCormack, M.D., Specializes in Down Syndrome

C. Preston McCormack, M.D., has joined UAMS as an internal



medicinepediatrics
specialist at the
UAMS Health
Neighborhood
Clinic at 1811
Rahling Road in
West Little Rock.
McCormack

specializes in treating Down syndrome and other childhood chronic conditions, especially as pediatricians are transitioning them to adulthood. He treats children and adults.

McCormack is accepting new Down syndrome patients of all ages.

McCormack completed a residency in internal medicine and pediatrics at Arkansas Children's Hospital and UAMS, where he also earned his medical degree. To make a referral, call 501-526-1010.

Orthopaedic Surgeon Chelsea Mathews, M.D., Joins UAMS as Foot and Ankle Specialist

Chelsea Sullivan Mathews, M.D., has joined UAMS as a fellowship-



trained orthopaedic surgeon specializing in treating foot and ankle issues.

Mathews sees patients at the UAMS

Health Orthopaedic Clinic at 2 Shackleford W Blvd., Little Rock.

Mathews completed a residency in orthopaedic surgery at UAMS and a fellowship in foot and ankle surgery at the University of Washington.

To make a referral, call 866-826-7362 or 501-526-1046.

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Raj B. Patel Joins UAMS as Kidney, Liver Transplant Surgeon

Raj B. Patel, M.D., has joined UAMS as a fellowship-trained kidney and liver transplant surgeon.

Patel sees patients at the UAMS Health Kidney Transplant



Clinic and Liver Transplant Clinic in the Outpatient Center on the main UAMS campus in Little Rock.

UAMS Health is the only center

in Arkansas that offers adult liver and kidney transplants.

Patel completed his residency in general surgery at the University of Arizona College of Medicine and a fellowship in abdominal transplants at the Northwestern University Feinberg School of Medicine in Chicago. To make a referral, call 1-800-552-8026.

UAMS Health Epilepsy and Neurology Clinic

Erika Santos Horta, M.D., and **Salman Zahoor, M.D.**, have joined the UAMS Health Epilepsy and Neurology Clinic in Freeway Medical Tower, Little Rock.

Santos Horta is a fellowshiptrained neuro-immunologist and neuro-oncologist specializing in treatment of multiple sclerosis and other neuro-immunological

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Quiz of the Month

QUESTION

A 32 year-old man presents with flushing, burning sensation, paresthesias after eating canned tuna. What is the diagnosis?

Scombroid fish poisoning is the most common seafood-associated disease in the U.S. and is often mistaken for seafood allergy. The symptoms are due to buildup of amines, especially histamine, due to bacterial overgrowth in improperly stored fish.

ANSWER

News to **Know:** Updates from UAMS

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Erika Santos Horta, M.D.

Salman Zahoor, M.D.

disease, and tumors of the brain, spine and peripheral nervous system. She sees neuro-immunological patients in the UAMS Health Epilepsy and Neurology Clinic and brain and spine tumor patients at the Winthrop P. Rockefeller Cancer Institute.

Santos Horta completed her residency in neurology and a clinical fellowship in neuro-immunology at the University of Sao Paulo in Brazil. She completed a fellowship in research at the Neuroimmunology Laboratory at the Mayo Clinic in Rochester, Minnesota, and a clinical fellowship in neuro-oncology at Henry Ford Hospital in Detroit. Santos Horta also completed a residency in neurology at the University of Minnesota in Minneapolis.

Zahoor is a board-certified, fellowship-trained neurologist specializing in epilepsy. He completed his neurology residency at Henry Ford

Hospital in Detroit, Michigan, where he was chief resident. He completed fellowships in clinical neurophysiology and epilepsy at Vanderbilt University Medical Center in Nashville.

Multiple sclerosis and epilepsy appointments are accepted through physician referral faxed to 501-603-1539. Appointments with the Cancer Institute can be made by calling 501-296-1200.

UAMS Stroke Program Receives Two Awards for Excellence of Care

The UAMS Stroke Program



has earned two national awards for excellence in stroke care.

The American Heart Association/ American Stroke Association honored UAMS with the Get with

the Guidelines Target: Stroke Honor Roll and Gold Plus Quality Achievement awards in June. The awards recognize the hospital's commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

The Target: Stroke Honor Roll recognition acknowledges the program's compliance with standards for quick and

For a list of new physicians, visit UAMShealth.com/MD

timely treatment of stroke. The Gold Plus status recognizes the program's continued high performance by those measures for two or more consecutive vears after receiving a Gold or Silver award. UAMS has maintained the Gold Plus status for six consecutive years.

In 2018, UAMS Medical Center became the first and only health care provider in Arkansas to be certified as a Comprehensive Stroke Center by The Joint Commission.

Academic Appointments Nirvana Manning, M.D.,

has been named chair of the Department of Obstetrics and Gynecology.

Edward T.H. Yeh, M.D., FACC, has been named chair of the Department of Internal Medicine.





Nirvana Manning, M.D.

Edward T.H. Yeh. M.D., FACC

UAMS PHYSICIAN RECRUITMENT & PROVIDER PLACEMENT PROGRAM

The UAMS Physician **Recruitment & Provider Placement Program** has a team of placement specialists dedicated to serving the recruitment needs of our partner communities, UAMS Regional Campuses and UAMS faculty. Physician/provider opportunities are available in all specialties throughout Arkansas.

FEATURED JOBS

Family Medicine Residency Training Program Director: UAMS is seeking a boardcertified family physician as program director to develop the new Family Medicine Residency Training program in El Dorado.

Specialty Opportunities in South Central Arkansas: New opportunities in hematology/ oncology, neurology, obstetrics and gynecology, orthopaedics and rheumatology available in Pine Bluff.

Interventional Cardiology in Northwest Arkansas: Washington Regional Walker Heart Institute in Fayetteville is seeking a full-time BC/BE interventional cardiologist.

Recruitment services contact: Carla Alexander: 501-686-7934 or carla@uams.edu

For a complete listing of job descriptions and opportunities, visit: MedJobArkansas.com

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PHYSICIAN PROFILE

Huntington's Disease Clinic Provides Multidisciplinary 'Home' for Care



Tuhin Virmani, M.D., Ph.D., watches patient data in real time at the **UAMS** Department of Neurology gait lab while a patient walks on the movement pad on the screen. Conductina research on gait and movement in patients is part of the multi-faceted approach to care for the UAMS Health Huntington's Disease Clinic.

UAMS Health offers a monthly Huntington's Disease Clinic, featuring a multidisciplinary approach to care that aims to be a one-stop shop for patients.

The Huntington's disease team includes movement disorder neurologists, nurses and nurse practitioners with expertise in Huntington's disease, social workers, nutritionists and speech and physical therapists. The clinic partners with neuropsychologists, psychiatrists and genetic counselors for quick referrals.



"Our patients and families can receive the expert care they need in one place, working with our schedulers to have their needs met with as few trips as possible," said **Rohit Dhall, M.D.**, director of neurodegenerative disorders and associate professor in the Department of Neurology.

Huntington's disease is an inherited neurological condition that slowly causes a

breakdown among the nerve cells in the brain, which affects movement, thinking and mental state. Huntington's is a rare condition affecting about 30,000 people in the United States and 150-200 in Arkansas.

While there are no treatments that stop the disease's progression, supportive care resources and recent medication advances can help patients manage symptoms. At UAMS Health, patients can help find better treatments by participating in a longitudinal study targeting gait and physiological changes as the disease progresses. UAMS is also looking for patients for multicenter trials.

The clinic can connect patients with genetic testing and counseling, which is an important part of Huntington's care.



Tuhin Virmani, M.D., Ph.D., is director of the Movement Disorders Clinic at UAMS and said the Huntington's clinic adds to its overall mission, which includes serving patients with Parkinson's disease and essential tremor.

"Too often, people with Huntington's slip through the cracks in health care," Virmani

said. "Our intent is to not only connect these families with our clinical expertise and access to research, but to build a structure of support."

To make a referral, call 501-686-5838. ■

CHAD B. TAYLOR, M.D. Obstetrician/Gynecologist



What inspired you to become a doctor?

Maybe it's because my grandmother was a nurse. Maybe it's because I loved biology in high school. I think it's mostly because I really enjoy helping people and I love

medicine, and so it's incredibly rewarding to have this job.

What do you like most about your specialty?

My job is so diverse. I have the best patients! And I get to care for women throughout their lives. Obviously, delivering babies is just about the most amazing part of a woman's life. But I also enjoy performing gynecologic surgery and learning knew techniques so that I can deliver the best care.

What makes you unique among your peers?

This is tough. I have amazing partners with great skills. I am part of a three-member team that performs robotic surgery. I really try to advocate for my patients in every possible way. I strongly believe that we can do more here in Arkansas to provide the best care for women, particularly our underserved and marginalized populations.

How has the pandemic changed your practice? We now offer telemedicine video visits. However, pregnancy continues despite a pandemic, and we simply have to take care of patients. I would say that we now have more options to see patients in more innovative ways.

Why did you come to UAMS? I'm originally from Texas. I came to Little Rock just to work at UAMS. It was apparent early on that the faculty at this institution really are the best. They are smart and caring and always striving to improve. Of course, UAMS has great resources, but it's my partners that really make this place amazing.

What are your clinical specialties? General Obstetrics, General Gynecology, Minimally Invasive Surgery, including robotic and laparoscopy.

What new trends in medicine excite you?

Innovative approaches to delivering surgery, anything that helps us give greater access to care for our patients across the state.

What is the number doctors can use to make a referral to you? Please call 501-526-1050.

MEDICAL CASE STUDY:

Robotic Surgical System for Combined Colorectal, Adrenal Gland Surgery

Initial Contact

A 65-year-old male was referred to UAMS Health colorectal surgeon **W. Conan Mustain, M.D.**, with a four-year history of recurrent urinary tract infections. He had been treated with antibiotics innumerable times

in the preceding years. He frequently experienced mild fever, and described pneumaturia, or passing air in his urine. The patient was referred to Mustain after he was admitted to an outside hospital's ER for worsening super pubic pain accompanied by feculent material in his urine. A CT at that hospital showed air in the urinary bladder and the sigmoid colon in close proximity to the bladder, suggestive of a possible colovesical fistula.

Separately, the patient had a known nodule on his right adrenal gland that had been present and under observation for three years. A biopsy two years prior showed no malignancy. However, the nodule had increased in size from 2.5 cm to 4.5 cm since that time, meeting the criteria for removal.

Assessment

Air or fecal matter in the urinary tract typically indicates that part of the intestinal tract is connected to the bladder, known



Pre-operative CT (sagittal view) showing large volume of air in the urinary bladder (thick arrow). Sigmoid colon with multiple diverticula is adherent to the dome of the bladder with associated wall thickening, consistent with colovesical fistula (thin arrow).



Pre-operative CT (coronal view) showing 4.5 cm left adrenal nodule, increased in size from 2.5 cm two years prior.

as an enterovesical fistula. Enterovesical fistulas can involve the small bowel, colon, rectum, or anus. The most common causes are diverticulitis, cancer, trauma (obstetric or surgical), or radiation. Diverticulitis of the sigmoid colon can cause fistulas to the bladder or to

the vaginal cuff in post-hysterectomy females. Mustain operates on two to three such cases a month. Despite how common the condition is, patients often pass through several referrals before they find their way to a colorectal specialist.

This patient had undergone a workup with an outside urologist. He had a cystogram two years prior, but they did not see extravasation of contrast from the bladder. They also performed cystoscopy and noticed inflammation in the bladder but could not confirm a definite connection. Mustain said this is also common; it is hard to demonstrate small fistulas and frequently contrast will not pass from one organ to another on imaging studies.

Review of the outside imaging showed multiple diverticula in sigmoid colon, which was draped on top of the bladder, with air in the bladder and thickening of the bladder wall from chronic inflammation. Mustain was confident in a diagnosis of diverticular colovesicle fistula.

A colonoscopy showed only multiple diverticula and no evidence of colorectal cancer.

With regard to the adrenal nodule, a metabolic workup indicated it was a non-functional nodule and was not secreting hormones. It was operable without need for extra precautions.

Procedures

Mustain considered the patient a good candidate for surgery using UAMS' Da Vinci Xi Surgical System. Unlike previous models, the Xi does not have to be manually

repositioned to operate on different parts of the body from a variety of angles, making it more appropriate for abdominal surgeries such as this one with more than one surgical site: the colon in the left lower quadrant and the adrenal gland in the right upper quadrant.

Mustain started by aligning the robotic surgical system for the colorectal surgery, which



The Da Vinci Xi Surgical System was used to perform sigmoid colectomy and takedown of the colovesical fistula. Without moving the robot, the boom was rotated and the same trocars were used to perform right adrenalectomy. Both specimens were removed through a 4 cm suprapubic Pfannenstiel incision.

was performed through a few minimally invasive incision

points and guided endoscopically. He resected the fused portion of colon and reconnected the remaining colon to the rectum. The hole in the bladder was small enough that it did not have to be repaired. In these cases, once the colon is removed, the bladder will typically heal as long as it is kept empty. The patient kept a catheter in place post-surgery for 10 days for this healing to occur.

To complete the surgery, the system's robotic surgical arms were simply recalibrated for the adrenalectomy, which was performed by UAMS Health urologic oncologist **Rodney Davis, M.D.**

Follow-up

The patient spent two nights in the hospital before discharge. Traditional open surgery would have likely required a much longer hospital stay and a lengthier recovery.

A cystogram 10 days after the surgery showed no leakage from the bladder, no air in the bladder and plenty of space between the bladder and colon. The catheter was removed in the office.

arrow).

Post-operative CT cystogram (sagittal

view) showing urinary bladder with no extravasation (thick arrow) and an intact

stapled colorectal anastomosis (thin

Pathology on the adrenal nodule revealed it to be benign. The patient can expect normal bladder and bowel function.

Discussion

Mustain said that older robotic surgical platforms were ill-suited for surgery performed in multiple quadrants of the abdomen, and thus were less often used in colorectal or general surgery. With recent advances in technology, general and colorectal surgery have become the fastest growing specialites in robotic surgery.

"This case is a good example of how the technology is becoming more ubiquitous across specialties," Mustain said. "Robotic systems have long been popular in urology and gynecology, but now we are using them more in colorectal surgery, general surgery and thoracic surgery at UAMS. The more facile people become with it, the more the technology can be used in these multidisciplinary cases where both surgeons can use an approach that gives them optimal visualization and control. The patient really benefits from having everything taken care of in one setting."

Referrals

To make a colorectal referral, call 501-686-8211. To make a urology referral, call 501-526-1000. ■

Coronavirus Resources for Providers

UAMS Health has compiled a trusted collection of resources on COVID-19 for health care providers.

UAMS.Health/COVIDtoolkit

Examples include:

- Donning and doffing procedures
- Extended use and limited reuse of PPE and N95 masks.
- Guidelines for risk stratification, testing, placement and isolation
- Outpatient clinical testing guidelines
- WHO and CDC resources
- UAMS College of Public Health COVID-19 Modeling Update

W. Conan Mustain, M.D.



Assistant Professor
Department of SurgeryColorectal
UAMS College of
Medicine

Education

Doctor of Medicine, University of Mississippi School of Medicine, Jackson, Miss.

Residency

General surgery, University of Kentucky Medical Center, Lexington, Ky.

Fellowship

Surgical research, Department of Surgery and Markey Cancer Center, University of Kentucky Medical Center Colon and Rectal surgery, University Hospitals-Case Medical Center, Cleveland, Ohio

Rodney Davis, M.D.



Professor and Chair
Department of Urology
UAMS College of
Medicine

Education

Doctor of Medicine, Tulane University School of Medicine, New Orleans

Residency

Madigan Army Medical Center, Join Base Lewis-McChord, Wash.

Fellowship

University of Texas M.D. Anderson Cancer Center, Houston



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Meningiomas: Current Concepts and Guidelines for Diagnosis and Follow Up Erika Horta, M.D. Neuro-oncologist, neuroimmunologist

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Moving the Needle: Title V

Iris Goacher Division of Developmental Disabilities / Children with Chronic Health Conditions (CHC)

Nursing Coordinator

JAN. 19

Elbow Pain: Common Injuries and Reason for Presentation Chad Songy, M.D.

Department of Orthopaedics and Sports Medicine

JAN. 26

Professional Development Ethical Reasoning: Non-Adherence

Laura Guidry-Grimes, Ph.D. *UAMS Medical Humanities and Bioethics*

FEB. 2

Stigma and Substance Abuse Disorders

Sue Ellen Rail-Wilkerson, PD Center for Addiction Services and Treatment

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Coronary CT Angiography

Subhi Al Aref, M.D. Department of Cardiology

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Moving the Needle: Early Childhood Special Education Overview

Danita Pitts, M.S. Division of Elementary and Secondary Education Special Education Unit

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Professional Development Managing Burnout

Melanie Hinton, RN, MBA, CMPE SVMIC

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Sickle Cell Update Collin Montgomery, RN

Adult Sickle Cell Program, UAMS

MARCH 9

Liver Failure and Liver Transplant Basics

Raj Patel, M.D. Department of Surgery

MARCH 16

Moving the Needle: AAROC and other State Level Resources

Diana Varady
Partners for Inclusive
Communities [Arkansas'
University Center for Excellence
in Developmental Disabilities
Director, Arkansas Autism
Resource & Outreach Center

MARCH 23

Recognizing and Working Up Abnormal Vaginal Bleeding

Heather Williams, M.D. Department of Gynecologic Oncology

MARCH 30

Creating a Culture of Inclusion in Academic Medicine: Past, Present and Future

Billy Thomas, M.D.

Department of Pediatrics
Neonatology Division