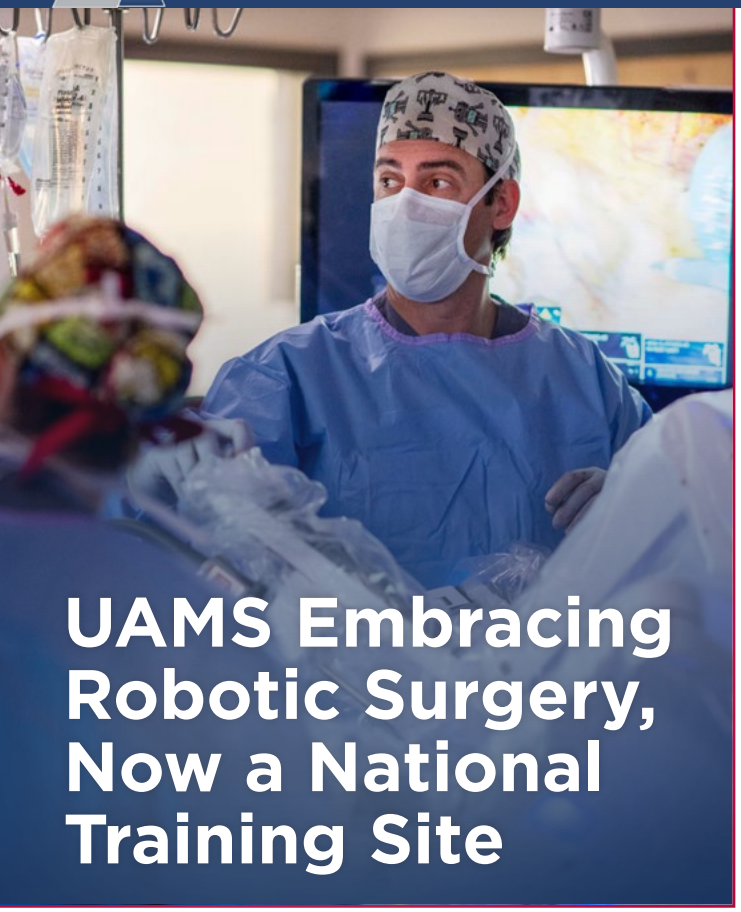
UAMS University of Arkansas for Medical Sciences

CONSULT

A Newsletter for Medical Professionals

SUMMER 2022



UAMS Embracing Robotic Surgery, Now a National Training Site

ROBOTIC SURGERY is making inroads in numerous clinical departments at the University of Arkansas for Medical Sciences (UAMS).

In the last two years since UAMS started upgrading its robotics program to make minimally invasive surgery available for more procedures that might otherwise require an open approach, it has added four new robots and put more robotically trained surgeons, including new hires, into place. There are now 16 certified robotic surgeons across nine specialties at UAMS.

In fact, UAMS' reputation as a national leader in robotic surgery has resulted in it becoming one of 15 sites across the country designated as a da Vinci Epicenter for colorectal surgery.

Intuitive Surgical, which makes the daVinci robotics systems that are used in more than 1,500 hospitals in the United States, offers surgeons who are new to the technology the opportunity to visit da Vinci Epicenters where highly skilled surgeons like UAMS' **Conan Mustain, M.D.**, can demonstrate best practices and techniques for success.

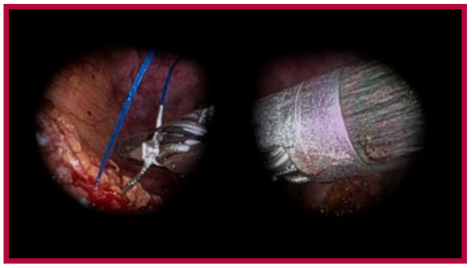
Mustain, who heads UAMS' robotics steering committee and performs more robotic procedures than anyone at UAMS, said he is excited about the increasing influx of robotics not only in his field – colorectal surgery – but in a steadily increasing number of UAMS College of Medicine departments. These include general surgery, surgical oncology, thoracic surgery, pulmonology and otolaryngology, as well as continued expansion in the more established robotic fields of urology and gynecology.

In addition to new da Vinci systems, last fall UAMS became the only hospital in Arkansas to acquire the Ion Endoluminal Robotic Bronchoscopy system, also made by Intuitive, which allows doctors to discover and biopsy previously undetectable cancerous nodules in the farthest reaches of the lungs, where about 70% of nodules reside.

"This allows us to catch lung cancer in its early stages and increase survival rates," said **Nikhil Meena, M.D.**, an interventional pulmonologist at the UAMS Winthrop P. Rockefeller Cancer Institute.

"With this technology, we are able to sample nodules that previously would have just been watched until they were big enough to biopsy," he said. "And cancer can be unpredictable. Sometimes it can grow exponentially during the surveillance time and develop to a higher stage that is more difficult to treat."

The technology allows physicians, seated at controls that have the flexibility of human wrists, to watch a live, three-dimensional video while driving an ultra-thin catheter through an anesthetized patient's very small airways and around very tight bands, to "park the biopsy needle right at the doorstep of the nodule, if you will," Meena said. Before, "we simply couldn't get to the nodules with surety."



At left, Conan Mustain, M.D., and first-year surgery resident Natalie Applebaum dock the Xi robot for surgery. Above, separate left and right eye cameras within the robotic scope provide surgeons with 3-D binocular vision at the surgeon console.

(Continued on page 2)

(Continued from page 1)

Katy Marino, M.D., a thoracic surgeon in the Winthrop P. Rockefeller Cancer Institute's Surgical Oncology Clinic, recently teamed up with Meena to use two robots at once, performing the first combination Ion-da Vinci robotic procedure in the state.

Meena used the Ion robot to find and mark the spot in the patient's lung where a very small nodule, which was too small to biopsy with standard equipment, had been spotted during a surveillance examination following a melanoma diagnosis years earlier. A quick biopsy showed it was metastatic. Marino then used the daVinci Xi robot to identify and remove the cancerous nodule, allowing the patient to obtain a diagnosis and treatment at the same time, under a single round of anesthesia.

Without the robot, Marino said, weeks could pass between a biopsy and a scheduled surgery.

Kevin Sexton, M.D., a trauma surgeon at UAMS, said the DaVinci robot is regularly used for inguinal, incisional and para esophageal hernias.

"The robot has a lot of benefits when it comes to abdominal wall reconstruction, one of the more complicated types of incisional hernias," he said.

"Despite the proven benefits of minimally invasive surgery in colorectal, still more than 40% of colon resections in the U.S. are done open," said Mustain, who has performed more than 200 robotic-assisted surgeries since February of 2020, including 84 in his first year using the system, during a slow period due to the COVID-19 pandemic.

"The switch to the robot has enabled me to steadily switch to more minimally invasive procedures," he said. "I would say over 80% of my colon resections are now done with DaVinci."

As the program continues to advance, he said, "It's certainly reasonable to suspect that, as an institution, we'll be able to take on other procedures robotically that were previously limited to open surgery."

The high rate of minimally invasive surgery offered by Mustain and partners Jonathan Laryea, M.D., and Jason Mizell, M.D., has led to UAMS' recognition by the American College of Surgeons-National Surgery Quality Improvement Project (ACS-NSQIP) as "exemplary" with regard to length of stay, surgical site infection and morbidity following colorectal surgery.

"We're providing exceptional care for our patients at UAMS, unlike anywhere else in the region," Mustain said. "It will be great to invite other surgeons into our ORs to show them first-hand what high-quality robotic surgery looks like."

UAMS is already leading the way for training surgical residents in robotics. **Karen Dickinson, M.D.**, an assistant professor of surgery and director of interprofessional simulation, has assembled a collaboration of surgeons from urology, gynecology and general surgery, the three UAMS training programs using DaVinci, to formalize the resident training pathway. With the help of 24/7 access to a da Vinci simulator, residents are finishing their training at UAMS prepared to offer DaVinci robotic surgery to their future patients.

"As advancements in robotic technology continue to change the landscape of minimally invasive surgery, it is imperative that we provide progressive resident training," said **Luann Racher, M.D.**, an associate professor in the Department of Obstetrics & Gynecology. "We are positive that, through an innovative multidisciplinary approach, UAMS residents will graduate with confidence in their robotic surgical skills."

Tara Krebs, surgical/scrub tech, prepares the Da Vinci Xi for surgery.

SUMMER 2022 Message from Dr. Krause

Dear Colleagues,

As this issue of Consult comes off the press, the month of June –also known as Men's Health Month and Liver Health Matters Month – winds down.

But that doesn't mean that we, as physicians, need to stop reminding our male patients of the benefits of getting routine checkups. And it doesn't mean we should stop spreading the word about the link between obesity and liver health, as patients with liver disease are often unaware that anything is wrong until the disease has taken hold.

Men's Health Month is all about heightening the awareness of preventable health problems and encouraging early detection and treatment of health issues. According to a survey conducted by The Cleveland Clinic, a whopping 40% of men don't go to the doctor for routine checkups.

Similarly, Liver Health Matters Month is meant to raise awareness about the risks of chronic liver disease – yet another reason for annual screenings, especially as we witness an alarming uptick in obesity and Type 2 Diabetes.

So please encourage your patients to get those routine exams. And if expert follow-ups are needed, UAMS' multi-disciplinary team is here to help.

Sincerely,

Michelle Krause

Michelle Krause, M.D.
Chief Clinical Officer
UAMS Medical Center
Professor of Nephrology
Department of Internal Medicine
UAMS College of Medicine

News to Know: Updates from UAMS

Julie Riley, M.D., Kidney Stone Expert and Endourologist, Joins UAMS

Julie Riley, M.D., has joined UAMS as an associate professor in the College of Medicine Department of Urology and program director for the urology residency program.

Riley is a fellowship-trained endourologist who Department Chairman Timothy Langford, M.D., says "is becoming a national thought leader in the treatment and prevention of kidney stones." He adds, "Her expertise and experience have already enabled UAMS to offer the latest minimally invasive techniques and technology to patients with even the most complex stones."

Riley's clinical interests are complex kidney stone disease and surgical and ureteral reconstruction.

She earned her Doctor of Medicine with Distinction in Community Services from St. Louis University in 2005, completed a urology residency at the University of Missouri-Columbia and completed a fellowship in endourology, robotics and laparoscopy at the University of Pittsburgh.

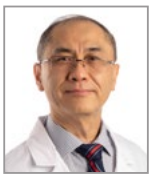
To make a referral for a patient requiring admission, call 501-686-6200.

Justin Hire, M.D., Pediatric Orthopaedic Surgeon, Joins UAMS in Springdale

Justin Hire, M.D., a fellowship-trained pediatric orthopaedic surgeon, has joined the UAMS College of Medicine Department of Othopaedic Surgery as an assistant professor and is seeing patients at Arkansas Children's Northwest Orthopedic Clinic in Springdale.

Hire received his medical degree in 2011 from the University of Oklahoma College of Medicine. He completed an internship and residency in orthopaedic surgery at the Eisenhower Army Medical Center in Fort Gordon, Georgia, and a fellowship in pediatric orthopaedics from Cincinnati Children's Hospital.

To make a referral, call 479-725-6880.



Shi-Ming Tu, M.D., Oncologist Specializing in Genitourinary Cancer, Joins Cancer Institute

Shi-Ming Tu, M.D., has joined the Winthrop P. Rockefeller Cancer Institute at UAMS as a fellowship-trained medical oncologist specializing in the treatment and research of genitourinary cancer.

Tu came to UAMS from the University of Texas MD Anderson Cancer Center in Houston, where he served 28 years on the medical oncology faculty and conducted clinical and translational research relating to genitourinary cancers.

He treats cancers of the urinary systems of men and women, and reproductive organs of men.

He obtained his medical degree from Washington University in St. Louis, and completed a residency at the University of Illinois Hospital and a clinical fellowship in medical oncology at MD Anderson.

To make a referral, call 501-296-1200.

UAMS is First to offer Minimally Invasive Removal of Debris from Heart Valves

UAMS is the first hospital in Arkansas to use new technology, called an AlphaVac, to offer minimally invasive removal of thrombi, emboli or clots from the venous system.

Cardiologist **Subhi Al'Aref, M.D.**, used the vacuum-like portable device April 6 to remove infectious vegetation from the tricuspid valve of a 28-year-old patient for whom open-heart surgery was deemed too risky, in an effort to stop the infection from spreading to other organs or further damaging the heart.

In a 45-minute procedure, Al'Aref inserted a cannula into the woman's right femoral vein through a small opening in the skin and guided it through the vein into the heart, stopping as he approached a wad of debris visible on a screen. He squeezed the handle to gently pull the debris into the cannula and out of the body through the tubing into a clear waste bag.

(Continued on page 4)

Physician Relations

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CONSULT Quiz of the Month

QUESTION

Which one of the following medications is most appropriate to help prevent a relapse of alcohol dependence in a patient with cirrhosis, esophageal varices and acute alcoholic hepatitis?

a) Acamprosate
b) Flumazenil
c) Lorazepam
d) Disulfiram
e) Naltrexone

ANSWER e

(Continued from page 3)

The patient was under general anesthesia but Al'Aref said the procedure can be done on an outpatient basis, and "provides options for a lot of patients."

The device is made by AngioDynamics. Referrals should be made through **EpicCare Link**.

UAMS Researcher Studying Noninvasive Technology for Diagnosing Fetal Heart Conditions

Three grants in six months from the National Institutes of Health (NIH) are helping UAMS researcher **Hari Eswaran, Ph.D.,** explore promising noninvasive methods for diagnosing serious fetal health conditions. The grants total $4.4 million and support his pioneering work with sensor arrays that can reveal important functional details of fetal development in the later stages of pregnancy.

The most recent four-year $1.5 million NIH award puts Eswaran among the first in the world to fully test new, less expensive technology for fetal health diagnoses. The optically pumped magnetometer (OPM) offers "significant promise" for diagnosing lethal heart rhythm disturbances in utero, said **Elijah Bolin, M.D.,** a fetal cardiologist at UAMS who is a clinical collaborator on the study.

Centering prenatal care available for expectant mothers in Little Rock & Fayetteville

CenteringPregnancy®, a program for expectant mothers that includes a regular prenatal health checkup plus extra time for learning and sharing in a group of eight to 10 women with similar due dates, recently became available at the UAMS Family Medical Center in Fayetteville. It is also available at the UAMS Health Women's Center in Little Rock.

In two-hour monthly sessions, moms obtain resources, group education and supplies. Research shows participants are less likely to have a premature baby and have higher breastfeeding rates.

To learn more, patients can visit UAMS.Health/Pregnancy or call 501-526-1050.

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

Neurocritical Care Neurologist: The UAMS College of Medicine, Department of Neurology, is seeking a fellowship-trained neurologist in Neurocritical Care to join the academic faculty.

Primary Care Physician: Central Arkansas location seeking FP, IM or IM/PEDS physician to provide quality primary care to patients in the clinic setting, including inpatient; will also assist with administrative and organizational initiatives.

Specialty Opportunities: New opportunities available in Neurosurgery, Neurology, Rheumatology, Urology, Pulmonary and Radiology.

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

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

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Advanced Brain Mapping Technology Now Available to Neurosurgeons

The University of Arkansas for Medical Sciences (UAMS) is the first hospital in Arkansas to offer Omniscient Neurotechnology's Quicktome, an FDA-cleared platform that allows surgeons to visualize a patient's unique brain networks before life-changing surgery.

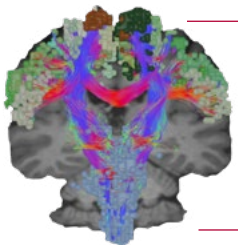
A breakthrough in preoperative imaging, Quicktome uses sophisticated algorithms to analyze millions of data points and build a "brain map" – personalized to each patient – from a standard, noninvasive MRI scan.

The brain maps, which doctors can view on their computers, offer a level of anatomical detail typically not available in a clinical setting, allowing surgeons to incorporate advanced brain network data into neurosurgical planning.

Brain networks are responsible for everything from language to movement to thought, and the brain maps inform surgical decision-making with the goal of protecting and preserving brain function.

"Quicktome has been invaluable in my pre-surgical planning and in advising patients regarding the potential consequences of brain tumor surgery," said **John Day, M.D.,** who chairs the UAMS College of Medicine Department of Neurosurgery. "With its clear network visualizations, I can better develop an informed surgical plan that helps achieve the best functional outcome by allowing avoidance of any functionally critical nervous tissue that is present within brain tumor tissue. Prior to the availability of this technology, we were unable to determine if any functional nervous tissue was present in portions of diseased nervous tissue that we would have otherwise removed and caused a new neurologic problem."

Previous imaging solutions helped neurosurgeons avoid brain areas associated with major disability, such as paralysis and loss of speech, but many patients still emerged from surgery with cognitive, emotional and behavioral complications. Quicktome is the first platform that allows neurosurgeons to map the brain's cognitive and emotional regulation networks.



This is what the brain looks like on physicians' computers using the brain-mapping technology.

UAMS has joined a growing network of leading medical centers across the United States that have integrated the brain-mapping technology into their surgery centers.

"From community hospitals to academic institutions such as UAMS, we are working toward making this technology broadly accessible to surgeons to ultimately improve the gold standard for patient outcomes," said Stephen Scheeler, CEO of Omniscient Neurotechnology.

"We're proud to be able to offer the benefits of Quicktome to neurosurgery patients at UAMS."

PHYSICIAN PROFILE

NIRVANA MANNING, M.D.

Chair and Associate Professor,
Department of Obstetrics and Gynecology,
UAMS College of Medicine
Clinical Director for Women's Health Services

What inspired you to become a doctor?

I didn't decide to be a doctor until later in college. I initially loved business and majored in economics and biology, trying to keep my options open. Ultimately, a family friend asked me what I could imagine doing for the next 45 years that would make me want to get out of bed. Being a part of a family's memories during life-changing times is something I could do forever.

What do you like most about your specialty?

I love that it sometimes feels like I get to take care of two different worlds of women. I have the opportunity to help navigate the sometimes very scary and daunting process of pregnancy and childbirth. Then, sometimes even on the same day, I get to do surgeries on gynecological issues or help women that may be having difficulty getting pregnant or going through menopause. I get to take care of women during the whole of their lives and quite often for several generations.
I also love that it is an area of medicine that for the most part is very happy. But even when things don't go as planned, it's comforting to help families navigate the hard questions and next steps.

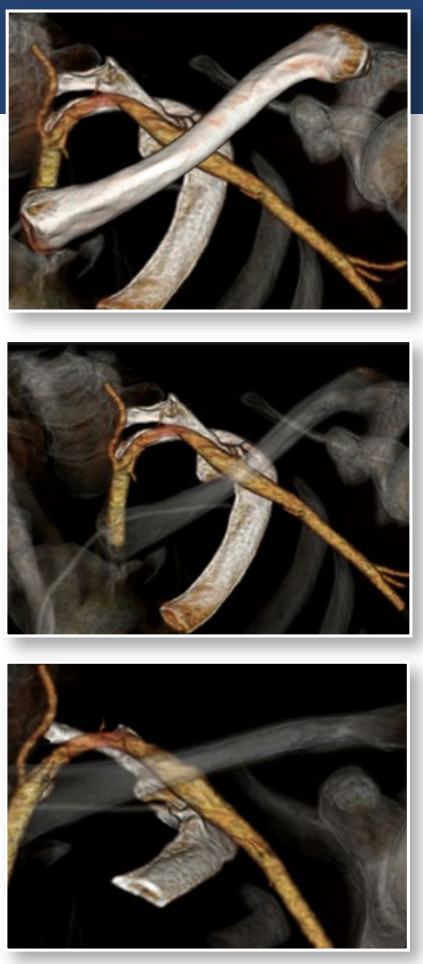
What is unique about the UAMS Health Women's Center, which opened two years ago?

The clinic began as an idea many years ago, when we were spread over several different clinics and offering slightly different care in each. We wanted to develop a comprehensive center where women could get all their care. We have nine ultrasound rooms for high- and low-risk obstetrical patients, provide in-office gynecology procedures and offer a wide range of specialized care.
We have on-site mammography, pelvic-floor physical therapy and the state's only vulvar clinic. We offer Centering group prenatal care. We have interpreters, a lactation consultant and many other experts on site. I love that we are located off-campus, offering drive-up convenience.

How can physicians refer patients to you?

They can call 501-526-1050 or 501-686-8000.

MEDICAL CASE STUDY:
CERVICAL RIB RESECTION



These are computer tomography images of the patient's left cervical rib and the mild dilation of the left subclavian artery. Images 2 and 3 show the left clavicle shaded out so that the course of the subclavian artery is seen more clearly.

Initial Contact

In October 2021, a 17-year-old boy was referred to **Mohammed Moursi, M.D.**, a vascular surgeon at UAMS, because his right arm hurt, and he had trouble using it normally.

Two months earlier, a surgeon at another hospital removed a cervical rib — an extra rib in the neck, above the boy's clavicle — after it was found to be compressing the boy's subclavian artery. Because the affected artery supplies blood to the upper limbs, as well as parts of the head and neck, the compression had cut off critical blood flow to parts of the boy's arm, causing numbness and restricting his arm movements.

Assessment

An X-ray showed that the subclavian artery still remained "very angry" from being squeezed and deformed by the extra rib. Even though the rib had been removed, blood still clotted in the subclavian artery because previous "showering" of blood clot fragments into other arteries of the arm left it nowhere else to go.

Moursi decided his only option for restoring normal blood flow — so the boy could not only use the arm but also wouldn't be in danger of losing it — was to perform another surgery to remove the occlusion.

Procedures

On Oct. 21, Moursi began the surgery by making two incisions — one above and one below the right clavicle. Because of the complicated web of nerves and veins that come together in the small area, as well as the amount of scar tissue and adhesion that had accumulated after the removal of the extra rib, Moursi had to carefully maneuver through delicate areas until he reached the partially occluded subclavian artery. Once there, Moursi removed as much of the occlusion as he could; however, the artery's density meant he could only remove about 20% to 30% of the material.

Although his efforts improved blood flow to the arm, significant blockage still existed that threatened the ultimate viability of the arm. Moursi decided he would also need to create a subclavian bypass around the damaged area.

Still working in the complicated plexus of nerves that control a person's arms, the brachial plexus, Moursi located a section of the artery where the blood flow was normal and, using sutures, attached a flexible tube. He then detoured the Teflon tube around the occluded area of the artery and attached it to another healthy section of the artery, allowing the blood to bypass the damaged area and resume flowing.

The surgery lasted several hours and was successful, allowing the boy to regain some use of his arm after a recovery period.

"It didn't make it perfect because he was already too far behind the eight ball, but we made it better," Moursi said. "The bypass didn't have a lot of blood to plug into because he'd embolized or clotted up a lot of the vessels in his arm already. There was nothing I could do about that. But his arm is still attached, and it's probably got about 30% of its normal blood flow."

Over time, Moursi said, the blood flow might improve further through collateralization.

But four months later after the patient had time to heal from the first surgery, he underwent another surgery with Moursi — this time on the left side of his body.

Moursi explained: "As we were looking at the X-ray, we saw that he had a cervical rib on the other side as well."

"It was pushing on the artery, not horribly, but it was definitely pushing on it," Moursi said. "The main reason we decided to take out the left cervical rib was prophylactic, so he wouldn't lose that left subclavian artery like he did on the right."

So on Feb. 22, Moursi performed a supraclavicular procedure on

Mohammed M. Moursi, M.D.

Professor
Chief of Vascular and Endovascular Surgery,
Division of Vascular Surgery,
Department of Surgery,
UAMS College of Medicine

Education
Doctor of Medicine,
University of Michigan, Ann Arbor

Residency
General surgery,
University of Michigan

Fellowship
Vascular surgery,
University of Michigan.

(Continued from page 6)

the opposite side of the boy s body. In this surgery, which also lasted several hours, he made an incision above and parallel to the clavicle, located the extra rib and removed it. He looked at the subclavian artery externally as well as performed an intra op ultrasound to look at the inside of the artery, and all looked good.

"We were able to remove the rib so it wasn't pushing on the artery anymore," Moursi said.

Follow ups

The boy spent a few days in the hospital recovering after each surgery. About two months after the second surgery, Moursi said the patient was back to participating in sports and going hunting, enjoying a normal life. Moursi said the only follow up treatment the boy will need is an ultrasound of the subclavian arteries every six months.

Discussion

About one in every 200 people are born with an extra rib, called a cervical rib. It forms above the first rib, at the base of the neck, just above the collarbone. It can exist on either side or both sides, and can be a fully formed rib or just a thin strand of tissue fibers. While a cervical rib doesn t usually cause any problems, in some people it causes neck pain, numbness in the arm and other symptoms as a result of pressing on nearby nerves and blood vessels.

UAMS EpicCare Link

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UAMS.Health/EpicCare

NEW! Ordering Referrals

In the course of their care, you may need to refer patients to UAMS. EpicCare Link is your portal to the UAMS Electronic Medical Record, which is designed to give you access to records, results and direct messaging to UAMS providers. In EpicCare Link, you can quickly enter referrals electronically for your patients.

First Access allows EpicCare Link users to add patients to their queues.To gain access to a patient record, please enter the following required information: patient's full name (Last, First), DOB and sex. You will have access to that chart for a period of 30 days.

Register for EpicCare Link

**Please allow 1 2 business days to receive your username and password.*

Access EpicCare Link

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Tip Sheet for referring patients to UAMS Health

Need to verify your clinic providers are enrolled?

Questions? Contact Us

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To request speakers or topics or to learn more about how the UAMS Physician Relations & Strategic Development team can help you, visit **UAMShealth.com/MD**

JULY 5
Holiday

JULY 12
Pain Management
Gregory Smith, M.D.
Department of Anesthesiology

JULY 19
Managing Kidney Disease
Manisha Singh, M.D.
Department of Internal Medicine-Nephrology

JULY 26
Financial & Operations Management – Tools to Excel Beyond the Spreadsheet
Michael Cash, MHSA
SVMIC

AUGUST 2
Sickle Cell Update
Stella Bowers, R.N.
Sickle Cell

AUGUST 9
Cardiology Update
Kalaivani Sivakumar, M.D.
Department of Cardiology

AUGUST 16
Pediatric Orthopaedics
Adrienne Koder, M.D.
Department of Orthopaedics

AUGUST 23
Basics of Kidney Transplant
Aparna Sharma, M.D.
Department of Nephrology

AUGUST 30
Making Decisions when Professional, Personal Values Diverge
Micah Hester, Ph.D.
College of Medicine

SEPTEMBER 6
Holiday

SEPTEMBER 13
Team Training for Maternal Crisis Event
Faiza Kahn, M.D.
Department of Anesthesiology

SEPTEMBER 20
Atrial Fibrillation
Hakan Paydak, M.D.
Department of Cardiology

SEPTEMBER 27
Are You Okay? Addressing Employee Mental Health
Gretchen Napier
SVMIC