

*Department of Obstetrics,  
Gynecology and Reproductive Medicine*

The Department of Obstetrics, Gynecology and  
Reproductive Medicine acknowledges with  
gratitude the educational grants which have  
made this program possible:

***TWENTY-SEVENTH  
ANNUAL  
RESIDENTS RESEARCH DAY***

*June 20, 2007*

BAYER HEALTHCARE  
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*Stony Brook University Medical Center  
Stony Brook, New York*

Notes:

**DEPARTMENT OF OBSTETRICS, GYNECOLOGY  
AND REPRODUCTIVE MEDICINE  
SCHOOL OF MEDICINE  
STONY BROOK UNIVERSITY MEDICAL CENTER  
TWENTY-SEVENTH ANNUAL RESIDENTS RESEARCH DAY  
JUNE 20, 2007**

<b>Chairman:</b>	J. Gerald Quirk, M.D., Ph.D.
<b>Residency Director:</b>	Todd Griffin, M.D.
<b>RRD Program Director:</b>	Richard Bronson, M.D.
<b>RRD Program Committee:</b>	Deborah Duttge Terry Leonbruno Kathleen Reilly
<b>Departmental Faculty:</b>	Susan Altman, C.N.M. Patricia Ardise, M.D. Cecilia Avila, M.D. David Baker, M.D. Richard Bronson, M.D. Adam Buckley, M.D. Lauri Budnick, M.D. Ann Buhl, M.D. Eva Chalas, M.D. Kent Chan, M.D. Karen Coburn, N.P. Christine Conway, M.D. Eleanor Dunham, N.P. Reinaldo Figueroa, M.D. Heather Findletar, C.N.M. Marie Frey, C.N.M. Jennifer Griffin, C.N.M. Todd Griffin, M.D. Jessica Hilsenroth, C.N.M. Jennifer Johnson, M.D. Christina Kocis, C.N.M. Laura Lesch, N.P. Michael Lydic, M.D. Careen Mauro, C.N.M. Alan Monheit, M.D. Paul L. Ogburn, Jr., M.D. Michael Pearl, M.D. Sara Petruska, M.D. Viswanathan Ravishankar, M.D. Natalie Semenyuk, M.D. Eva Swoboda, M.D. Siamak Tabibzadeh, M.D. Linda Tseng, Ph.D. Ann Visser, C.N.M.  Martin L. Stone, M.D. <i>Professor Emeritus</i>

## LECTURER AND JUDGES

*Notes:*

### NINETEENTH ANNUAL MARTIN L. STONE, M.D. LECTURER AND JUDGE

Alan H. DeCherney, M.D. Chief, Reproductive Biology and Medicine Branch  
National Institute of Child Health and Human  
Development  
National Institutes of Health  
Professor, Uniformed Services  
University of Health Sciences School of Medicine  
Professor Emeritus, the David Geffen School of  
Medicine at UCLA

### JUDGES

Gabriel A. San Roman, M.D. Director, Reproductive Specialists of New York  
Stony Brook, New York  
Clinical Associate Professor of Obstetrics, Gynecology  
and Reproductive Medicine  
Stony Brook University Medical Center

Nancy E. Budorick, M.D. Professor of Radiology and Obstetrics, Gynecology and  
Reproductive Medicine  
Stony Brook University Medical Center

### DEPARTMENTAL RESIDENTS

**CHIEFS** Patricia Dramitinos, M.D.  
Megan Lochner, M.D.  
Christopher Paoloni, M.D.  
Anita Patibandla, M.D.

**PGY-3** Rupinder Bhangoo, M.D.  
Kristin Patzkowsky, M.D.  
Kelly van den Heuvel, M.D.  
Dympna Weil, M.D.

**PGY-2** Kirthi Katkuri, M.D.  
Nikole Ostrov, M.D.  
Erin Stevens, M.D.

**PGY-1** Jerasimos Ballas, M.D.  
Shelly-Ann James, M.D.  
Lan Na Lee, M.D.  
Randi Turkewitz, M.D.

Notes:

## PROGRAM

8:30 - 8:35	<i>Welcome</i> <b>J. Gerald Quirk, M.D., Ph.D.</b> Chairman
8:35 - 8:45	<i>Introduction</i> <b>Richard Bronson, M.D.</b>
8:45 - 9:00	<i>Dostinex Decreases Risk of Ovarian Hyperstimulation and has No Effect on Pregnancy Rate After In-Vitro Fertilization</i> <b>Rupinder Bhangoo, M.D.</b> Faculty Sponsor: James R. Stelling, M.D.
9:00 - 9:05	Discussant: Patricia Dramitinos, M.D.
9:05 - 9:10	Questions
9:10 - 9:25	<i>Incidence of Deep Venous Thrombosis and Pulmonary Embolus in the Postpartum Population at Stony Brook University Hospital</i> <b>Nikole Ostrov, M.D.</b> Faculty Sponsor: Paul L. Ogburn, Jr., M.D. Contributors: Vandy Wienczek, RN; Nilima Lovekar, M.D.
9:25 - 9:30	Discussant: Megan Lochner, M.D.
9:30 - 9:35	Questions
9:35 - 9:50	<i>Hijacking Identity at Fetomaternal Interface</i> <b>Kristin Patzkowsky, M.D.</b> Faculty Sponsor: Siamak Tabibzadeh, M.D. Contributors: Dr. Meiyi Tang, Dr. Devendra Naidu and Dr. Ryan Spencer
9:50 - 9:55	Discussant: Christopher Paoloni, M.D.
9:55 - 10:00	Questions
10:00 - 10:15	<i>The Significance of Peritoneal Cytology for Early Stage Cervical Carcinoma in Patients Undergoing Radical Hysterectomy</i> <b>Kelly van den Heuvel, M.D.</b> Faculty Sponsor: Michael L. Pearl, M.D.
10:15 - 10:20	Discussant: Anita Patibandla, M.D.
10:20 - 10:25	Questions

## PROGRAM (Continued)

10:25 - 10:55	Coffee Break
10:55 - 11:55	<i>Surgery for Infertility is Never Indicated</i> <b>Alan H. DeCherney, M.D.</b>
11:55 - 12:10	<i>Does a Patient's Support System Impact Pain Perception During a Medical Abortion?</i> <b>Erin Stevens, M.D.</b> Faculty Sponsor: Adam Buckley, M.D. Deborah Davenport, M.D.
12:10 - 12:15	Discussant: Anita Patibandla, M.D.
12:15 - 12:20	Questions
12:20 - 12:35	<i>Exploring Changes in Co-morbidity Indexes for Gynecologic Oncology Patients</i> <b>Dympna Weil, M.D.</b> Faculty Sponsor: Michael L. Pearl, M.D.
12:35 - 12:40	Discussant: Megan Lochner, M.D.
12:40 - 12:45	Questions
12:45 - 1:00	<i>Obstetric Hemorrhage Screening Tool: Validity and Accuracy in Predicting Postpartum Complications</i> <b>Kirithi Kathuri, M.D.</b> Faculty Sponsor: Todd Griffin, M.D.
1:00 - 1:05	Discussant: Patricia Dramitinos, M.D.
1:05 - 1:10	Questions
1:10 - 2:10	Lunch

## PROGRAM OBJECTIVES

The purpose of this program is to provide a forum for discussion of original research findings and for the introduction, development, and review of new and most accepted approaches to the discipline of Obstetrics and Gynecology. Upon completion of the program, participants should be able to apply medical problem-solving skills, practice new approaches to manual and surgical skills, and utilize skills in evaluating new information.

## CREDITS

The School of Medicine, State University of New York at Stony Brook, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The School of Medicine, State University of New York at Stony Brook, designates this educational activity for up to 4 hours in Category 1 towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

The American College of Obstetricians and Gynecologists has assigned 4 cognate credits to this program.

## ALUMNI RESIDENTS (CONTINUED)

### 2002-2003

Karen Chu, M.D., Private Practice, San Francisco, California  
JoAnna Paolilli, M.D., Private Practice, Mineola, New York  
Hera Sambaziotis, M.D., M.P.H., Albert Einstein Medical Center, Bronx, New York  
Julie Welischar, M.D., Private Practice, Setauket, New York

### 2003-2004

Patricia Ardise, M.D., Stony Brook University Hospital, Stony Brook, New York  
Anne Hunter, M.D.  
Sara Petruska, M.D., Stony Brook University Hospital, Stony Brook, New York  
Alejandra Turmero, M.D., Private Practice, Rhode Island

### 2004-2005

Heather McGehean, M.D., Urogynecology Fellowship, Pennsylvania  
Timothy Hale, M.D., Private Practice, Massachusetts  
Joyce Rubin, M.D., Private Practice, Smithtown, New York  
Vanessa Soviero, M.D., Private Practice, East Setauket, New York  
Eva Swoboda, M.D., Stony Brook University Hospital, Stony Brook, New York

### 2005-2006

Lynda Gioia, M.D., Private Practice, Tennessee  
Olga Glushets, M.D., Urogynecology Fellowship, Brooklyn, New York  
Meredith McDowell, M.D.

## Dostinex Decreases Risk of Ovarian Hyperstimulation and has no Effect on Pregnancy Rate after In-Vitro Fertilization.

Rupinder Bhangoo, M.D. and James R. Stelling, M.D

**Objective:** To determine whether Dostinex decreases the risk of ovarian hyperstimulation after In-Vitro Fertilization and whether there is an effect on pregnancy rate.

**Methods:** This study was a retrospective case-control chart review where selected medical charts of patients undergoing In-Vitro Fertilization from January 2004 to February 2007 at the Stony Brook or Mineola Office of Reproductive Specialists of New York were reviewed. Patients were grouped into whether or not they received Dostinex after In Vitro Fertilization (IVF) was performed. Outcomes noted were whether they developed Ovarian Hyperstimulation Syndrome (OHSS) and whether pregnancy resulted. The patient's age, gravida and parity, prior history of OHSS, peak serum estrogen level, number of eggs retrieved and number of eggs fertilized, number of embryos transferred at time of IVF and whether the patient was placed on Dostinex after IVF procedure was recorded. Implantation rate, whether pregnancy resulted and outcome of pregnancy (miscarriage or continuation of pregnancy), number of OHSS office visits and whether admission to hospital for OHSS was required was recorded. The purpose of the research was to determine whether Dostinex decreased the rate of OHSS in patients undergoing IVF and whether Dostinex had an effect on pregnancy rate.

**Results:** Patients who received Dostinex after IVF had a decreased risk of developing OHSS when compared to patients who did not receive Dostinex. No effect was noted on pregnancy rate in patients that received Dostinex.

## **Incidence of Deep Venous Thrombosis and Pulmonary Embolus in the Postpartum Population at Stony Brook University Hospital**

**Nikole Ostrov, MD, Paul L.Ogburn, Jr., M.D.**

**Contributors: Vandy Wiencek, RN and Nilima Lovekar, M.D.**

**Objectives:** To determine the incidence and risk factors associated with deep venous thrombosis (DVT) and pulmonary embolus (PE) in postpartum patients at Stony Brook University Hospital (SBUH).

**Methods:** We performed a retrospective chart review for an 87 month period from January 2000-March 2007 using CPMP codes and Hospital CD-9 codes for all females between the ages of 12 and 45. A total of 22,833 births, of which 8288 of these were cesarean sections, were reviewed. Patients were required to have both delivered and received postpartum care for any thromboembolic complication in order to fulfill inclusion criteria.

**Results:** After review of the charts, there were a total of 11 DVT's (48/100,000 deliveries) and 7 PE's (31/100,000 deliveries). Of the 11 DVT's, 3 DVT's were diagnosed following vaginal deliveries (incidence = 2/10,000) and 8 were following Cesarean delivery (incidence= 9.7/10,000), ( $p= 0.015$ , chi square). Of the 7 PE's, 6 were following cesarean sections and the 7<sup>th</sup> PE was following a uterine rupture. Therefore, during the time period that was reviewed, no postpartum pulmonary emboli resulted as a complication from a vaginal delivery. The incidence of Postpartum PE after C/S at SBUH is 8.4/10,000. If the statistics are further classified to exclude "High Risk" patients, then the incidence of postpartum PE's decreases to 2.4/10,000. "High Risk" patients were defined as those that had any one of the following: (1) additional major surgery within 28 days of diagnosis (2) insulin dependent pre-gestational diabetes (3) multiple gestation (4) prior thromboembolic disease and (5) thrombophilia.

**Discussion:** Based on this review there is a statistically significant lower risk of thromboembolic events following vaginal deliveries as compared with cesarean delivery. Even though all 7 PE's occurred following cesarean deliveries, if "high risk" exclusion criteria are used then the PE risk following C/S decreases dramatically. It is also interesting to note that of the 2 patients with PE's that were not considered "high risk", one was diagnosed with pregnancy induced hypertension requiring delivery and the second was started on prophylactic Heparin prior to diagnosis of PE which raises the possibility of HIT.

**Conclusion:** In the postpartum population at Stony Brook University Hospital, DVT's and PE's are associated with cesarean section, and PE's are more likely to be seen in patients with predisposing conditions.

## **ALUMNI RESIDENTS (CONTINUED)**

### **1993-1994**

Ira Chan, M.D., Instructor, Beth Israel Hospital, Harvard Medical School, Boston, MA  
Pui Chun Cheng, M.D., Gynecologic Oncology, New Orleans, Louisiana  
Lawrence Weinstein, M.D., Private Practice, Kingston, New York

### **1994-1995**

Ira Bachman, M.D., Private Practice, Cedarhurst, New York  
Petra Belady, M.D., Private Practice, Bloomington, Indiana  
Gloria Escamilla, M.D., Private Practice, Smithtown, New York  
Lisa Farkouh, M.D., Private Practice, Denver, Colorado

### **1995-1996**

Felicia Callan, M.D., Private Practice, Huntington, New York  
Charles Mirabile, M.D., Private Practice, West Islip, New York  
Karen Morris, M.D., Private Practice, Huntington, New York  
James Stelling, M.D., Private Practice, Stony Brook, New York

### **1996-1997**

Jacqueline Ammirata, M.D., Private Practice, West Islip, New York  
Todd Griffin, M.D., Stony Brook University Hospital, Stony Brook, New York  
Hitesh Narain, M.D., Private Practice, Patchogue, New York  
Florence Rolston, M.D., Private Practice, Southampton, New York

### **1997-1998**

Salil Bakshi, M.D., Private Practice, Oakdale, New York  
Wei Chu, M.D., Private Practice, East Islip, New York  
David Reavis, M.D., Private Practice, Patchogue, New York  
Marian Zinnante, M.D., Private Practice, Arlington, Texas

### **1998-1999**

Robert Duck, M.D., Private Practice, Winchester, Virginia  
Christopher Fabricant, M.D., Univ. of Texas, Southwestern Medical Center, Dallas, Texas  
Anne Hardart, M.D., University of Southern California, Los Angeles, California  
Lynne Macco, M.D., Private Practice, West Islip, New York

### **1999-2000**

Vito Alamia, M.D., Private Practice, Southampton, New York  
Terry Allen, M.D., Private Practice, Fairfax, Virginia  
Mari Inagami, M.D., Private Practice, Westport, Connecticut  
Jill Thompson, M.D., Private Practice, Northport, New York

### **2000-2001**

Martina Frandina, M.D., New York Downtown Hospital, New York, New York  
Dennis McGroary, M.D. Private Practice, Mt. Kisco, New York  
Antonia Pinney, M.D., Private Practice, New Jersey

### **2001-2002**

Siobhan Hayden, M.D., Mary Imogene Barrett Hospital, Cooperstown, New York  
Antoun Khabbaz, M.D., Appalachian Regional Healthcare, Harlan, Kentucky  
Dennis Strittmatter, M.D., Private Practice, Port Jefferson, New York

## ALUMNI RESIDENTS

### 1981-1982

Richard Scotti, M.D., Dir., Female Pelvic Med. & Reconstructive Surgery, Los Angeles, CA  
W. Robert Lockridge, M.D., New York

### 1982-1983

Deborah Davenport, M.D., Private Practice, East Setauket, New York  
William Shuell, M.D., Private Practice, Southampton, New York

### 1983-1984

Robert O'Keefe, M.D., Private Practice, Setauket, New York  
Alexandra Taylor, M.D.

### 1984-1985

Eva Chalas, M.D., Private Practice, Smithtown, New York  
Professor of OB/GYN, Stony Brook University, Stony Brook, New York  
David Kreiner, M.D., Private Practice, Woodbury, New York

### 1985-1986

Jeffrey Porte, M.D., Private Practice, Setauket, New York  
Gae Rodke, M.D., Private Practice, New York, New York

### 1986-1987

Lance Edwards, M.D., Private Practice, Port Jefferson, New York  
Mindy Shaffran, M.D., Private Practice, Port Jefferson, New York  
Christian Westermann, M.D., Private Practice, Stony Brook, New York

### 1987-1988

Timothy Bonney, M.D., Private Practice, West Islip, New York  
Arlene Kaelber, M.D., Private Practice, Setauket, New York

### 1988-1989

Michael Arato, M.D., Private Practice, Stony Brook, New York  
Miriam Sivkin, M.D., Private Practice, Milford, Connecticut

### 1989-1990

Michael Klotz, M.D., Private Practice, Seattle, Washington  
Paul Meyers, M.D., Riverside Hospital, Newport News, Virginia  
Gustavo San Roman, M.D., Private Practice, Port Jefferson Station, New York

### 1990-1991

Cheri Coyle, M.D., Private Practice, Hampton, Virginia  
Syau-fu Ma, M.D., Private Practice, Ridgewood, New Jersey  
John Wagner, M.D., Private Practice, East Northport, New York

### 1991-1992

Brian McKenna, M.D., Private Practice, Smithtown, New York  
Gerald Siegel, M.D., Private Practice, Commack, New York  
Marie Welshinger, M.D., Women's Cancer Center, Morristown Memorial, Morristown, NJ

### 1992-1993

Theodore Goldman, M.D., Private Practice, East Northport, New York  
Stephanie Mann, M.D., Private Practice, Los Angeles, California  
Robert Scanlon, M.D., Private Practice, Kingston, New York

## Hijacking Identity at Fetomaternal Interface

**Kristin Patzkowsky, M.D. and Siamak Tabibzadeh, M.D.**  
**Contributors: Dr. Meiyi Tang, Dr. Devendra Naidu, Dr. Ryan Spencer**

**Objective:** A special subset of cells which reside at the fetomaternal interface and are intimately associated with the maternal decidua are known as extravillous trophoblasts. Although, these cells have features in common with the trophoblasts, their exact identity has remained unknown. The purpose of this study was to identify the mechanism(s) which are involved in their development at the fetomaternal interface.

**Methods:** In order to assess the interaction of decidual cells with embryonic stem cells and trophoblasts, cells were first tagged and then co-cultured. Then the tagged cells were used to identify changes in the cell phenotype.

**Results:** In co-cultures, decidual cells acquired proteins and markers of embryonic cells. Further experiments showed that this process of transference is bidirectional and is only partially mediated by cell-cell fusion.

**Conclusion:** These findings show an active interaction of maternal and embryonic stem cells at the fetomaternal interface with broad implications in understanding the role of this interaction in embryogenesis and development.



## The Significance of Peritoneal Cytology for Early Stage Cervical Carcinoma in Patients Undergoing Radical Hysterectomy

Kelly van den Heuvel, M.D. and Michael L. Pearl, M.D.

**Objective:** The purpose of this retrospective review of patients undergoing radical hysterectomy for cervical cancer was to determine the significance of peritoneal cytology in our patient population.

**Methods:** All cases of radical hysterectomy performed for cervical cancer on the Gynecologic Oncology Service at the State University of New York at Stony Brook from February of 1997 through February of 2007 were reviewed. Data regarding demographics, past cancer history, operative results, treatment (defined as post-op adjuvant therapy), and postoperative outcomes were collected for analysis.

**Results:** There were 118 cases that met all inclusion criteria. 86 of the 118 patients reviewed had peritoneal washings performed, none of which were positive or suspicious for malignant cells. There was no statistical difference between the washings performed group and washings not performed group in terms of patient age, stage, or histology. Having a negative washing result did not influence the choice to proceed with adjuvant therapy ( $p=0.732$ ) and did not have any impact on recurrence ( $p=0.345$ ) or survival ( $p=0.176$ ).

**Conclusions:** Our study suggests that performing peritoneal washings in patients undergoing radical hysterectomy for cervical cancer changes neither management nor outcome. A larger prospective study randomizing patients to have or to not have washings performed would more conclusively elucidate the role of peritoneal washings, if any, in cervical cancer.

## AWARDS-PAST RECIPIENTS

### The William J. Mann, M.D. Pathology Award

1982	Deborah Davenport, M.D.	1995	Charles Mirabile, M.D.
1983	Deborah Davenport, M.D.	1996	James Stelling, M.D.
1984	Eva Chalas, M.D.	1997	Todd Griffin, M.D.
1985	Eva Chalas, M.D.	1998	Robert Duck, M.D.
1986	Mindy Shaffran, M.D.	1999	Jill Thompson, M.D.
1987	Christian Westermann, M.D.	2000	Jill Thompson, M.D.
1988	Michael Arato, M.D.		Terry Allen, M.D.
1989	Paul Meyers, M.D.	2001	Hera Sambaziotis, M.D., .M.P.H
1990	Syau-fu Ma, M.D.	2002	JoAnna Paolilli, M.D.
1991	Cheri Coyle, M.D.	2003	Timothy Hale, M.D.
1992	Robert Scanlon, M.D.	2004	Vanessa Soviero, M.D.
1993	Robert Scanlon, M.D.	2005	Megan Lochner, M.D.
1994	Petra Belady, M.D.	2006	Olga Glushets, M.D.

### Faculty Teaching Award

*In Recognition and Appreciation for Outstanding Teaching and Service to the Residency Program*

1982	Alan Monheit, M.D.	1992	Daniel Saltzman, M.D.
1983	Mark Funt, M.D.	1993	Fidel Valea, M.D.
1984	William Mann, M.D.	1994	James Droesch, M.D.
	John Chumas, M.D.	1995	Bruce Meyer, M.D.
1985	Burton Rochelson, M.D.	1996	Joseph Schaffer, M.D.
1986	Carolyn Trunca, Ph.D.	1997	Michael Pearl, M.D.
	Abraham Halfen, M.D.	1998	Anthony Royek, M.D.
	Lawrence Minei, M.D.	1999	Stephen Salmieri, M.D.
1987	William Mann, M.D.	2000	Alan Monheit, M.D.
1988	Alan Monheit, M.D.	2001	Anthony Royek, M.D.
1989	James Droesch, M.D.	2002	Andrew Elimian, M.D.
1990	John Chumas, M.D.	2003	David Garry, D.O.
1991	Adrienne Thomas, M.D.		

## AWARDS—PAST RECIPIENTS

### The Robert L. Barbieri, M.D. Research Award

*(Formerly the Resident Research Award)*

1981	Deborah Davenport, M.D.	1996	Todd Griffin, M.D.
1982	Alexandra Taylor, M.D.		Marian Zinnante, M.D.
1983	Deborah Davenport, M.D.	1997	Ann Hardart, M.D.
1984	Robert O'Keefe, M.D.		Marian Zinnante, M.D.
1985	Gae Rodke, M.D.	1998	Ann Hardart, M.D.
1986	Christian Westermann, M.D.		Jill Thompson, M.D.
1987	Mindy Shaffran, M.D.	1999	Vito Alamia, M.D.
1988	Michael Arato, M.D.	2000	Mari Inagami, M.D.
1989	Syau-fu Ma, M.D.	2001	Dennis Strittmatter, M.D.
1990	John Wagner, M.D.	2002	JoAnna Paolilli, M.D.
1991	John Wagner, M.D.	2003	Sara Petruska, M.D.
1992	Robert Scanlon, M.D.	2004	Anne Hunter, M.D.
1993	Robert Scanlon, M.D.	2005	Lynda Gioia, M.D.
1994	Ira Bachman, M.D.	2006	Kristin Patkowsky, M.D.
1995	Felicia Callan, M.D.		

### The Golden Scalpel Award

*In Recognition of Demonstrating Excellence in Technical Skills*

2001	Martina Frandina, M.D.
2002	Antoun Khabbaz, M.D.
2003	Julie Welischar, M.D.
2004	Joyce Rubin, M.D.
2005	Eva Swoboda, M.D.
2006	Megan Lochner, M.D.

## Does a Patient's Support System Impact Pain Perception During a Medical Abortion?

Erin E. Stevens, M.D., Adam Buckley, M.D., Deborah Davenport, M.D.

**Objective:** 48% of all pregnancies each year in the United States are unintended and more than one-fifth of all pregnancies, planned or unplanned, end in abortion. Patients often choose a medical over surgical abortion because it is thought to be more natural, more private and less painful. Currently, there have been no investigations into whether a patient's support system plays in the amount of pain a patient reports. Previous studies show that lower maternal age, lower parity, and anxiety were found to be predictors of severe pain during a medical termination. The purpose of this study is to determine whether patients will report experiencing less pain if they have a support system during the abortion.

**Materials and Methods:** This is an ongoing prospective descriptive study. A survey has been administered to all patients who elected to undergo a medical termination at Planned Parenthood locations in the Hudson-Peconic area. The survey was administered at their follow up appointment and collected demographic information, evaluated the amount of pain and bleeding patients perceived during the termination, and their level of psychosocial support.

**Results:** Based on the data collected to date, patients who hid the abortion from their parents or significant other reported more pain during the bleeding and less satisfaction with the procedure, regardless of gravidy or age. Patients who did not have anyone present during the time of misoprostol administration reported more pain during the bleeding.

**Conclusion:** A support system during a medical termination of pregnancy decreases the amount of pain reported by the patient.

## AWARDS-PAST RECIPIENTS

### Exploring Changes in Co-morbidity Indexes for Gynecologic Oncology

Dympna Weil, M.D. and Michael L. Pearl, M.D.

**Objective:** Co-morbidities are diseases or disorders that coexist with a disease of interest. Co-morbid illnesses are important because they may delay diagnosis, may influence treatment decisions, affect complications, alter survival, and confound analysis in clinical research. It has been our clinical impression that the number and severity of co-morbid illnesses in our patients has increased over the past decade. A review of the available literature failed to reveal any published reports directly assessing this issue in the gynecologic or gynecologic-oncology literature. The purpose of this project is to explore any changes in co-morbidity that have occurred over time.

**Study Design:** A retrospective review of the medical records of patients treated on the GYNONC services for the past nine years was performed. Three hundred and twelve charts have been reviewed to date with data collected from 174 patients. Demographic data, medical co-morbidity data, oncologic diagnosis and outcomes were recorded. The Charlson Co-Morbidity Index was calculated for each patient; Severity Index was also calculated.

**Initial results:** Analysis of data ongoing at time of print.

**Conclusions:** Further data collection will be necessary to appropriately explore changes in our patients' co-morbidity over time and to detect meaningful differences in calculated co-morbidity scores.

### The David Marzouk, M.D. Humanism in Medicine Award

*In Recognition of Warmth, Compassion, and Devotion  
to the Profession of Medicine*

<b>1985</b>	Eva Chalas, M.D.	<b>1996</b>	Florence Rolston, M.D.
<b>1986</b>	Timothy Bonney, M.D.	<b>1997</b>	David Reavis, M.D.
<b>1987</b>	Michael Arato, M.D.	<b>1998</b>	Vito Alamia, M.D.
<b>1988</b>	Michael Arato, M.D.	<b>1999</b>	Lynne Macco, M.D.
<b>1989</b>	Syau-fu Ma, M.D.	<b>2000</b>	Siobhan Hayden, M.D.
<b>1990</b>	Brian McKenna, M.D.	<b>2001</b>	Anne Hunter, M.D.
<b>1991</b>	Robert Scanlon, M.D.	<b>2002</b>	JoAnna Paolilli, M.D.
<b>1992</b>	Stephanie Mann, M.D.	<b>2003</b>	Sara Petruska, M.D.
<b>1993</b>	Petra Belady, M.D.	<b>2004</b>	Vanessa Soviero, M.D.
<b>1994</b>	Felicia Callan, M.D.	<b>2005</b>	Megan Lochner, M.D.
<b>1995</b>	Elizabeth Folland, M.D.	<b>2006</b>	Meredith McDowell, M.D.

### Resident Teaching Award

*In Recognition of Commitment, Dedication, and Enthusiasm  
in the Teaching and Nurturing of Medical Students*

<b>1990</b>	Brian McKenna, M.D. John Wagner, M.D.	<b>1999</b>	Vito Alamia, M.D.
<b>1991</b>	Pui Chun Cheng, M.D.	<b>2000</b>	JoAnna Paolilli, M.D.
<b>1992</b>	Pui Chun Cheng, M.D.	<b>2001</b>	JoAnna Paolilli, M.D. Hera Sambaziotis, M.D.
<b>1993</b>	Lawrence Weinstein, M.D.	<b>2002</b>	Joyce Rubin, M.D.
<b>1994</b>	Todd Griffin, M.D.	<b>2003</b>	JoAnna Paolilli, M.D.
<b>1995</b>	David Reavis, M.D.	<b>2004</b>	Heather McGehean, M.D.
<b>1996</b>	David Reavis, M.D.	<b>2005</b>	Anita Patibandla, M.D.
<b>1997</b>	David Reavis, M.D.	<b>2006</b>	Anita Patibandla, M.D.
<b>1998</b>	David Reavis, M.D.		

## AWARDS-PAST RECIPIENTS

### The Martin L. Stone, M.D. Award

*The Outstanding Resident in Recognition of  
Dedication, Commitment, and Service  
(Formerly Resident of the Year Award)*

1982	Robert O'Keefe, M.D.	1995	Ira Bachman, M.D.
1983	Eva Chalas, M.D.	1996	James Stelling, M.D.
1984	Jeffrey Porte, M.D.	1997	Todd Griffin, M.D.
1985	Eva Chalas, M.D.	1998	David Reavis, M.D.
1986	Jeffrey Porte, M.D.	1999	Lynn Macco, M.D.
1987	Christian Westermann, M.D.	2000	Siobhan Hayden, M.D.
1988	Timothy Bonney, M.D.	2001	Martina Frandina, M.D.
1989	Michael Arato, M.D.	2002	Siobhan Hayden, M.D.
1990	Marie Welshinger, M.D.	2003	JoAnna Paolilli, M.D.
1991	John Wagner, M.D.	2004	Patricia Ardise, M.D.
1992	Pui Chun Cheng, M.D.	2005	Heather McGehean, M.D.
1993	Lawrence Weinstein, M.D.	2006	Lynda Gioia, M.D.
1994	Ira Bachman, M.D.		

### The Voluntary Clinical Faculty Award

*In Recognition of and Appreciation for Outstanding Teaching  
and Service to the Residency Program*

1995	Richard Halpert, M.D.	2001	Abraham Halfen, M.D.
1996	Christian Westermann, M.D.	2002	Todd Griffin, M.D.
1997	James Droesch, M.D.	2003	Philip Schoenfeld, M.D.
1998	Deborah Davenport, M.D.	2004	James Stelling M.D.
1999	Christian Westermann, M.D.	2005	James Droesch, M.D.
2000	Abraham Halfen, M.D.	2006	James Droesch, M.D.

## Obstetric Hemorrhage Screening Tool: Can we predict outcomes?

Kirthi Katkuri, M.D. and Todd Griffin, M.D.

**Objective:** The purpose of this study is to evaluate the proper use and accuracy of a risk assessment form for obstetric hemorrhage.

**Methods:** A retrospective study of all admissions to labor and delivery from February and March 2007 was performed. The charts were reviewed for demographic data, hemorrhage risk assessment score, co-morbidities, need for transfusion, and emergency procedures. In addition, data from maternal hemorrhages as part of the Code Noelle protocol from July 2006 through March 2007 were reviewed. Statistical analysis was performed using SPSS 11.5.

**Results:** 98% of the charts from the study period were available for review. 90% of the patients were properly risk scored for obstetric hemorrhage on admission to labor and delivery. 10% of the patients were either never risk scored (60%) or were improperly scored (40%). Of those never scored, 95% were antepartum admissions that subsequently were transferred to labor and delivery. Overall, a high-risk score was entered for 3.6% of all charts reviewed. Review of Code Noelle data revealed that 24% of maternal hemorrhages had a high-risk assessment score on admission. Patients with a high-risk score had an odds ratio of 7.8 ( $p < 0.03$ ) for obstetric hemorrhage when compared with patients with lower scores.

**Conclusions:** Use of an obstetrical hemorrhage assessment form is simple and feasible. A high risk score does predict an increased risk for maternal complications of hemorrhage.

**APPENDIX**

**PAST AWARD WINNERS**

**AND**

**ALUMNI**