**Did you know?**

The largest, continuous, peer-to-peer survey of the medical profession ever conducted identified 8 University of Miami Department of Otolaryngology physicians as Best Doctors. Since doctors have unique, “inside” perspective about who's at the top of their profession, who's up on the latest advances in their field, and therefore, where they personally would turn for state-of-the-art care when faced with a serious medical problem their insights are invaluable in ensuring that patients have the right diagnosis and treatment. Only about 5% of doctors practicing in the U.S. are selected for each Best Doctors list.
De arFriends,

I am honored to have served as interim chairman of the Department of Otolaryngology since mid-2009. In that time we have seen great strides in all aspects of our mission during a challenging economic time. We continue to practice otolaryngology, audiology and speech pathology at the highest levels. Our funded research has fueled innovative findings and for the first time in South Florida, cancer surgeons from the department performed an operation to remove a throat cancer using robotic surgery. Clinical innovations continue with extraordinary advances being pioneered in minimally-invasive, fully endoscopic skull-base treatments. As an international center designed to provide a multidisciplinary learning experience, the department continues to recruit and educate top tiered students, resident and fellows and has signed an extraordinary group of students in this year’s residency match.

In addition to these advances in clinical care, research and education, the humanitarian and philanthropic efforts of the department have been a vital component to our development both at home and abroad. Our physicians supported the outstanding University of Miami response to one of the worst-ever natural disasters and humanitarian crises caused by the earthquake in Haiti. Understanding the profound impact that improving the lives of the hearing impaired can have, our department joined forces with a national hearing foundation and the NFL alumni to provide more than 130 local children and young adults with hearing aids. Similarly, our audiologists continue to screen many children at the Alonzo Mourning Overtown Youth Center for hearing loss. In addition, the department has forged an affiliation with the Barton G. Kids Hear Now Foundation that will serve to create a family resource center for cochlear implant patients and their families at the University of Miami Ear Institute.

Moving forward into the second half of 2010, it is our vision to continue to foster this type of excellence in clinical care, research, education and outreach. As a department whose reputation is consistently ranked among the best by U.S. News & World Report, we are committed to providing exemplary patient care, consultation and treatment to patients with a variety of disorders of the ear, nose, throat, head and neck and skull base. I invite you to explore this current edition and learn more about all that the Department of Otolaryngology at the University of Miami Miller School of Medicine has to offer.

Fred F. Telischi, M.E.E., M.D., FACS
Interim Chairman of Otolaryngology and Professor, Neurological Surgery and Biomedical Engineering

“Hearing is the deepest, most humanizing philosophical sense man possesses... Deafness means the loss of that most vital stimulus, the sound of the voice that brings language, sets thoughts astir, and keeps us in the intellectual company of man. To be cut off from hearing is to be isolated indeed.” — Helen Keller
Respect for autonomy recognizes a person’s right to self-determination. Autonomy is also the basis of the standards of privacy, truthfulness, and freedom of action. Society recognizes an individual’s right to make decisions about personal matters based on their own values, understanding and preferences without interference from strangers. In the case of children, these values are represented by their parents. Some reasons for investing this responsibility in parents include: parents care more than strangers about their children; parents provide a single locus of authority (imagine one society determining which language the child speaks, another society determining the child’s religion, another her moral values, etc.); parents are legally and financially responsible for their children and traditionally do the best job in raising them. 

Beneficence is often defined as doing good for, or acting in the best interest of someone else and is also a cornerstone value of biomedical ethics. Beneficence refers to actions that benefit others such as acts of kindness, charity and love. It is a moral obligation of parents to act for the benefit of their children.

When some Deaf leaders say that CI is unethical, they may refer to the value of beneficence as it relates to the well-being of their culture, not the child. In saying that CI is equivalent to genocide for deaf culture, they emphasize that their interest is not primarily doing good for the individual child. This conflict of interest in valuing the best interest of Deaf culture over the best interest of a child is best stated by an associate professor at Gallaudet University, “…the future of the deaf community is at stake. An entire subculture of America may no longer exist.”

In making decisions, parents are guided by what is in the best-interest of their child. Interference with this process by cultural, civic or religious groups is generally considered improper although exceptions may occur when family members, clergy, physicians or the courts believe that family decisions are illogical and dangerous to the child.

Truthfulness is Based on Autonomy

Truthfulness is a value tightly linked to respect for autonomy. People who are not given the full truth are deprived of their right to decide freely for themselves, demeaning the ethical value of respect for autonomy and self-determination. To this end, CI teams must fully describe to families the risks and benefits of CI as well as the alternatives, specifically including entry into the Deaf-World and communicating with American Sign Language (ASL).

Deaf activists rightly discuss the elegance of ASL and the culture of Deafness; and it is undeniable that life in Deaf society is fulfilling, nurturing, and meaningful. However, in the pursuit of truthfulness, it is also important to note that the average graduate of an ASL based deaf residential high school reads at a third to fourth grade level, that there is no written form of ASL and that over 97% of people a deaf person will encounter in the world do not know ASL.

Additionally, in the spirit of truth-telling, Deaf leaders should avoid misleading statements such as, “I would be remiss not to equate cochlear implants with genocide,” and, “…our government has a hidden agenda for deaf children much akin to Nazi experiments…” One director of a college level ASL program, wrote “it has been argued that hearing parents have the right to raise young people who are linguistically and culturally like themselves. We disagree.” Another past president of the National Association of the Deaf wrote “hearing parents are not qualified to decide about cochlear implants.” Fortunately, some of these attitudes are progressively changing.

In respect for truthfulness, Deaf advocates should avoid claiming that deafness is not a disability while at the same time advocating that the deaf are entitled to disability benefits amounting to billions of dollars per year. They should avoid claiming that CIs do not work while also claiming that they work so well that they would eliminate Deaf culture.

A possible solution

Deaf society has always been resonant with diversity. By accepting deaf children who can hear with CIs, Deaf society would expand that history. Fortunately, Deaf society has begun to avoid systematic exclusion of deaf children who have CIs. Diversity is a valued strength of modern societies and it may strengthen the deaf world as well.

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www.cochlearimplants.org
Alumnus Surgical Oncologist Now Implementing New Records System

David Arnold, M.D., FACS
Associate Professor

Optimizing life and medical practice

Highly regarded Miller School head and neck surgeon David Arnold, M.D., ’92, is a man who wrings maximum value for each tick of the clock.

He greets a visitor to this small University of Miami Hospital & Clinics office with a quick, viselike handshake before diving directly into the business at hand, preserving precious time. Tick. Arnold answers questions with crisp, staccato responses, followed by a barely perceptible head tilt that practically says, “Next!” Tick.

None of this comes off as brusque—actually Arnold’s demeanor is friendly and open. It’s just clear that he’s an earnest, intense oncology surgeon who has patients to see and places to go, and who puts a premium on time management. There are 86,400 seconds in every day, and Arnold has them all accounted for, lined up, and marching in tight formation. Tick.

He has to. In addition to regularly performing exacting, multi-hour cancer surgeries, Arnold is helping UHealth implement a state-of-the-art computer software system that will store electronic medical records and improve patient-physician communication. He’s also raising three young daughters with his wife, Mare, and is determined not to be an absentee dad.

Arnold’s knack for optimizing time surfaced long before fatherhood or taking the Hippocratic Oath. It was evident back when the Miami native was attending Ransom Everglades High School.

“In 1986 when I graduated, there was a Miller School program called the HPME – the Honors Program in Medical Education,” says Arnold, whose office walls are festooned with pictures of his family. “It allowed you to get simultaneous acceptance to undergrad and medical school. So you’d go to college for two years, and you’d start medical school the third year.”

At the age of 17, Arnold not only knew what he wanted to do for a living, but had mapped out the most time-efficient path to get there. Why take eight years to do what could be accomplished in six?

However, life sometimes throws curves even at consummate planners. During Arnold’s third year of medical school, when it appeared obstetrics beckoned, he decided to observe a neck cancer surgery on a whim. The attending surgeon was W. Jarrard Goodwin, M.D., who was chair of otolaryngology at the time.

“It’s complex, technical surgery, without a whole lot of room for error,” says Arnold, who was mesmerized to the point of being hooked on the spot. “You have to understand the anatomy of the area you’re operating in, and you have to be vigilant about how you operate. Technique is paramount.”

Arnold really hit the jackpot that day because he also picked up a mentor in Goodwin, now director of Sylvester Comprehensive Cancer Center, part of the University of Miami Health System.

“I think he’s a very high—quality person who cares a great deal about his patients,” Goodwin says of Arnold. “I also recognize in him someone who can work with others. Finally, I find him to be very good as a surgeon.”

As busy as Arnold is, what literally and figuratively floats his boat is recreation. The son of a boat-owning dentist, Arnold earned a professional captain’s license at 19 and currently owns a 27-footer he tries to sail at least twice a week.

No doubt while extracting maximum enjoyment from every second spent on the water.

Article provided courtesy of Miller Office of Communications

Miller School Faculty Honored with Health Care Hero Award

Miller School of Medicine faculty member, W. Jarrard Goodwin, Jr., M.D., FACS, was honored at the Greater Miami Chamber of Commerce Health Care Heroes Awards at Parrot Jungle on May 20, 2010. Dr. Goodwin, chief medical officer of Sylvester Comprehensive Cancer Center and professor of otolaryngology, was presented the premier honor at the luncheon, the AXA Advisors Lifetime Achievement Award.

The Lifetime Achievement Award is meant to honor someone who has made a significant contribution to the health and well-being of the South Florida community and by the sound of the applause given to Goodwin, there was no doubt he had earned the award. A brief video detailed how he decided to become a doctor after undergoing a tonsillectomy as a child. After a fellowship at M.D. Anderson and teaching at Yale University, Goodwin returned to UM to chair the Department of Otolaryngology.

It was his work as director of Sylvester that truly distinguished him, building the cancer center into a world class institution known for its research and clinical breakthroughs. Miller School Dean Pascal J. Goldschmidt, M.D., remarked that Goodwin “built the cancer center with his brains and his hands, but also with his heart – and that was the key ingredient.”

Accepting the award to a standing ovation, Goodwin humbly told the crowd it was “embarrassing” to hear so much about himself and not everyone else. Upon thanking his colleagues, and family, he said winning the award was a privilege, and that the medical school was making “miracles of discovery every day and in every corner.”

W. Jarrard Goodwin, Jr., M.D.
Chief Medical Officer of Sylvester Comprehensive Cancer Center & Professor of Otolaryngology

www.cochlearimplants.org
Minimally Invasive Procedure to Treat Sinusitis
By Jose W. Ruiz, M.D., FACS

Sinusitis affects 37 million Americans each year and is one of the most common chronic health problems in the US. Caused by inflamed and blocked sinus passages, this inflammation is often triggered by allergies or infection. Patients often experience pressure in the face, nasal congestion, or have nasal discharge. The first line treatment prescribed is often medical therapy, such as antibiotics, nasal sprays, and sinus rinses. However, should these interventions fail to resolve the sinus issues then surgery is the next consideration.

Traditional surgery is called functional endoscopic sinus surgery (FESS) and aims to widen the natural opening of the sinuses. This is all done through the nostrils in a minimally-invasive manner with endoscopes and small instruments. A relatively new procedure being implemented to alleviate sinusitis though is balloon sinuplasty.

Balloon sinuplasty seeks to open sinuses using a catheter and balloons to expand the natural sinus openings. With traditional FESS there is bone and tissue removed to widen the sinus opening, whereas balloon sinuplasty expands the hole leaving the mucosa intact. Major advantages of the balloon sinuplasty include higher safety, shorter recovery and less bleeding post-operatively. Additionally, there is less trauma to the surrounding tissue, which is particularly important in opening the frontal sinuses since it can be more complex and prone to scarring.

The Sinus and Voice Center at the University of Miami has been offering this procedure for several years. The procedure is typically performed as an outpatient surgery. However, we are one of the few centers involved in a recent multi-institutional study to evaluate balloon sinuplasty under local anesthesia in clinic. At the Sinus and Voice Center, we have had good success in treating this chronic problem and will continue to provide the most advanced techniques to our patients.

If you or someone you know suffers from sinusitis, please call 305-243-5230 to schedule a consultation with a member of our sinus and voice team.
Surgeons from the Department of Otolaryngology at UHealth – University of Miami Health System performed the first removal of throat cancer in South Florida using a surgical robot. The procedure represents a milestone in UHealth’s development of minimally invasive endoscopic procedures for treatment of head and neck cancers.

The operation was performed March 22 at University of Miami Hospital by Francisco Civantos, associate professor of otolaryngology and member of the Head and Neck Cancer Site Disease Group at Sylvester Comprehensive Cancer Center, and Giovana Thomas, associate professor of otolaryngology and member of the Head and Neck Cancer Site Disease Group at Sylvester. They were accompanied by Raymond J. Leveillee, professor of otology, who is an experienced urologic robotic surgeon.

Traditional surgery for various head and neck cancers requires large incisions extending from the lip, across the chin, and to the neck before entering the mouth or throat. Surgeons often need to cut through the lower jaw and move aside vital nerves to gain access to the back of the mouth and throat.

By contrast, surgeons using the da Vinci® Surgical System insert slender instruments into the mouth to reach the base of the tongue, tonsils, and throat. “As a surgeon,” says Civantos, “using a surgical robot allows for greater precision and dexterity to remove cancerous tumors from tight spaces in the mouth and throat.”

The University of Miami Hospital’s da Vinci system consists of robotic arms that replicate a surgeon’s motions. Throughout a robot-assisted surgery, patients are positioned as they would be during laparoscopic surgery. Surgical team members surround them; the surgeon is located at a console a few feet away. Supporting surgical team members mount the correct instruments and supervise the laparoscopic arms and tools being used.

Civantos and Thomas say the benefits for patients with head and neck cancers are “dramatic” because the surgeries can be done endoscopically. “Because there are no external incisions,” Thomas points out, “it offers faster recovery time and a reduced risk of infection or other complications for the patient.”

Have you ever left a venue such as a concert or night club and experienced that annoying ringing in your ears? In most cases this ringing is only temporary and will eventually subside without medical treatment. Now imagine what it is like for the 50 million Americans who suffer from this ringing on a daily basis.

This ringing or “tinnitus” (pronounced as both “TIN-ri-tus” and “tin-NI-tus”) is the perception of sound heard when no external sound is present and can be experienced in one ear, both ears, or in the head. Patients use a variety of descriptors to convey the sound of the tinnitus they perceive. The most common descriptions are ringing, buzzing, chirping, whistling, clicking, or humming. These noises can vary in intensity and may be heard intermittently or constantly.

For some individuals, tinnitus is just another “biological noise” and they are able to tune it out. However, for over 2 million Americans, tinnitus is so severe that it impacts their daily life to the point of warranting medical attention. In the most severe cases, suicide has even been reported.

Unfortunately, due to the lack of widespread knowledge regarding treatment methods available for those who suffer from tinnitus, numerous health care providers leave their patients with the impression that they “will just have to live with it”. This common response often leaves patients filled with hopelessness and despair and searching for answers.

While the exact physiological cause or causes of tinnitus remain unknown, there are many options that are effective in treating the disorder. Strategies such as management techniques, lifestyle modifications, hearing aids and tinnitus maskers are easily undertaken. Other modalities such as biofeedback, cognitive behavioral therapy, acupuncture, and sound therapies (such as Neuromonics or Tinnitus Retraining Therapy) require expert management.

To this end, the Division of Audiology is pleased to announce the official launch of their Tinnitus Clinic. With multiple locations throughout South Florida, the Clinic will be staffed by audioligists Kathryn Jackson, Au.D., Tricia Sheehan, Au.D., Sheetal Vyas, Au.D. and Sandra Velandia, Au.D. They are joined by otologist Adrien Esgharghi, MD and psychologist Kara Lyons, Psy.D., P.A. Extending current services, the Clinic will offer comprehensive tinnitus evaluations, counseling, biofeedback, cognitive behavioral therapy sessions, Neuromonics sound therapy sessions, and a variety of management options depending upon location. (Please note: All treatment is based upon individual patient candidacy and site service availability)

If tinnitus is affecting your life or the life of a loved ones, or if you would like further information regarding the new Tinnitus Clinic through the University of Miami Ear Institute, please contact the Division of Audiology 305-243-1843 or email Vickie Smith at VSmith2@med.miami.edu
Nasal airway obstruction is a common condition that affects the overall health and livelihood of many patients. Its incidence is probably underestimated, since some people may have partial obstruction without realizing it, given that they have never experienced normal breathing. Nasal airway compromise can affect sleep quality, leading to potential snoring, chronic fatigue, and headache. Severe obstruction may be associated with other more serious conditions like sleep apnea. Patients with nasal obstruction may also complain of frequent mouth breathing, pain nasal drip, and compromised nasal respiration during exercise and athletic activities.

Nasal airway obstruction may be intermittent or constant. Intermittent obstruction is often primarily associated with allergic or athletic activities serious conditions like infectious inflammation, while constant obstruction is usually related to a fixed structural blockage. Patients with both intermittent and constant obstruction should be evaluated for fixed anatomic airway abnormalities, since addressing any structural deviations may be helpful for both sets of patients.

Anatomic airway abnormalities that can be associated with nasal obstructions include deviation of the nasal septum, enlarged turbinates, and nasal valve collapse. The nasal septum is the stiff cartilage and bone partition that divides the nose into opposing sides. Deviations are often associated with prior trauma, such as sports injuries, or prior incidents of “bumping your nose”. Septal deviations can also be related to excessive growth of the septum and/or genetic causes. Septal deviation repair is a called a septoplasty, and involves contouring and correcting any deviated septal bone and cartilage through small intranasal incisions.

The nasal turbinates are shelf-like extensions of bone and mucosa that extend into the nasal airways, serving to humidify inspired air during respiration. Enlarged turbinates can be related to chronic allergies and/or an enlarged turbinate bone. Medical treatment may be helpful for inflammatory causes of turbinate enlargement, while endoscopic, minimally invasive techniques are helpful to address enlarged turbinate bones or cases refractory to medical treatment. The nasal valve is an extremely important component of the nasal airway, and assessment of its patency and function is crucial prior to any external or internal nasal surgery. Disorders of the nasal valve usually lead to complaints of bothersome nasal airway compromise, especially with exercise or while lying down. A thorough assessment of the nasal valve is essential for diagnosis of this condition, and first-line treatment may include medical options such as external nasal Breathe-right® strips. Surgical treatment of the nasal valve requires a surgeon skilled in surgery of the nasal tip and adjacent areas, including modification of the nasal airway with structural grafting.

At the time of nasal airway surgery, some patients consider changes to the external appearance of their nose. This is an ideal time to achieve aesthetic changes via cosmetic rhinoplasty, since the nasal framework is immediately accessible. Consultation to ascertain the patient’s goals for their aesthetic surgery is a crucial component of the pre-operative process. In addition, the nasal valve can be compromised during rhinoplasty; therefore, patients seeking cosmetic nasal surgery should be evaluated carefully for any potential effect on their nasal valve and/or overall nasal airway.

Dr. Brian Jewett is a leader in functional and cosmetic nasal surgery, with expertise in the treatment of the nasal valve. He treats patients that have failed prior nasal surgeries and/or rhinoplasties, and serves as a national lecturer on this topic. For more information, or to schedule an evaluation, please contact Dr. Brian Jewett in the Division of Facial Plastic & Reconstructive Surgery, at 305-243-4755.

By Ramzi T. Younis, M.D. Assistant Professor

The nasal turbinates are shelf-like extensions of bone and mucosa that extend into the nasal airways, serving to humidify inspired air during respiration. 

By Ramzi T. Younis, M.D. Assistant Professor

Division of Facial Plastics
Nasal Airway Surgery & Rhinoplasty

Brian Jewett, M.D.
Assistant Professor

Ramzi Younis, M.D.
Professor & Chief of Nasal Airway Surgery

www.cochlearimplants.org

Division of Pediatric Otolaryngology

By Ramzi T. Younis, M.D.

Very year more than one million children will undergo placement of ventilation tubes in their ears and around 10 – 20% of these children may require a second set of tubes placed. In fact, placement of ventilating tubes is the most frequent surgical procedure performed under general anesthesia in the pediatric age group followed closely by tonsillectomy and adenoidectomy. Conversely, these later surgeries account for the most common conditions evaluated and treated by pediatric otolaryngologists. Therefore, these are important and critical topics to be raised in discussions with parents, patients and other colleagues.

There are two main reasons why a child may need tubes placed in their ear drum; persistent fluid in the middle ear space, commonly known as Otitis Media with Effusion (OME), and recurrent, acute middle ear infections. The first of these, OME, is a familiar condition in children and is usually preceded by an encounter of at least one acute middle ear infection. For reference, any child who has persistent OME for more than 4 months with hearing loss or speech disorder is a viable candidate for ventilating tube placement.

Children in general may be prone to have ear infections due to the anatomy of the “natural draining pipe of the ear”, the Eustachian tube, which is not as steep as an adult and does not function as well. The result of which is fluid accumulation in the middle ear space that requires placement of tubes. Here, the tubes are placed in the tympanic membrane under general anesthesia. This is a quick, safe and effective procedure that will allow drainage of any fluid and at the same time allow air and oxygen to get into the middle ear space. There are minimal complications associated with tube surgery and the tubes generally fall out of the ears spontaneously within one year after insertion.

Middle ear infection, commonly known as Recurrent Acute Otitis Media (ROM), is a secondary reason for considering tube placement. Any child, who has 3 or more infections within 6 months or 4 or more with one year, is considered to have ROM and is a candidate for tube placement. Here, the tubes will serve to reduce the incidence of infection, drain an ear infection and improve the quality of life of a child who is continuously suffering from frequent ear infection, pain or fever.

Consistently, around 500-600 thousand children undergo tonsillectomy and adenoidectomy procedures under general anesthesia every year in the United States. Eighty percent of these cases are attributed to Sleep Disordered Breathing (SDB) with hypopneic (large) tonsils and adenoids. Candidates for such surgery often experience big tonsils that result in snoring, difficulty breathing, interrupted sleep pattern, gasping while sleeping, and/or positive sleep study for Obstructive Sleep Apnea (OSA). Adenotonsillar Hypertrophy can actually not only cause sleep problems but may also result in attention, behavioral and learning disorders in a child. However, 90% of children who undergo this procedure for Sleep Disordered Breathing will be cured or significantly improve.

A second reason for removing tonsils and adenoids relates to frequent infections. As a general rule any child with 7 episodes of tonsillitis per year, or 5 episodes per year for 2 consecutive years, or 3 episodes per year for 3 consecutive years is a candidate. Additionally, other reasons for removing the tonsils include two or more episodes of peritonsillar abscesses or tumors of the tonsils. Removal of the tonsils will not only improve quality of life it will significantly reduce the number of infections.

In summary, placement of tubes and removing tonsils and adenoids are very common and safe procedures in the pediatric age group. The procedures collectively or individually may improve the quality of life for a child and help in avoiding any further serious problems such as speech disorder, hearing loss or poor school performance and learning ability. The risks of these procedures are extremely small and rare compared to the benefits. For instance, sleep apnea could be very serious if left untreated and may result in serious heart, blood pressure and lung problems. However it may be resolved in a child with a simple removal of tonsils and adenoids.

If you are interested in learning more about any of the above procedures or the other services provided by the University of Miami Division of Pediatric Otolaryngology, please call 305-243-3564, or toll free, 1-800-896-3277.
Progress has recently been made in gene identification of hearing loss, with over 60 diverse functions having been cloned. Translating the results of such basic, molecular, genetic research into clinical use would result in improved health care and enhanced quality of life for our population. The knowledge gained from research would contribute to the development of better diagnostic tools for the genetic factors causing hearing loss, provide accurate genetic counseling and open new avenues for future interventions such as gene therapies. However, the origination and development that leads to this disease remains unclear. Therefore, the development of genetic counseling and alternative therapeutic strategies is urgently needed for the treatment of hearing loss.

To reach these goals, the Molecular Genetic Laboratory, led by the department’s clinician-scientist, Dr. Xue Z. Liu, M.D., Ph.D., is employing several modern, molecular, genetic approaches to identify human genes related to hearing loss and to examine how changes in these genes cause hearing loss. Dr. Liu is an internationally renowned expert in genetics and treatments of hearing loss and is one of a small group of Board Certified Otolaryngologists in the world who is fully trained in human genetics and molecular genetics. His laboratory has made important contributions to the identification of several genes related to hearing loss and to the characterization of genetic hearing loss. Recently, an international team of researchers led by Dr. Liu discovered that the PPRE1 gene encodes the enzyme phosphoribosylpyrophosphate (PRPP) synthetase 1, which produces and regulates PRPP (phospho-ribosylpyrophosphate) and appears to play a key role in inner ear development and maintenance.

“Discovery offers exciting therapeutic implications,” said James F. Battey, Jr., M.D., Ph.D., Director of the National Institute on Deafness and Other Communication Disorders. “Not only does it give scientists a way to develop a targeted treatment for hearing loss in boys with this disorder, it may also open doors to the treatment of other types of deafness, including some forms of acquired hearing loss.

To translate such current advances in genetics in hearing loss into new and better treatments, Dr. Liu has established a Hereditary Deafness Clinic at the University of Miami Ear Institute, a multi-specialty clinic joined by Dr. Akin Tekin, a board certified medical geneticist and Dr. Simon Angeli, a neurotologist. The Clinic provides an exceptional opportunity for diagnosis, molecular testing, genetic counseling and intervention options for patients/families with various types of hearing loss.

The Clinic's current study, supported by research grants from the National Institute of Health (NIH), looks at families with a history of hearing loss and locates genes for deafness through testing. This current NIH funded project hopes to shed new insights into the molecular epidemiology of genetic deafness, the molecular and functional basis for gene interactions and lead to the identification of new genes for hearing and novel treatments for deafness. The successful completion of these objectives would improve molecular diagnosis, reduce cost by identifying most common genes/mutations, provide the basis for research of new therapies and in turn, improve genetic counseling.

For more information regarding the Hereditary Deafness Clinic contact the University of Miami Ear Institute at 305-243-2000.

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Volume 4 - Summer 2010
Welcome to Our Newest Residents

As an international center designed to provide a multidisciplinary learning experience, the department continues to recruit and educate top-tiered students, resident and fellows and has signed an extraordinary group of students in this year’s residency match.

Ralph Abi-Hachem was born and raised in Beirut, Lebanon. He graduated with honors from the Saint Joseph University School of Medicine in 2008. During his 7-year MD program there, he also earned a Masters degree in Medical and Biological Sciences. He then completed his surgical internship at the Saint Joseph University residency program. During an elective rotation in our department, he was drawn to the well-accomplished and personable faculty and the fulfilled residents. He subsequently spent a year as part of the cochlear implant research program at the University of Miami under the mentorship of Dr. Van De Water. His research interests include cochlear implants, the mechanism of auditory cell death and ototoxicprotective treatments and biofilm formation in the middle ear. Ralph enjoys playing tennis, soccer, snowboarding as well as movies and travelling.

Seo Moon, M.D. was born in Seoul, Korea and immigrated to the United States with her family at the age of 12 and grew up in Los Angeles. She completed her undergraduate studies at Cornell University with a Bachelor of Science degree in Human Biology, Health and Society and pursued her medical degree at University of Buffalo, School of Medicine. The perfect balance of surgical and medical management of diverse patient populations is what drew her to Otolaryngology. She is very excited to join the Otolaryngology team at Miami. The strength of the program, the diversity and enthusiasm of the faculty and fellow residents is what attracted her to Miami. She looks forward to continue building on her surgical and clinical skills and to be actively involved in the research, education and volunteer efforts in the community. She loves traveling, hiking, camping, and wishes to learn to play the piano again.

Rosemary Ojo joins us from University of Texas Health Science Center at San Antonio. Rosemary grew up in Nigeria, West Africa and Dallas, TX. Rosemary graduated summa cum laude and has received the following awards, Melvin Smith Scholarship Award, School of Medicine Presidential Ambassador Scholar, and Alex and Sally Halff Endowment Scholarship. She was attracted to UM because of her interactions with the residents and faculty. After her interview, she knew that UM was the program for her. She is an avid traveler. Shopping, physical fitness, reading, and spending time with my family are among her hobbies.

Faculty Focus

Kenneth Nissim, M.D., is associate professor of otolaryngology for the University of Miami Health System and chief of the Section of Otolaryngology for the Miami Veterans Affairs Medical System.

Dr. Nissim received his undergraduate degree from Columbia University, where he received both Phi Beta Kappa and Magna Cum Laude honors. He began Harvard Medical School in 1985 and graduated in 1990 after an additional year of research in otology. While at Harvard Medical School, Dr. Nissim spent six weeks practicing medicine in Venezuela’s Amazon River area where he learned how to speak Spanish. Dr. Nissim then completed an internship in general surgery and residency in otolaryngology under the leadership of renowned head and neck surgeon Eugene Myers, M.D., at the University of Pittsburgh Medical Center. He spent seven years in private practice before moving to Florida.

Dr. Nissim is board-certified in otolaryngology and is one of approximately 100 ENT physicians in the United States to be board-certified in the sub-specialty of sleep medicine, which means he is uniquely qualified to provide comprehensive medical care for patients with sleep disorders including apnea, insomnia and parasomnias. His main clinical interests focus on sleep medicine, hearing loss, voice disorders, and nasal and sinus problems.
Cochlear Implant Patient Wins NFL’s “Winning Moments” Essay Contest

“Patient’s Corner”

C othall with all the self-confidence and enthusiasm for life that we could hope for. Caroline’s winning moment is also a winning moment at the University of Miami.”

C aroline Masia, a 5th grader at Highland Oak Elementary in North Miami Beach was announced the Grand Prize Winner of the NFL’s “Winning Moments” essay contest. The contest, sponsored by the NFL Players Association as part of their “Stay Cool in School” Program, invited fifth grade students to submit essays on the topic “My Winning Moment,” which were judged by an independent panel of educators and local “Stay Cool in School” ambassador Greg Camarillo, wide receiver for the Miami Dolphins.

For Caroline, who was born deaf, that moment came with the implantation of her cochlear implant by Dr. Thomas Balkany of the University of Miami Ear Institute. “My winning moment started with my first cochlear implant, leading to my first sound and continues everyday that I can hear the beautiful sounds of the world” Masia said, as she read her essay to her classmates. In addition, to having her classroom visited by Dolphins nose tackle Paul Soliai and running back Kory Sheets, as the Grand Prize winner, Masia received a chauffeur-driven limo ride to the stadium where she worked as a student reporter given special access to conduct an exclusive interview with an NFL player that was published on nflplayers.com and Wkfly Reader Magazine’s website.

“Caroline’s winning moment is the result of a team effort of Caroline, her parents and our cochlear implant team led by Annelle Hodges, Ph.D. and Kathy Bricker,” Dr. Balkany said. “There is no greater satisfaction for us than to see a deaf baby develop normal speech and language through cochlear implantation. Caroline has become a precocious pre-teen with all the self-confidence and enthusiasm for life we could hope for. Caroline’s winning moment is also a winning moment at the University of Miami.”

O nce hearing slips away so slowly that the incremental, creeping stillness that leads to the point where you realize that “you” is hardly noticed. Strangely, it’s not the loss of sound that goes. It’s the gradual waning of the perception of very high frequencies. Frequencies that over time slip over downward, until what’s left of our aural perceptual field lacks the ability to detect the high frequency, perceives what sounds necessary to understand our alphabet’s consonants. The difference between a “p” and a “t,” or a hard “c” becomes quite indistinct. Speech is still heard, but meaning begins to slip away. A sense of bewilderment takes its place, and we wonder why people can’t speak clearly to us. We project our problem on to others, because we haven’t felt or noticed the perceptual slippage. It happens too slowly.

According to Dr. Dana Libman, Au.D., of the University of Miami Ear Institute, “Dr. Wagner describes his sensation of a gradual, primarily high frequency hearing loss. His description illustrates what many people with hearing loss experience as it sounds to themselves asking people to repeat what they have said over and over and over…Most of the time, people are not mumbling, but voices sound that way when you have hearing loss. Difficulty communicating can lead people with hearing loss to avoid social situations or participating in conversations.”

I hear space. It’s with me again. When I put on my binaural hearing aids for the first time yesterday, I actually felt the space in the office of my audiologist. It was quite an emotional experience to be transported back to a time when I normally and naturally heard the molecules of air bouncing off each other, creating the sense of space those with normal hearing take for granted. My environment again had both volume and direction.

As his audiologist, Kathryn Jackson, Au.D., explains "the perception of ‘space’ Dr. Wagner is explaining is a very common quality noted when a patient first receives a hearing aid. The ‘space’ he is referring to is the fullness or richness of sounds in the environment. It is more pronounced after receiving hearing aids for the first time because in a hearing impaired person, the auditory system has been deprived of this quality in some shape or form. Once the hearing aid goes on, the richness of the environment is restored immediately and, as Dr. Wagner puts it, ‘the environment has volume and direction again.’"

I also heard the sounds of feet on the floor, typing on the computer keyboard, the friction of the hearing appliance boxes as they were moved here and there. Actually things sounded "tinny," because I was again receiving high frequencies. Normal hearing hum-drums sounds, to me, were absolutely unique, exquisite, and interesting again. I knew this attentiveness to the "new" would gradually fade, but for that time, it was to be savored like a good meal when hungry. I was young again. It felt great.

My audiologist, Dr. Kathryn Jackson at the Hearing Center at the University of Miami was a big help. She understood the journey I was undertaking. Her sense of humor, general conviviality and certainly her broad knowledge of the entire anatomy and physiology of the human hearing system, my hearing loss and the technology of my new hearing prostheses were a quiet comfort to me in this, the beginning of my renewed aural awareness.

To my knowledge, no one has celebrated this incredible audible technology with a loving and engaging name. I’ve read a good deal, and written a bit about the ears, hearing, deafness and perception. I’ve never run across a term of endearment for these marvelous perception “beautifiers.” Therefore, and ergo, I hereby offer into contention and nomination, the name “Ear Puppies” for all who proudly wear our aural prostheses. Hear hear.

Dr. Wagner’s experience is similar to many first time users of hearing aids. The goal of fitting patients with hearing aids is to enhance their communication with others. By reintroducing the world of sounds that they have been missing, patients are better able to interact with people and the world around them. If you would like to learn more about hearing aids or if you have additional questions, please contact the Division of Audiology at the University of Miami Ear Institute at 305-243-1840.
Barton G.’s foundation announces $5 million gift for UM Ear Institute

A name synonymous with some of the Miami area’s most elegant venues and memorable culinary experiences is now linked to one of the nation’s premier cochlear implant programs, at the Miller School of Medicine’s Ear Institute.

On Thursday, April 22, noted restaurateur Barton G. Weiss revealed that The Barton G. Kids Hear Now Foundation has committed $5 million to establish The Barton G. Kids Hear Now Cochlear Implant Family Resource Center.

Weiss made the announcement at the Clinical Research Building during a morning news conference attended by UM President Donna E. Shalala, Miller School Dean Pascal J. Goldschmidt, M.D., UM Ear Institute Director Thomas Balkany, M.D., and Miller School Department of Otolaryngology Chair Fred Telischi.

Weiss, whose Barton G. company is renowned for its event-management, restaurants, and off-site catering prowess, has a three-year-old daughter, Jadin, who was born unable to hear. Today, Jadin is not only hearing, but she converses in English and Spanish thanks to a cochlear implant procedure performed by Balkany.

“I am honored to help establish The Barton G. Kids Hear Now Cochlear Implant Family Resource Center,” Weiss said. “My hope is that this will allow all families, regardless of their social or economic background, to have a resource, as well as support. My deepest appreciation goes to Dr. Thomas Balkany, who was the surgeon who implanted my daughter—she’s a little chatterbox!” Weiss said to laughter from an audience of roughly 100 people that included many media representatives.

“It is a pleasure to be here today with my good friend Barton G. Weiss, a longtime supporter and friend of the University of Miami,” Shalala said. “Over the years, Barton has donated not only resources, but also his talent and time. Today he has taken that support a step further by making an incredible gift to the Miller School of Medicine.”

The goal of The Barton G. Kids Hear Now Foundation, which Weiss launched in 2008, is to have a direct impact on transitioning deaf children from an existence without sound to a hearing world through the use of cochlear implant technology.

“When a child is born deaf, a cochlear implant can restore hearing and enable a child to develop normal speech, when the procedure is performed at the appropriate time,” Dean Goldschmidt said. “Barton G. Weiss knows firsthand what a parent faces when they learn their child is deaf, and that is why he formed The Barton G. Kids Hear Now Foundation—so no other parent will have to go through the process alone.”

Balkany noted that the UM Ear Institute will be celebrating its 20th anniversary in May. “May is better hearing and speech month, and now we really have something exciting to celebrate as well, and that’s the Family Resource Center, as presented by The Barton G. Kids Hear Now Foundation,” Balkany said.

From a clinical standpoint, The Barton G. Kids Hear Now Foundation Family Resource Center “will give people a guiding arm to help them through the process,” he added.

Another Balkany cochlear implant patient, Michael Lefkowitz, 14, keenly appreciated why the families of children eligible for implantation might find The Barton G. Kids Hear Now Family Resource Center uplifting.

“If parents find out that their child is deaf, they don’t have anywhere to go,” said Michael, an eighth-grader who is on his school’s debate team and wants to be a lawyer. “The Barton G. Kids Hear Now Foundation Family Resource Center will give people a guiding arm to help them through the process, ” he added.

The Family Resource Center will ensure that patients and families will continue to receive state-of-the-art patient- and family-centered care,” Telischi said.

www.cochlearimplants.org
Starkey Hearing Foundation and UM’s Ear Institute
Team Up to Give Gift of Sound

“We live through what we give,” William F. Austin, CEO and founder of the Starkey Hearing Foundation, told a packed audience at the Eden Roc Hotel, where more than 130 local children and young adults received free hearing aids and tested the gifts at a concert featuring two American Idol stars.

Austin came to Miami as part of the global mission of Starkey Laboratories, Inc. to tackle children’s hearing loss. The mission, made possible with the support of NFL alumni and other corporate sponsors affiliated with the 2010 Super Bowl, and the University of Miami Ear Institute, provided hearing aids at no cost to hearing-impaired recipients aged 4 to 22. They were identified by school audiologists and teachers from Monroe, Miami-Dade and Broward counties.

In its second mission to Miami, the foundation reached out to the Ear Institute for assistance in fitting the recipients with their new hearing aids. As part of a continued commitment to improving the lives of those with hearing and communication disorders, Sergio Guerreiro, Au.D., assistant professor of clinical audiology, and his Ear Institute team provided free ear-mold impressions for the participants prior to the February 3 giveaway. They also volunteered the day of the event to program the devices, teach the recipients how best to use and maintain them and to serve as a resource for follow-up.

“The University of Miami Ear Institute is supportive of the generous gift and good will the Starkey Foundation is offering and is proud to stand alongside them in a commitment to improving the quality of life of the hearing-impaired,” Guerreiro said.

With their wish to bring the joy of better hearing to the 130-plus recipients fulfilled, representatives from the Ear Institute and the Starkey Foundation stood watch with NFL greats Chuck Foreman and Nesby Glasgow and celebrities Lou Ferrigno and Leslie Nielsen as the children tested their gift of sound at a private concert by American Idol stars and mission supporters Jordin Sparks and David Archuleta.

For more information on how you can help please contact us at:
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