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MESSAGE FROM THE CHAIRMAN

Dear Friends,

The Department of Otolaryngology at the University of Miami Miller School of Medicine has been one of the nation’s leading centers for the treatment of diseases of the ears, nose, throat and neck for over 50 years. 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 options to the thousands of lives we touch each year. I’m especially proud of our patient satisfaction scores, which confirm the competent and compassionate care delivered daily by our doctors and staff.

From life-saving surgeries for head and neck cancer, to advanced treatments for chronic sinus problems, to helping deaf patients regain the ability to hear, our faculty and staff are committed to improving the quality of life within our community and beyond. The department continues to set itself apart as a pioneer in the provision of high quality care in a multidisciplinary setting to treat facial skin cancers, sleep apnea disorders, and complex nasal allergy conditions. As our team of specialized practitioners expands so does our comprehensive approach to the treatment of diseases affecting hearing, voice, facial movement/appearance, and the entire head and neck.

Since our last communication, the Department has expanded into new, exciting areas which are detailed in this edition. Dr. David Rosow, a fellowship trained laryngologist from Harvard, joined our faculty to help establish a multidisciplinary voice and vocal performing arts medicine program. He and Dr. Donna Lundy, Director of the Division of Speech Language Pathology, have developed collaborations with locally-based professional singers, arts centers and the UM departments of Vocal Performance and Theater Arts. In our pediatric division, Dr. Leonardo Torres joined Dr. Ramzi Younis after completing a prestigious fellowship at the Children’s Memorial Hospital in Chicago. Dr. Torres specializes in treating complex pediatric airway and swallowing disorders. Our audiology division continues to grow, most recently with the addition of Dr. Jennifer Maceda, a pediatric audiologist. Additionally, the trainee matching process was as competitive as ever with 300 applications for 3 residency slots and the new group of residents and post-graduate subspecialty fellows hail from some of the best institutions in the country.

Housed in one of the country’s leading academic medical centers, the department is deeply committed to basic science research and to training the next generation of physician-scientists. A new stem cell initiative in the department involves the area of olfaction (sense of smell) and the ability of the chemoreceptors (cells that recognize various chemicals related to smell) to regenerate. The results of our efforts include advancements in minimally invasive technologies and translational research that are lending themselves toward new therapeutic strategies and improved treatment outcomes. A number of grateful patients have made significant contributions to the research effort this year and we are especially grateful for their foresight and support.

As Chairman of the Department I’m so proud of and inspired by the true medical miracles that happen here each day. We’re now poised to enter the next great chapter of our history with ambitious research initiatives and an expanding clinical presence. I invite you to explore the pages of our latest newsletter and to learn more about our efforts as we continue to discover, teach and heal.

Best wishes for a happy and healthy year,

Fred F. Telischi, M.E.E., M.D., FACS
Chairman of Otolaryngology and Professor,
Neurological Surgery and Biomedical Engineering
Two new surgical techniques, addressing new ways to approach the more technical parts of cochlear implant (CI) surgery have been developed over the past ten years at the UM Ear Institute and widely adopted by CI surgeons around the world. While there are many ways to perform CI surgery, changes in configuration of current devices and rare complications with the previous surgery have led to the need for improvement. One of these techniques is described below.

The Pocket Technique

“The Pocket Technique” was developed at the behest of Cochlear Corporation during the manufacturer’s evolution of the Nucleus Freedom and System 5 devices, in order to accommodate the thinness and shape of the new implants and to avoid rare, but serious, complications that had been reported with the old surgical technique. The key point of this method are that it is no longer necessary to drill the skull bone and do expose the lining of the brain, especially in young children.

**Objective:** To describe the surgical anatomy and clinical outcomes of a technique for securing cochlear implant receiver/stimulators (R/S). R/S are generally secured by drilling a custom-fit seat and suture retaining holes in the skull. However, rare intracranial complications and R/S migration have been reported with this standard method. Newer R/S designs feature a low profile and larger, rigid flat bottoms in which drilling a seat may be less appropriate. We report a technique for securing the R/S without drilling bone.

**Study Design:** Anatomic: Forty-eight half-heads were studied. Digital photography and morphometric analysis demonstrated anatomic boundaries of the sub-pericranial pocket (t-pocket). Clinical: Retrospective series of 227 consecutive CI recipients implanted over a 2-year period using either the t-pocket or standard technique. The main outcome measures were rates of R/S migration and intracranial complications. Minimum follow-up was 12-months.

**Results:** The t-pocket is limited anteriorly by dense condensations of pericranium anteriorly at the temporal-parietal suture; postero-inferiorly at the lambdoid suture and antero-inferiorly by the bony ridge of the squamous suture. 171 subjects were implanted using the t-pocket technique and 56 using the standard technique with a minimum follow-up of 12 months. There were no cases of migration or intracranial complications in either group.

**Conclusions:** The t-pocket secures the R/S with anatomically consistent strong points of fixation while precluding dural complications. There were no cases of migration or intracranial complication noted. Further trials and device-specific training with this technique are necessary before it is widely adopted.


Since publication of this paper, presentations have been given in the U.S., Europe, India, and Asia and, according to Cochlear Corporation, it is being widely adopted.
Do your family and friends keep insisting that you need to see an Audiologist? Perhaps, you hear sounds just fine but you have trouble understanding what you hear. If you have undiagnosed hearing loss, you know how frustrating and depressing it can be to not be able to hear, communicate or interact with other people. As hearing loss develops your brain begins to have difficulty separating the speech you want to hear from the background noise. This is because much of the volume of speech occurs in the low frequencies while most of the intelligence of speech lies in the high-frequency consonants, which have less energy. When this occurs, all these sounds hit your ears in a loud discordance of sound making it very difficult to understand speech in noise.

Being fit with the proper hearing aids can improve not only your hearing but also your quality of life. At the University of Miami Ear Institute, through the generosity of the Stuart I. Meyers Family Foundation, we are now equipped with a state-of-the-art Hearing Aid Suite that has the ability to recreate real life environments in the comfort of our clinic. Outfitted with a multi-speaker surround system the Suite is capable of creating a directional environment for testing speech comprehension. Like a fingerprint, hearing loss is unique for each individual. With the advanced technology now available through our Hearing Aid Suite we are able to provide an assessment that is personalized for each individual's need.

Hearing loss is a medical condition and ignoring treatment can ultimately have negative effects on your social life, your mental well-being and your overall health. Today's amplification options have made the treatment of hearing loss much simpler and much more effective. At the University of Miami Ear Institute, using available state-of-the-art technology, we are able to provide a seamless transition for our patients back into the world of healthy hearing. To learn more contact the University of Miami Ear Institute at 305-243-1840 or visit us online at ent.med.miami.edu.

Hearing loss can often be a devastating and debilitating disorder. It is not simply losing access to sound but often involves a myriad of complications that negatively impact an individual’s communication skills. Interpreting complex signals such as speech requires relaying important information about pitch, timing, and loudness to the brain for interpretation. However, individuals with hearing loss commonly report difficulty with listening in noise, localizing sounds, and distortion of speech.

The University of Miami Ear Institute is at the cutting edge of auditory rehabilitation providing state of the art technology for patients with hearing loss. Bone anchored implants are one of the many advanced treatment options offered at the Ear Institute. Traditional candidates for bone anchored implants include those individuals with conductive hearing loss or mixed hearing loss. Having been shown to be a successful form of auditory rehabilitation for those patients, the indications for the use of bone anchored implants continue to expand allowing more patients with hearing loss to benefit from this form of treatment. Most recently, candidacy guidelines have expanded to include patients with severe to profound unilateral hearing loss, also known as single-sided deafness. However, with expanding candidacy criteria, so too is the professional responsibility of the clinician to ensure patients are successful and achieving positive outcomes.

Predicting which patients will achieve positive outcomes following surgery requires a comprehensive evaluation addressing each candidates needs on an individual basis. However, prior to 2010, no standard protocol for evaluating candidacy in potential bone anchored implant recipients existed. Today though through the progressive research of Dr. Hillary Snapp, at the University of Miami Ear Institute, there is focus on outcomes in patients with bone anchored implants with single-sided deafness. In fact, her work has led to the development of a nationally and internationally recognized pre-operative protocol for determining candidacy for bone anchored implants and is leading the way for improved outcomes in this patient population. Continued research efforts are patient centered and focus on the validation and verification of post treatment outcomes.

To learn more about auditory rehabilitation options available at the University of Miami Ear Institute call 305-243-1840 or visit us online at ent.med.miami.edu.
The Endoscopic Skull Base Center at the University of Miami, has been redefining the way the medical profession approaches sinonasal and skull base tumors for decades. As the Center’s Director and one of the pioneers in endoscopic skull base surgery, Dr. Roy Casiano has successfully treated thousands of patients utilizing the minimally invasive, endoscopic endonasal approach to remove tumors that would otherwise require a large cranial opening, brain retraction, and/or disfiguring facial scars. This innovative procedure utilizes very small endoscopes with various angled tips that are inserted through the nostril, without external incisions, to gain access to and visualize the sinuses, orbits, spine, and skull base. In addition, high definition intra-operative digital imaging, custom designed micro-instruments, and cutting edge computer navigation, facilitate the approach and treatment of patients. These revolutionary tools allow the surgeons to have a vivid panoramic view of the surgical field, and look around “corners” and important structures, to visualize and remove the entire tumor in most cases. This process is in sharp contrast to the traditional approach, which requires large, sometimes deforming facial incisions and craniotomies.

The endonasal endoscopic approach offers numerous advantages in terms of the surgery, recovery, and quality of life for the patient going forward. In addition to avoiding incisions and possible disfigurement to the patient’s skull or face, patients with malignant tumors can start chemotherapy and/or radiation treatment almost immediately after surgery if needed, without having to wait for incisions to heal. This allows these complementary therapies to start working sooner. The length of hospital stay and overall recovery time from surgery is generally dramatically reduced to just days with the minimally invasive approach, and patients can return to work and normal activities sooner than they can with the traditional approaches. Furthermore, there are fewer lingering side effects and complications, and a reduced risk of neurologic damage due to the elimination of brain manipulation and retraction with the endoscopic approach. All of these advantages of this revolutionary technique add up to a better quality of life for the patient.

Under the leadership Dr. Roy Casiano, the Department of Otolaryngology – Head and Neck Surgery at the University of Miami has become a leader in expanding the use of endoscopic sinus surgery to treat difficult and complicated sinus pathology, orbital pathology, and skull base pathology. Since the sinuses and anterior skull base are in close proximity
to a number of important structures such as the orbits, the pituitary gland, the carotid arteries, the brain, and numerous nerves vital to our everyday function, we emphasize a multidisciplinary approach to the management of diseases in this area. This large multidisciplinary team includes Otolaryngologists, Neurosurgeons, Ophthalmologists, Endocrinologists, Allergists, Immunologists, Medical and Radiation Oncologists, and Neuroradiologists, to deliver the highest level of care to the patients. Furthermore, challenging cases are typically presented at a weekly multidisciplinary skull base conference to develop an individualized treatment plan for each patient.

In addition to his dedication to treating patients, Dr. Casiano also has a passion for teaching these minimally invasive techniques and serves as the Director of the University of Miami Rhinology and Endoscopic Skull Base Fellowship as well as the International Endoscopic Sinus Surgery Minifellowship Program. Since its inception in 1995, the Minifellowship program has trained over 300 Latin American Otolaryngologists in endoscopic sinus surgery technique, including advanced techniques of endoscopic skull base surgery. Due to their vast experience with the endonasal endoscopic approach, Dr. Casiano and his surgical team are constantly refining their skills and expanding the possible uses for the innovative endonasal endoscopic approach, as demonstrated by the novel transnasal C1/C2 decompression procedure for basilar impression or invagination, in conjunction with Neurosurgery. Today, Dr. Casiano's research is focused on yet further innovations in the field of endoscopic skull base surgery in his unrelenting commitment to provide patients with cutting edge and yet least invasive approaches to rid them of their sinonasal and anterior skull base pathologies.

For additional information regarding the Endoscopic Skull Base Center, please contact our offices at 305-243-4756 or email Dr. Casiano at rcasiano@med.miami.edu.
Living with a chronically blocked nose can range from bothersome to a serious condition. It can even interfere with sleep, causing snoring and even sleep apnea. There are many causes of nasal obstruction but most often medicine is the first line therapy, such as nasal sprays or allergy pills. Unfortunately, for some patients there is little relief with these treatments. The good news is surgery to relieve nasal obstruction is very successful and has a short recovery with minimal discomfort. For most of our patients there is no packing, no splints and they are breathing right away after the outpatient surgery.

Blockage of air throughout the nose is often due to a deviated septum in combination with turbinate hypertrophy. The septum is the wall that separates the two sides of our nose and can be pushed over to one side (deviated). It can grow to be deviated or can shift from injury to the nose. If it is deviated enough it can block the air through the nose. The turbinates are normal tissue inside the nose which help humidify and warm the air going through the nose. But many things can cause the turbinates to swell and enlarge to actually block the nose. Some causes are allergy, sinus infection, or even just laying down to sleep. If medication don’t fix the nasal obstruction then surgery is a good option and often includes a septoplasty (straightening the septum) and turbinate reduction (making more space for air flow by reducing the bulky turbinate tissue). By reducing and not completely removing the turbinates, they can still warm and moisturize the air through the nose.

Endoscopic surgery allows excellent access and high definition, close up views of the tissue being repaired. In our department, we have extensive experience in endoscopic septoplasty and turbinate reduction to relieve nasal obstruction. This surgery is performed through the nostrils with no cuts on the outside skin. The HD camera is attached to a nasal scope to provide ultra-high quality images for the surgery. The septum is straightened by lifting the outer lining and repositioning or partially removing the deviated cartilage and bone. The turbinates are also reduced by preserving the outer lining and only removing the excess bone and tissue underneath. Since we use these techniques, there is no need for packing or splints and people can go home the same day. There is no bruising and if stitches are used they dissolve on their own. Most people return to school or work within a week. Compared to other techniques, such as radio frequency / laser / cautery / or in-clinic turbinate reduction, the endoscopic nasal surgery has been proven to result in excellent long term relief of nasal obstruction.

Repairing a deviated septum is the third most common head and neck procedure in the US, and can provide major improvements in quality of life. If you or someone you know has a chronically stuffed up nose then make an appointment to discuss the many options for relief with one of our otolaryngologists.
We are pleased to welcome Dr. David Rosow to the department as our new laryngologist. Dr. Rosow received his medical education at Harvard Medical School, followed by residency at the combined training program of Columbia and Cornell Universities. Due to his interest in voice and swallowing disorders, Dr. Rosow underwent additional fellowship training in Laryngeal Surgery at Massachusetts General Hospital with world-renowned surgeon Dr. Steven Zeitels.

With his addition to the voice and swallowing team, patients can expect comprehensive medical and surgical management strategies for a wide variety of conditions causing hoarseness, difficulty swallowing, or difficulty breathing. Thanks to advances in imaging and instrumentation, some of these problems can be diagnosed and even effectively managed right in the office, without the need for general anesthesia. All of the procedures described here require 30 minutes or fewer, and there is no expected “downtime”.

Vocal Fold Paralysis
When we speak, both of our vocal folds come together and vibrate, producing sound. Sometimes, one vocal fold can become immobilized which can lead to a hoarse, breathy voice. This can happen after certain kinds of neck surgery, trauma, prolonged periods of having a breathing tube in the throat, or occasionally for no apparent reason at all. While this condition may be temporary, many people find the effect on their voice to be extremely troubling. Fortunately, this problem can usually be addressed with a simple injection in the exam room. After examining your vocal folds and administering topical pain medicine in your throat, the physician will insert a special needle through your mouth and into your throat to inject a small amount of material next to the affected vocal fold. This pushes it closer to the other, better-functioning one, improving the vocal folds’ ability to close and vibrate, and resulting in improved voice.

Spasmodic Dysphonia (SD)
Led by Dr. Roy Casiano and Dr. Donna Lundy, the department has been offering treatment for this condition since 1991, making it one of the oldest and most-experienced centers of its kind. People with SD have developed an abnormal signaling mechanism from the brain that leads to overuse, or spasm, of some of the muscles in the larynx. This most often produces a harsh, strangled voice but can also occasionally result in excessive breathiness. The accepted treatment for this condition is injection of Botox through the neck and into the affected muscles. Using a specially designed needle that detects muscle twitches, the physician can usually complete the entire procedure in 5-10 minutes. Two to three days after the injection, patients typically see improved voice that can last for months.

Recurrent Respiratory Papillomatosis (RRP)
This relatively rare condition, which affects both children and adults, causes the development of numerous wart-like growths on the vocal folds and sometimes, the rest of the larynx as well. While the condition is technically benign (non-cancerous) it has a frustrating tendency to recur even after numerous surgeries to eradicate. People are often very bothered by the negative impact RRP has on their voice.

Initial treatment for this condition usually requires surgery under general anesthesia, but most patients can usually transition to an office-based treatment paradigm. This involves treatment with a laser designed specifically to target blood vessels, which abundantly overgrow in RRP. During treatment, the nose and throat are given topical anesthesia, and a flexible camera used to visualize areas of disease. A laser fiber is guided through the camera and used to painlessly treat areas of papilloma. This technique is more convenient for patients and allows improved control over their disease with fewer trips to the operating room.

Vocal Fold Leukoplakia and Dysplasia
These conditions usually present as white plaques on the vocal folds and can result in hoarseness, although people may experience no voice disturbance. Like RRP, they can also recur after frequent surgical treatments, but dysplasia can be dangerous if left untreated, as it has the potential to transform into cancer. Fortunately, the same laser technique used in treatment of RRP is also available in the office for management of these conditions. Once a surgical biopsy is done to confirm the diagnosis and rule out cancer, subsequent recurrences can be treated with in-office laser procedures.

In addition to these procedures the Department of Otolaryngology continues to explore new methods of providing the best management for voice disorders, swallowing disorders and the rehabilitation of head and neck cancer patients. Should you have questions or would like more additional information regarding the scope of our services please call 305-243-4315.
Head and Neck Surgery developed as a subspecialty in the 1950’s. Originally the focus was on increased radicality, based on the principles of Halsted, which involved wide removal of tissue, and sacrifice of functional parts of the body if they were in proximity to a cancer. However it was soon realized that the side effects patients faced often bordered on being unacceptable, even if they were cured of their cancer. Attempts to maintain quality of life through more extensive reconstruction have met with some success, but generally a reconstructive surgeon cannot restore function to its original state, unless sufficient normal tissue has been preserved. Thus, since the 1970’s there has been an increased focus on preservation of form and function in order to maintain quality of life.

Fiberoptic and microchip technologies, radionuclide imaging, gamma probes, lasers, robots, and multiple other technical advances, have lead to a dramatic progress in developing surgeries with less side effects over the last 10 years. The University of Miami Division of Head and Neck surgery has been at the forefront of this effort.

One of the basic principles of minimally invasive surgery of the head and neck is to avoid side effects resulting from the surgical approach. In other words, some tissue damage will occur from removing the tumor itself. However, the surgeon seeks to avoid damage related to accessing the tumor. For throat cancer this means removing tumors from inside the throat using special visualization technologies, so that no muscles or bones are cut to allow the surgeon to reach the tumor. These approaches include the use of specialized endoscopes to visualize tumors from the inside, and the use of lasers or robots with miniaturized “arms” that allow the surgeon to perform maneuvers to remove the tumor.

Research in minimally invasive surgery generally involves animal studies and training in simulated models, as well as cautious introduction in clinical trials with a stepwise approach from simple surgeries to more complex. Surgeons at the University of Miami have been leaders in the development and implementation of these technologies. For instance, Dr. Zoukaa Sargi, in conjunction with Dr. Roy Casiano in the Rhinology Division, has spearheaded this effort for sinus tumors, and Drs. Giovana Thomas and Francisco Civantos, have brought robotic throat cancer surgery to South Florida. Additionally, Drs. Donald Weed, David Arnold, Francisco Civantos, and Giovana Thomas have all developed practices using laser microsurgery for throat cancer. More specifically, Drs. Arnold and Civantos have worked on the development of a specialized treatment, involving a red light laser and a drug that sensitizes tumor cells to the red light – a treatment known as Photodynamic Therapy. They have recently completed a clinical trial with this modality and it has been submitted for publication.

While we learn to treat tumors in the mouth, throat, and sinuses in less invasive ways, there is another issue that many patients may initially forget: for many types of apparently localized cancers, treating the initial tumor is only half the battle because the tumor can also spread to the lymph nodes. A national trial developed at the University of Miami, and published two years ago, revealed that lymph nodes can
also be safely sampled in head and neck cancer patients in a minimally invasive fashion using a radio guided probe, a technique referred to as Sentinel Node Biopsy. This reduces the need for traditional, relatively radical, wide field surgeries for sampling lymph nodes. One of our next phases of research will involve melding the minimally invasive surgeries for primary site tumors to the sentinel node biopsy technology in order to create an “all in one” minimally invasive approach in which a patient will have his primary tumor treated and lymph nodes sampled at one sitting, even when the tumor is at a less accessible site in the throat. The introduction of this technology will require the development of a clinical trial, and plans are underway.

The doctors in our Head and Neck Division, in conjunction with colleagues in our multi-disciplinary Head and Neck Site Disease Group, strive to cure cancers, using combinations of surgery, radiation, and chemotherapy. Minimally invasive surgery is an important part of their tool chest, and can often serve to reduce or eliminate the need for other, more toxic treatments. It is good to know that our team is focused not only on curing cancer, but also on finding ways to preserve quality of life.

As seen in The Miami Herald

Miami judge writes memoir on husband’s fight against cancer

By Sarah Elder

The Heroes Among Us

Mari Sampedro-Iglesia is a judge for the Children’s Courthouse and Juvenile Justice Center in Miami. She and her husband, Jose have been married for almost 20 years and have two boys, Michael and Chris. In April 2010, Jose Iglesia was diagnosed with head and neck cancer. He had to go through major surgery, chemotherapy and radiation.

The writing that began for Sampedro-Iglesia as a way to cope with the pain and confusion of watching her husband go through cancer turned into, The Heroes Among Us. A memoir about how her family grew more unified in the midst of it all, what it takes to support a sick spouse, and culling strength from her faith. As her husband recovers his voice and his health, Sampedro-Iglesia hopes her book will provide hope and resilience to other people living with cancer and their caretakers. Sampedro-Iglesia is also donating first publication proceeds to the Sylvester Comprehensive Cancer Center to raise funds for cancer research.

To buy the book email Mari Sampedro-Iglesia at mjmigles@bellsouth.net or go to the Facebook page at http://www.facebook.com/pages/The-Heroes-among-Us/178735698861581
Dr. Lisa Grunebaum, co-director of University of Miami Cosmetic Medicine and an assistant professor of facial plastic and reconstructive surgery in the department of Otolaryngology has been featured extensively in the international beauty press based on her expertise in treating facial discoloration disorders (called ‘pigment’ disorders) related to aging and sun damage. Due to her expertise in areas of cosmetic dermatology, such as facial pigment, Dr. Grunebaum is also an Assistant Professor of Clinical Dermatology.

Her interest in this clinical area attracts patients not only from the Miami area but also from the nearby Bahamas and Caribbean.

Dr. Grunebaum says, “Due to the fact that I practice in a subtropical climate, many of my patients have uneven skin color based on extensive and prolonged sun exposure. Although most patients have cosmetic complaints such as freckles, ‘sun spots’ or melasma (a treatable but incurable darkening of the skin particularly in young women), some darkened areas may represent a more serious problem such as skin cancer. Therefore, it is very important to seek treatment for facial pigment from an experienced physician who can differentiate these concerns.”

A myriad of treatments exist to treat unwanted facial pigment. Treatment may be as easy as a topical skin cream or may include multiple modalities such as peels or lasers. All treatments are available by experts at the University of Miami, a leader in cosmetic medicine.

**Dr. Grunebaum has been featured in**

![Magazines featuring Dr. Grunebaum](image-url)
The Department of Otolaryngology is proud to announce the addition of Dr. Leonardo A. Torres to its faculty. Dr. Torres, Assistant Professor of Otolaryngology, is a highly trained pediatric otolaryngologist who specializes in pediatric airway and swallowing disorders.

Born and raised in San Juan Puerto Rico, Dr. Torres completed his medical education at the University of Puerto Rico School of Medicine. His formal training in Otolaryngology began with his residency training also at the University of Puerto Rico and subsequently concluded with a Pediatric Otolaryngology Fellowship at Children’s Memorial Hospital, in Chicago, Illinois. During his fellowship training Dr. Torres trained in the management of complex head and neck masses in children. These lesions although mostly benign pose an interesting challenge to pediatric head and neck surgeons due to their intricate anatomical variability. These lesions can include congenital lymphatic malformations, branchial cleft cysts surrounding the facial nerve, and cysts involving the upper aerodigestive track presenting as recurrent inflammatory processes within the neck. For his efforts, Dr. Torres was awarded the A. Todd Davis Outstanding Physician and House Staff Award. This award has only being given to a surgical specialist twice in its existence.

Dr. Torres’ expertise lies is the diagnosis and appropriate management of children with chronic aspiration. This stems from his ability to effectively evaluate anatomical abnormalities as the primary cause of the problem and offer surgical alternatives for repair using endoscopic techniques. The early correction of these abnormalities, such as laryngeal clefts, can reduce recovery time.

Dr. Torres interests are focused on aerodigestive problems in children. Under the mentorship of Dr. Lauren Holinger, a nationwide leading expert in airway management, Dr. Torres trained in the assessment and management of complex airway problems. His surgical experience ranges from newborns having congenital subglottic requiring surgical intervention in order to avoid tracheostomies to teenagers with prolonged use of tracheostomies. His major interest within this field is in the endoscopic management of subglottic stenosis using autologous cartilage grafts without the need the traditional open approach.

His addition to the department compliments the efforts of Dr. Ramzi T. Younis, Chief of Pediatric Otolaryngology. Together they provide a comprehensive team approach to the management and treatment of pediatric patients in the areas of obstructive sleep apnea, recurrent ear infections and sinus disease.

If you would like additional information regarding our Division of Pediatrics or Drs. Torres or Younis please call 305-326-6332.
Auditory Processing Dysfunction (APD)

Auditory Processing Dysfunction or APD, also called Central Auditory Processing Dysfunction or CAPD, is the struggle to make sense of a sound once it is heard; Speech derives meaning when the brain perceives the characteristics of the sounds. For example, a speech sound can be high or low pitched, it can be loud or soft, it can happen fast or have a long duration, it can be interrupted or continuous, it can be presented in different order, or it can come from different directions. All these details give us the clues and the information needed to understand speech. However, when the different characteristics of the sounds happen extremely fast and in a very complex manner some individuals cannot process all these details even though they have normal hearing sensitivity. In this case, they may have Auditory Processing Dysfunction.

APD is a disorder specific of the auditory system and may be present at any age. However, it can co-exist with or mimic other pathologies such as ADHD, dyslexia, learning disabilities, autism spectrum disorders, etc. Therefore, it is strongly recommended that any child suspected of having APD be evaluated by a multidisciplinary team, including a physician, neurologist, psychologist, teacher or other educators and a speech pathologist.

Signs of APD can include but are not limited to:

- More difficulty than expected communicating in the presence of background noise
- Appearance of a hearing loss
- Misunderstanding what is said or giving the appearance of not paying attention
- More difficulty than expected with lengthy or complex messages and often “hearing” similar words (bath vs. math).
- Difficulty with music, rhythms or dance
- As a child he/she may present with learning delays in reading and or learning the phonic representation of the words, and display weak spelling skills.
- Appearance of being unusually fatigued towards the end of a school day
- Speech and/or language problems

The diagnosis of APD is determined by an audiologist and includes a comprehensive audiometric test battery,
performed in an acoustically controlled setting, using a calibrated audiometer, inside an audiometric testing booth. A child can be screened for APD starting from the age of five, but a full diagnostic evaluation can only be achieved when the child has reached seven years of age. Unfortunately, due to the complexity of the tests, many children that would otherwise benefit from this diagnosis cannot be tested. This includes children who are not able to sit and collaborate fully and children displaying significant developmental or cognitive delays.

The treatment for APD should also be multidisciplinary in nature and include an audiologist, a speech pathologist and teachers/especial educators. The management should take three concurrent approaches:

• Facilitation of current listening environments, teaching compensatory strategies, and repetitive and intense auditory training.

• Auditory training is the development of the central auditory neurological system using the child’s own brain plasticity.

• Among the most effective forms of therapy are web based and stand alone computer programs. Many programs are available on the market and they are discussed with the parents following each evaluation.

Parents are the most important individuals in the treatment of APD as they serve as the primary advocates for school accommodations, the acquisition of auditory listening devices (FM Systems) and individual therapies as well as social and psychological support. Parents can benefit from learning more about APD and about their own child’s strengths and weaknesses while encouraging self advocacy and self monitoring.

Dr. Silva has more than 20 years of experience in audiology and has been diagnosing APD referred from Neurologist, Pediatrician, Otolaryngologist and Psychologists from the community for over 10 years. She has a doctoral degree in audiology in US and two bachelor degrees in speech pathology and English letters from Brazil. She speaks Portuguese and Spanish.

To schedule an appointment for an APD evaluation University of Miami Ear Institute or at our UHealth/Sylvester in Kendall please contact Vickie Smith at 305-243-1843 or via email at vsmith2@med.miami.edu.
On March 1, 2011 the University of Miami Ear Institute celebrated the one year anniversary of its Tinnitus Clinic. Staffed by a multi-disciplinary team of audiologists and physicians the Clinic offers a variety of comprehensive services including evaluations, counseling sessions, and various management options for patients suffering from tinnitus or sound sensitivity issues.

For those unfamiliar, tinnitus (pronounced TIN—i-tus or tin-EYE-tus) is the medical term for the perception of sound in one or both ears or in the head when no external sound is present. It can be described as ringing, hissing, roaring, whistling, chirping, or clicking. According to the Centers for Disease Control and Prevention, approximately 50 million Americans experience tinnitus, 16 million U.S. adults had frequent episodes in the past year and around two million find it so disturbing that it interferes with sleep, work, concentration and family relationships.

The Tinnitus Clinic, a service of the Ear Institute’s Division of Audiology, is staffed by audiologists, Dr. Tricia Sheehan, Dr. Sheetal Vyas, and Dr. Sandra Velandia and Tinnitus Coordinator, Ms. Vickie Smith. If you would like to make an appointment or if you would like further information regarding the new Clinic, please contact the Ms. Smith at 305.243.1843 or visit us online at http://otolaryngology.med.miami.edu/ear-institute/tinnitus/tinnitus

Questions or comments regarding this article can be e-mailed directly to Dr. Tricia Sheehan at TSheehan@med.miami.edu.
A gene associated with a form of progressive hearing loss has been identified by an international team of researchers, led by Hui Jun Yuan, M.D., Ph.D., Chinese PLA General Hospital (301), Beijing; Xue Zhong Liu, M.D., Ph.D., of the University of Miami Miller School of Medicine, and Zheng-Yi Chen D.Phil. Harvard Medical School. The gene, SMAC/DIABLO, appears to be crucial in inner ear development and maintenance. The findings are published in early online issue of the American Journal of Human Genetics.

The researchers identified the gene associated with DFNA64 through linkage and positional candidate gene screening in a six generation Chinese family with dominant progressive non-syndromic hearing loss with over 50 affected individuals. Individuals with DFNA64 begin to lose their hearing in both ears roughly between the ages of 12 and 30, and over the course of several decades will experience a level of hearing loss that can range from moderate to severe. The smac/diablo gene encodes a mitochondria pro-apoptotic protein, which is released from mitochondria during the initiation of apoptosis and counters the protective activities of inhibitors of apoptosis proteins. The expression pattern of SMAC/DIABLO suggests that it may play a key role in inner ear development and maintenance. The mutation identified in the smac/diablo gene resulted in a decrease in the production of the DIABLO protein that results in mitochondria dysfunction, which eventually leads to progressive hearing loss.

“DFNA64 is the first example of a human disease caused by a mutation in the smac/diablo gene. It is the first gene involved in late onset hearing loss that has a pro-apoptosis function” said Professor Van De Water, Ph.D., Director of the Cochlear Implant Research Program at the University of Miami Ear Institute. “This finding emphasizes the importance of a genetic approach for uncovering hearing impairment that is caused by deregulation of the control of apoptosis.”

The knowledge that scientists gather about the mechanisms of SMAC/DIABLO potentially could be used to develop treatments to combat progressive hearing loss. These results open the possibility of utilizing mitochondria protective compounds such as P7C3 for potential therapeutic benefit to protect auditory hair cell mitochondrial membrane potentials and attenuate the progression of hearing loss in patients with DFNA64. This would represent a new direction for possible therapeutic intervention in progressive hearing loss among the general deaf population.
The management of hearing loss has benefited greatly from recent advances in genetics. Only 10 years ago physicians needed to rely on a series of low yield and invasive tests to diagnose a genetic hearing loss in children. Often, in fact, a genetic hearing loss could only be diagnosed if the person had a clear family history, with several affected relatives throughout several generations.

Given that the most common type of genetic hearing loss is a recessive condition that skips generations, identifying a genetic cause was often an insurmountable task. Now, however, with a simple blood test, researchers can identify the gene defect causing several types of hearing loss with certainty. Diagnosis can now be made in the absence of a positive family history and without the need for invasive and unnecessary testing. Predictions can be made as to the chances of hearing loss occurring in future generations and amongst relatives.

However, the use of genetics tests is complicated. The selection of the appropriate tests depends on a detailed knowledge of the type of hearing loss, the relative frequency of the condition in the population, test costs, test availability, and ethical issues. While the results of these test can be very helpful in some types of hearing loss, in other cases however these results are still of unknown significance. For this reason the expertise of specialists in genetic medicine and counseling is still needed. This is why reflexive testing is not always the best approach.

Instead, the ear specialist performs an evaluation of the patient including a comprehensive review of the medical history, family history, history of exposure to known environmental causes of hearing loss (i.e., noise, drugs, chemicals), physical examination, and hearing tests. Based on this hearing profile and the patient’s circumstances, the specialist then offers a genetic test.

There are several tests to choose from and the test selection is based on this comprehensive review. In some cases, such as in childhood hearing loss, there are tests that can identify the exact gene defect that causes the hearing loss. In other cases, the test is geared to identify a genetic variation that is associated with an estimated risk of developing hearing loss, such as in age-related hearing loss. Some genetic variations in our DNA confer a susceptibility to developing a hearing loss of earlier onset and severity. Persons carrying these changes may be more susceptible to the deleterious effect on the inner ear of some disease and environmental factors therefore exhibiting greater degrees of hearing loss than age-matched folks that do not have these variations.

The specialist spends time with the patient explaining the benefits and limitation of the testing, as well as the implications of a “negative” and “positive” result. It’s important to convey that a “negative” result does not eliminate the possibility of a genetic condition; simply put, a “negative” result only serves to rule out one or few of the many possible genetic variations, and there still exist many variations that are either unknown or not amenable to testing yet.

One of the advantages of genetic testing is that it has improved our understanding of the mechanisms involved in hearing loss. Knowledge of these mechanisms is very important because it helps scientists identify targets for treatment. One attractive idea is that in progressive adult-onset hearing loss, a person at risk can be identified before the hearing loss develops. In some cases the hearing loss develops after premature aging of a cell process, or after the exposure of a defective gene with noxious environmental agents. Life-style modifications, avoidance of noxious drugs, and preventive drug treatment to enhance the function of the defective gene can delay or avoid the occurrence of the hearing loss. These preventive measures may work for susceptible individuals, and may be unnecessary for non-susceptible individuals. In this manner, a genetic test provides a “risk profile” for the patient, and then the clinician offers a therapy plan that is personalized for the particular individual. Examples of these personalized approaches include the avoidance of certain antibiotics for individuals carrying mutations in the mitochondrial DNA, and use of antioxidants in individuals who are genetically susceptible to the deleterious effect of free radicals.

At the Department of Otolaryngology our current research is using cutting –edge in vitro/in vivo genetic techniques to indentify new genes for hearing, to decode why DNA changes in these genes lead to hearing loss, and to examine the possibilities of regenerating auditory cells through genetic manipulation of auditory stem cells. The results of this research could mean the restoration of hearing of persons with profound sensorineural hearing loss and slow down or even stop the progression of hearing loss.

To learn more about the research advancements being made at the Department of Otolaryngology visit us online at www.ent.med.miami.edu.
Dr. Brian Jewett serves as Chief of the Division of Facial Plastic & Reconstructive Surgery at the University of Miami Miller School of Medicine. He specializes in nasal surgery, including rhinoplasty, nasal airway surgery and nasal reconstruction. In addition, he has extensive experience and expertise in facial restoration, especially after Mohs surgery, cancer resection, facial paralysis, and sports injury.

Dr. Jewett graduated first in his class, Summa Cum Laude from the University of Richmond with a B.S. in Chemistry (1991). During college, Dr. Jewett received numerous scholastic honors and distinctions, including the Garnett Ryland Award for Best Graduate in Chemistry, as well as induction into Phi Beta Kappa and Omicron Delta Kappa Honor Societies. He was also a recipient of a full-tuition, merit scholarship, and was selected as part of the USA Today’s All-USA College Academic First Team.

Dr. Jewett is an alumnus of Vanderbilt University School of Medicine where he received the Founder's Medal for graduating with First Honors (1995). While at Vanderbilt, he was a recipient of the Justin Potter full-tuition, merit scholarship, and was elected into Alpha Omega Alpha Honor Society. He was recognized at graduation with the Upjohn Award for Excellence and the Canby Robinson Society Award for excellence in leadership and service.

Dr. Jewett completed his residency training in Otolaryngology at the University of North Carolina (2000), and while in residency he was recognized with the prestigious Seymour Cohen National Research Award. He completed his fellowship training in Facial Plastic & Reconstructive Surgery at the University of Michigan (2001), and during his fellowship, Dr. Jewett was recognized for obtaining one of the highest scores on his qualifying fellowship examination.

Dr. Jewett joined the faculty at the University of Miami (UM) Miller School of Medicine in 2001, and he has established himself as a highly regarded physician and leader in his field. He has been recognized with the highest achievable 5-STAR clinical award for scoring within the top percentile nationally in patient perception of overall quality of care. Recently, during the inaugural year of the UM Faculty HERO award, the University’s leadership selected Dr. Jewett to be one of the first to receive this exceptional honor. His patients have also recognized him with the Patient’s Choice Award and the Compassionate Doctor Award, and they frequently compliment his warm demeanor, keen aesthetic eye, and thoroughness in all aspects of patient care.

He has authored over twenty articles and book chapters, and he has given over forty presentations as an expert lecturer at regional, national and international meetings. His opinion is among the nation’s most respected, and editors request his input when preparing national textbooks. Dr. Jewett currently serves as co-director of the University’s fellowship in Facial Plastic & Reconstructive Surgery, and he is a diplomate of both the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) and the American Board of Otolaryngology (ABO).

Outreach is an important part of his practice, and he has served with humanitarian teams in Kenya, Guatemala, and Santo Domingo to care for children with cleft lip and palate and other facial deformities. Dr. Jewett dabbles in nature and sports photography, carpentry, and serves as a coach in multiple community sports programs. Most of all, he enjoys spending time with his family, especially with outdoor and sports activities, and his children inform him that his “special talent is being a dad.”
Hosts 1st CI Family Night!

“It was fabulous. As parents of a child with a CI it was informative and inspiring. I can’t begin to imagine how powerful it was for parents of younger children who are still in the torrent of dealing with the shock of their child’s deafness and contemplating implants. It was a well organized and very valuable evening.”

The Barton G. Kids Hear Now Family Resource Center held its first Family Night at the Ear Institute September 13th. Over 75 people gathered to hear the inspirational stories of children, teens and adults who use cochlear implants. Their stories first touched us and made us cry and then made us roar with laughter. Friendships between parents and children quickly developed over a casual dinner provided by Cochlear Americas. In addition, the Miami String Project entertained and provided the opportunity for the children to play various stringed instruments. The Center is committed to future events that will nurture relationships amongst the families we serve.

Camp Kids Hear Now Resounding Success

It is one of the most iconic images of summer, children gathered around a campfire singing silly songs, roasting marshmallows and enjoying their first fleeting doses of independence. For a group of 41 children at Camp Kids Hear Now in Readfield, Maine – all of whom have cochlear implants – it was the absolute normalcy of this scene that may have been most meaningful. While the majority of the campers attend mainstream schools and participate in activities with their hearing peers, the demands and technical worries associated with their implants often make traditional sleep-away camp an impossibility.

Noting this basic void in the experiences of so many cochlear children, The Barton G. Kids Hear Now Foundation and founders Barton G. Weiss and Jill Viner joined forces with Camp Laurel – one of the nation’s premier summer camps – to create Camp Kids Hear Now, an all inclusive co-ed summer camp experience specifically for 8-15 year-olds with cochlear implants. Camp Kids Hear Now 2011 attracted almost 100 applicants from throughout the nation, though the camp was only able to accept 41 campers from almost a dozen states due to financial limitations.
“Being able to provide the campers with this unique experience truly exemplifies why we started The Barton G. Kids Hear Now Foundation,” Weiss said. “While much of The Foundation’s day-to-day work is focused on the medical and psychological needs of children with cochlear implants and their families, providing these same children with life enriching experiences is one of the building blocks of our organization and one of the most fulfilling pieces of our mission.”

In its first year, The Barton G. Kids Hear Now Foundation and its donors gave each participant full camperships covering the costs of transportation, camp experiences, living expenses, staffing and bringing cochlear experts from The Barton G. Kids Hear Now Foundation Cochlear Implant Family Resource Center at the University of Miami Ear Institute onsite to provide for the campers’ unique needs.

“When we first envisioned Camp Kids Hear Now we knew we wanted to create a special place and experience that catered specifically to our cochlear kids while giving them an totally impactful childhood experience,” Viner said. “But there was no way we could ever have imagined how absolutely significant this program would become. Hearing the children share their camp stories has been an inspiration for everyone involved.”

Over the week, which many participants described as “the best time in their lives”, the children experienced everything from cook-outs and arts and crafts to wake-boarding and sleeping under the stars, but what they raved about the most was getting the chance to bond with each other, share their experiences and tips for growing up with cochlear implants in an environment where no one ever asked “what are those in your ears” or failed to understand why they had difficulty listening in a crowded room. The campers returned home describing each other as family and eager to return next year.

After the tremendous success of its first year, Camp Kids Hear Now is looking forward to expanding, hoping to accommodate more children from more locations.

For information or to learn more about Camp Kids Hear Now and camp sponsorship opportunities contact The Barton G. Kids Hear Now Foundation at 305-576-3006 or info@kidshearnow.org or visit www.kidshearnow.org.
NEW STAFF SPOTLIGHT

Ivette Cruz, Ph.D. Psychologist, KHN Cochlear Implant Family Resource Center

Dr. Ivette Cruz is an Assistant Professor and licensed Clinical Psychologist at the University of Miami Ear Institute, Department Otology. Dr. Cruz completed her clinical internship at the Mailman Center for Child Development where she specialized in pediatric psychology. She received her Ph.D. in Clinical Psychology from the Department of Psychology at Nova Southeastern University. Dr. Cruz’s current research interests include identifying barriers to treatment adherence in children and families and conducting research that can be applied to improve language and academic success in young deaf children with cochlear implants. Her work has been funded by foundation grants and a NIH Pre-doctoral Minority Fellowship award. Dr. Cruz has numerous publications and has presented at national and international conferences.

Dr. Cruz also has experience providing therapeutic services to children and families with chronic illnesses, behavior problems, and developmental disabilities. She works collaboratively with the Debbie Institute, which is part of the Department of Pediatrics at the University of Miami. During her internship, Dr. Cruz developed a rotation for psychology trainees at the Mailman Center for Child Development. This rotation continues to be offered to psychology trainees and Dr. Cruz serves as one of the clinical supervisors.

As part of the Ear Institute in the Barton G. Kids Hear Now Cochlear Implant Family Resource Center, Dr. Cruz works in conjunction with the Cochlear Implant Team. She is involved in pre-implantation evaluations, assessment of cognitive and academic functioning, and supportive therapy for children and families.

Jennifer Maceda, Au.D. Audiologist

Jennifer Maceda received her Doctor of Audiology from Rush University in Chicago, IL. She completed her clinical fellowship year at the Mailman Center for Child Development. Dr. Maceda specializes in the diagnosis and treatment of hearing loss in the pediatric population.

David Rosow, M.D. Assistant Professor

Dr. Rosow completed his undergraduate education at Harvard College, earning a Bachelor of Arts degree in Chemistry. He then attended Harvard Medical School, followed by residency training in Otolaryngology at the combined program of the Columbia University College of Physicians and Surgeons and Weill Cornell Medical College in New York City. Following his residency, Dr. Rosow completed additional fellowship training and experience in the subspecialty of laryngology at Massachusetts General Hospital. In 2011 he joined the faculty at the University of Miami Department of Otolaryngology, where he hopes to bring his expertise in managing benign and malignant conditions of the larynx, including care of the professional voice, papillomatosis, cancer and dysplasia (pre-cancer), vocal nodules and polyps, spasmodic dysphonia, and vocal fold paralysis. He is particularly interested in the application of innovative laser and injection techniques that allow many of these conditions to be successfully managed in the office without need for general anesthesia.

Dr. Rosow has published scientific articles in peer-reviewed journals and has presented his research at international conferences. He is a classically trained violinist and was a member of the Boston Philharmonic Orchestra for 9 years. He continues to maintain an active interest in performing chamber, orchestral, and operatic music. He also has an interest in international surgical charity work, and has participated in surgical missions to Honduras and Guatemala.

Leonardo A. Torres, M.D. Assistant Professor

Dr. Leonardo A. Torres is an Assistant Professor at the Pediatric Otolaryngology Division of the Department of Otolaryngology Head and Neck Surgery of the University of Miami. Born and raised in San Juan Puerto Rico, Dr. Torres completed his medical education at the University of Puerto Rico School of Medicine. His formal training in Otolaryngology started with his residency training also at the University of Puerto Rico and subsequently and concluded with a Pediatric Otolaryngology Fellowship at Children’s Memorial Hospital.
in Chicago, Illinois. During his fellowship he was awarded the A Todd Davis Outstanding Physician and House Staff Award. His special interests include benign and malignant head, neck, and face tumors; congenital head, neck, and face cysts and masses; parotid and submandibular gland surgery; thyroid and parathyroid surgery; airway and breathing problems including laryngotraheal reconstruction.

Jenine M. Dunn  Director of Programs Department of Otolaryngology

Jenine began her career with the University of Miami Miller School of Medicine in 2005 as a Senior Recruiter in the Medical Human Resources office, assisting faculty in the recruitment of research scientists. She was asked to join the Office of Graduate Medical Education to oversee the development of the internal medicine and general surgery residency programs and the hospice and palliative medicine fellowship on the Regional Campus in Palm Beach County. With her assistance the internal medicine program recently received a five year accreditation cycle, the ACGME’s highest score. In June of 2011, Jenine joined the Department of Otolaryngology to oversee the residency, fellowships, continuing medical education and visiting student programs.

Jenine was raised in Westchester County, New York and received a bachelor’s degree in Communication from the University of Hartford.

Elizabeth Chance, M.D.

Dr. Chance pursued her undergraduate education at the University of North Carolina in Chapel Hill, where she obtained her Bachelor of Arts degree in Music in the focus of Cello Performance and Music Theory in 2002. She then attended Wake Forest University School of Medicine, where she received her Doctorate of Medicine with Distinction in 2006 and was awarded membership to Alpha Omega Alpha Medical Society. She began her residency training in Otolaryngology/Head and Neck Surgery at the University of Virginia which will be completed this July. During her residency, she pursued research interests in tissue engineering and was awarded the Leslie Bernstein Research Grant through the American Academy of Facial Plastic and Reconstructive Surgery to fund further studies on dermal tissue nanomatrices.

Dr. Chance will join the Department of Otolaryngology at the University of Miami School of Medicine as a clinical instructor. Her special interests are in reconstruction of facial defects following skin cancer removal, functional and cosmetic rhinoplasty, treatment of the aging face, and facial trauma.

Daniel Jethanamest, M.D.

Dr. Jethanamest pursued his undergraduate education at Columbia University’s School of Engineering and Applied Science, was elected to Tau Beta Phi and graduated with a Bachelor of Science degree in Computer Science in 2000. After working for two years as a software engineer, he attended New York University School of Medicine where he received his Doctorate of Medicine in 2006. He remained at NYU to complete his residency training in Otolaryngology, Head and Neck Surgery, during which time he was awarded an AAO-HNSF resident research grant for software applications in cochlear implant research. Upon his graduation, he was honored with the Kelvin C. Lee Resident Teaching Award. Dr. Jethanamest joins the Department of Otolaryngology at the University of Miami, School of Medicine as a neurotology fellow.

Deya Jourdy, M.D.

Dr. Jourdy pursued his undergraduate education at Cornell University, graduating magna cum laude with a Bachelor of Science degree in Biology with a concentration in Microbiology in 1999. He then spent three years in the laboratory performing clinical and basic science research in the fields of asthma and pulmonary disease, resulting in multiple peer reviewed publications. In 2006, Dr. Jourdy received his
Roger Farmer, M.D.

Dr. Farmer received his bachelor of science in chemistry from the University of South Carolina in 1985 and his medical degree from Duke University in 1989. After an internship in general surgery, he served three years as a Navy flight surgeon. He completed his otolaryngology residency at Duke in 1997. He has been in private practice in general otolaryngology for 14 years.

Dr. Farmer desires to pursue a career in head and neck cancer surgery and joins the department as a head and neck surgery fellow.

Residents

Robert Gerring, M.D.

Robert Gerring grew up in Western New York State. He completed undergraduate studies at Wake Forest University, then continued to move south for medical school here at the University of Miami. He cites being initially drawn to Otolaryngology after spending time with the personable residents and accomplished faculty at UM, where he had the opportunity to witness the treatment of a wide array of conditions though both exciting surgery and medical management. Now he is incredibly excited to be joining our department. He eagerly anticipates the chance to gain surgical and clinical skills, and continue to participate actively in research. He enjoys spending time with his wife and two young children, running, reading, and traveling.

Raphael Nwojo, M.D.

Raphael Nwojo grew up in Nigeria, West Africa and moved to the U.S when he was 20. Always wanting to be a doctor he joined to U.S Navy as a Naval Hospital Corpsman (medic) to get first hand exposure to medicine. He graduated summa cum laude from Touro University International with a B.S. in health sciences while he was serving active duty. He completed his medical education at the University of Texas Medical School at Houston. Experiences during his deployment to Iraq while in the Navy led him to an interest in otolaryngology. His love for otolaryngology was further strengthened during medical school after he got out of the military. He also enjoys reading, cooking, soccer, weight lifting and drumming on his free time.

Andrew Michael Rivera, M.D.

Andrew Michael Rivera was born and raised in Queens, New York. He completed his undergraduate studies with the highest honors at the Sophie Davis School of Biomedical Education at the City College of New York, where he received a baccalaureate degree in biomedical science. At this accelerated program he graduated summa cum laude and was selected salutatorian of the university. He received his medical degree from the New York University School of Medicine where he obtained numerous honors including induction into the Alpha Omega Alpha Medical Honors Society. Throughout his academic career he also remained involved in community service and research for which he was awarded the Comite Noviembre Scholarship for community service, the Peter Vallone Scholarship for academic achievement, the Leonard Davis Community Service Fellowship for his work with children of incarcerated parents, and the Mack Lipkin Broader Horizons research fellowship for studies conducted in Barcelona, Spain. The outstanding training program and diverse patient population attracted him to the University of Miami. He enjoys basketball, guitar, piano, and running.
Giovana Thomas, M.D.

Giovana Thomas, M.D., associate professor of otolaryngology, was recognized as one of the 25 most influential African American doctors in the Miami area by Black Health magazine at the national publication’s 3rd Annual Awards Banquet, held July 23 at the Westin Diplomat Resort and Spa in Hollywood.

Publications


Presentations

Guest Lecturer, James W. Hall III, Ph.D., Clinical Professor in the Department of Speech, Language, and Hearing Sciences at the University of Florida in Gainesville presented Update on Auditory Evoked Response: From Cochlea to Cortex for department of otolaryngology grand rounds.

In The News

Thomas Balkany, Hotchkiss Endowed Professor and Director, University of Miami Ear Institute, Chairman Emeritus, Department of Otolaryngology, Professor of Otolaryngology, Neurosurgical Surgery and Pediatrics quoted in Palm Beach Post, July 25, 2011: “Emotions run high when deaf baby first hears mom’s voice.”


Francisco Civantos, MD, quoted in ABC News (July 19, 2011): "Is Catherine Zeta-Jones’ Smoking Putting Michael Douglas at Risk?"


David Rosow, MD, assistant professor of clinical otolaryngology, quoted in Huffington Post Health, November 28, 2011: “Keith Urban’s Surgery for Vocal Cord Polyp: What is a Polyp?”

Fred F. Telischi, MD, Chairman of Otolaryngology and Professor, Neurological Surgery and Biomedical Engineering quoted in Miami Herald, May 6th 2011: “How to prevent hearing loss with iPods.”
The holidays came a little early for the UM Ear Institute this year. On December 15, members of the Miami Marlins AYUDAN Community Program, a collaborative front office volunteer program that provides permanent enhancements to the community, paid a surprise visit to the Ear Institute, donating toys and a DVD player. The generous donation to the Cochlear Implant Program was part of a holiday charity giveaway, and came as a complete surprise.

Thomas J. Balkany, M.D., Hotchkiss Professor of Otolaryngology and director of the UM Ear Institute, was very appreciative of the unexpected gifts. “On behalf of the UM Ear Institute and the Department of Otolaryngology, it is an honor to thank the Marlins and AYUDA for their generosity. Christmas came early for the deaf children we have the privilege of caring for at the Miller School.”

Organizers called the Ear Institute in the morning to ask what items would be helpful to the Cochlear Implant Program, and upon learning that the DVD player used in the children’s waiting area had recently broken, the group arrived with a replacement and toys.

AYUDA is a nonprofit organization dedicated to assisting underserved or at-risk families in Miami-Dade County through education, life-skills training, and programs that support self-sufficiency.
**Hunting for Hearing Conservation**

The lush tropical paradise of Jungle Island in Miami served as host to swarms of eager egg-hunters during the annual Easter Eggstravaganza, supported in part by the UM Ear Institute and the Department of Pediatrics. The event on April 23 benefited the Children First Fund, and helped raise awareness and resources to support hearing and speech-language programs for children.

“Through the sea of Jungle Island guests it was wonderful to witness two departments coming together to offer support and educational information on the impact of hearing loss,” said Sergio Guerreiro, Au.D., assistant professor of clinical otolaryngology.

Representatives from the UM Ear Institute, The Barton G. Kids Hear Now Cochlear Implant Family Resource Center, the Department of Pediatrics’ Division of Audiology and Speech-Language Pathology and the Debbie School were out in full force demonstrating state-of-the-art hearing amplification technology and teaching the value of hearing conservation.

“It was exciting to see our two departments working together in the magical atmosphere of Jungle Island to provide important information to our community about hearing loss,” said Kathy Vergara, M.A., director of the Debbie School.

**UHealth Helps Overtown Teens Say “CHILL” to Violence**

Committed to reducing violence among teenagers, the University and the Miller School participated in the first “CHILL With the Violence Life Maze and Concert” held in Miami’s Overtown neighborhood last week.

Presented by the Overtown Community Oversight Board Youth Committee, the full day of activities on March 6 featured workshops, presentations and exhibits by UHealth physicians and other health care professionals.

Organized and recruited by the UHealth Office of Marketing led by Joanne Leahy, assistant vice president of marketing, participants included, from UHealth Pediatrics, Mary Sokoloski, M.D., associate professor of pediatrics, Kent Mathisen, M.H.A., senior administrator, pediatric cardiology, and Hillary Goldberg, director of marketing; from the Department of Otolaryngology, Hillary Snapp, Au.D., assistant professor of otolaryngology, Sheetal Vyas, Au.D., assistant professor of otolaryngology, audiologist Jussara Silva, Au.D., and Alison Grewe, director of development; and from UHealth Sports Medicine Services, Vinny Scavo, director.

UM students also participated in the event, which featured a Life Maze designed to help youth be aware of the effects of violence and encourage them to consider the consequences before acting irresponsibly.
My Cochlear Implant

by Sandra Davis

I had been a piano teacher for many years and didn't think I had a problem with my hearing, but around 1998 my family and friends were the first to notice the indications of hearing loss. It seemed as though I was ignoring them when they spoke, answering questions wrong, turning up the television volume, etc.

After a while I realized that I did have a problem, so I was fitted with hearing aids. As time went on, understanding speech became more and more difficult. Hearing music was all right, except that the hearing aids whistled as I had to make the volume louder, which was a distraction to teaching.

My family was relentless in their pursuit that I get the implant. I had all the testing done and was declared a candidate. Dr. Angeli was so adorable, kind, encouraging, and patient and he answered any questions I had regarding the procedure. He told my family to let me make up my own mind. I have to admit that I was scared and wanted to try one more top-of-the-line hearing aid before I decided. The hearing aid did not help at all, so I decided to go ahead with the surgery. My fears were having pain and not being to understand conversation or music.

After the surgery there was absolutely no pain and the next day I was able to go about my daily routine. After four weeks, the implant was activated by Dr. Hodges, and, immediately, I could hear all the sounds around me. My family was thrilled that, at last, they were able to have a conversation with me. I went to the piano and heard tones. After a few days, the tones turned into music, and I am actively engaged in teaching piano. Not many people know that I have the implant. They must wonder why I can understand what they are saying, but one parent asked why he doesn’t have to speak so loudly. I did show him the device and he said he wanted his father to have an implant also.

I want to thank Dr. Angeli for the gift of sound and my enjoyment of piano teaching. My only regret is not having this surgery sooner.
How did this project get started?
With all the heartbreaking news about young people attempting suicide after being bullied, I wanted to do a project that would deal with the issue of bullying’s effects on people of all ages, in many different circumstances. We realized that ‘bullying’ is the foundation of adult power struggles that can hurt whole nations through unreasonable actions.

Tell us about your background and interest in filmmaking.
Although I am an epidemiologist, my hobbies include acting and screenwriting. Making a film was a natural extension of those interests.

What do you hope to achieve with this film?
Beyond the agreed understanding that bullying is detrimental to others, I wanted to explore the loss of self when one becomes a bully, and the loss of self when one allows other’s opinion of us to shape our self-view. We want to open eyes and minds to the possible life long effects of bullying from classroom to boardroom.

What would you like to say to children who are currently being bullied as well as to the children who are bullying them?
To the victim, know that it is not about you or your value as a human being. You are NOT wrong.
To the bully, you have so much more to gain from life through positive relationship with people rather than the isolation from people through the pain you cause. You, the bully, lose yourself through bullying.

Do you feel this project can educate children about hearing loss in general? If so, what would you like the messages to be?
I feel this film illustrates what life is like as a hearing impaired child. As such, it may be more of value to regular hearing persons who want to understand what being hearing impaired is like.

What made you choose the topic of hearing loss as a target for bullying?
They say, write what you know…and as the sole hearing impaired kid in my elementary school, I endured plenty of bullying. this fact of my life was perfect for investigating the ripple effects of bullying, from child to adult and the many lives they touch.

Are you concerned that this movie might generate any backlash from the Deaf and Hard of Hearing Community? Or How do you perceive the Deaf and Hard of Hearing Community are going to react to this movie?
There may be backlash because of the fact that one of the girls playing a hearing impaired character is not actually hearing impaired. Despite my best efforts to cast that character with an actual hearing impaired person…I contacted the Florida Association of Deaf Persons, Deaf Women in Film, and posted breakdowns on several sites, I did not receive any local submissions from any hearing impaired persons. We had other submissions from hard of hearing actors, and they ended up playing characters that were of regular hearing. I do hope to be able to find the right actress with a real hearing loss to play that character if we succeed in making this film into a feature length movie.

I hope the deaf community will be able to recognize some of their own experiences in this story, and that it will encourage dialogue on the topic of children’s experiences in being integrated into “regular” schools, and the difficulties that educators and others sometimes have understanding the needs of these kids.

Do you have any similar projects planned for the future that address the issues related to hearing loss?
If this short film receives positive feedback, I would like to rally enough support to be able to film the full feature-length version of the script. It will allow me to fully investigate and flesh out issues that were barely touched upon because of the time constraints of this medium.
On September 8, 2011 the Department of Otolaryngology celebrated the opening of the Stuart I. Meyers Family Foundation Hearing Aid Suite. Surrounded by over seventy-five friends and supporters Stuart Meyers acknowledged the importance of supporting the Ear Institute’s efforts to advance treatments and cures for those who are suffering from hearing loss. “I am honored to be able to support the Department of Otolaryngology in their efforts and hope others here tonight will join me in our pursuit to create a world without hearing loss,” said Meyers.

This gift will have a direct impact on the quality of life of thousands of deaf and hearing impaired individuals. Supporting the Ear Institute’s Pursuit of Excellence in Hearing Aid Evaluation and Fitting Program the clinical and research activities funded by this gift will work to focus on the development of non-surgical treatment options to preserve and maintain individual independence and improved quality of life. This translational research will seek to bring advances in hearing device technologies and science from the laboratory directly to the patient.
Your Help Is Essential

Our success depends upon the generosity of our donors, friends and volunteers. Your contribution helps to ensure that our dedicated physicians and scientists continue to conduct the kind of breakthrough research that translates into advanced clinical care and improved patient outcomes.

Gifts from patrons of the Department of Otolaryngology enable countless opportunities for the following departmental activities:

- Research Development
- Clinical Initiatives
- Educational Initiatives
- Faculty Recruitment & Development

You can help bring new science – and new solutions – to caring for and curing people with diseases and disorders of the ear, nose, throat, head and neck by making a gift today. Learn more about your giving options including:

- Gifts designated for specific programs or research efforts
- Planned or estate gifts
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- Multi-year commitments to support endowed chairs

FOR MORE INFORMATION ON HOW YOU CAN HELP PLEASE CONTACT US AT:

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Did you know?

The Department of Otolaryngology-Head and Neck Surgery is expanding to Northwest Broward County. South Florida’s most advanced ear, nose and throat care has expanded to Plantation and is located at 8100 SW 10th Street, Crossroads Business Park Building 3, Plantation, FL 33324. For additional information or to schedule an appointment, call 305-243-4000.