

*Hartford HealthCare Tallwood Urology & Kidney Institute*

# Outcomes Report 2019



# Hartford HealthCare Tallwood Urology & Kidney Institute

## 2019 Outcomes Report

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## WELCOME



### Jeffrey A. Flaks

#### President, Chief Executive Officer

Hartford HealthCare's mission is to improve the health and healing of the people and communities we serve. The Tallwood Urology & Kidney Institute exemplifies that mission in every way.

Tallwood is a destination for patients and families across Southern New England for diagnosis and treatment of a range of illnesses including cancer to kidney stones and incontinence.

Hartford HealthCare's core values: integrity, caring, excellence and safety are at work here every day. This Outcomes Report highlights exactly how these values translate into better and more compassionate care for the people we care for at the Tallwood Urology & Kidney Institute.

Hartford HealthCare's medical institutes — such as Tallwood — are unique in the United States. They bring together a diverse group of skilled providers from across our system to set and adhere to the highest standards of care, make the best use of advanced clinical technology and provide a meaningful and satisfying patient experience. Together, that means better care for you.

Hartford HealthCare is committed to sharing its clinical outcomes, and these speak for themselves. You will see evidence of high quality, coordinated care on every page of this book.

We also are committed to providing the best possible customer experience. When asked about their experiences with Tallwood physicians, 95 percent of our patients give them top marks.

You'll also read the stories of many patients whose lives have been improved at Tallwood. Whether patients are facing a serious illness or need treatment for a life-altering condition, the Tallwood Urology & Kidney Institute stands ready to provide expert care attuned to the needs of our patients and their families.

Sincerely,

# Hartford HealthCare Tallwood Urology & Kidney Institute

## 2019 Outcomes Report

### LEADERSHIP



## Steven J. Shichman, MD

### Physician-In-Chief, Hartford HealthCare Tallwood Urology and Kidney Institute

A board-certified urologist, Dr. Shichman specializes in robotic surgery, renal cancer and adrenal disorders. Following his education and work experience as a chemical engineer, Dr. Shichman went on to complete both his medical degree and his General Surgery and Urology residency at the University of Connecticut. Dr. Shichman pursued advanced training at New York Hospital and Cornell Medical Center, where he completed his fellowship in Laparoscopy and Minimally Invasive Surgery.



Dr. Shichman is a pioneer in urologic minimally invasive surgery and is recognized internationally as a leader in the field. He is among the country's most experienced surgeons in laparoscopic adrenalectomy, as well as laparoscopic

and robotic partial nephrectomy. As a course director for the American Urological Association postgraduate courses from 1998 to 2013, he taught laparoscopic techniques to over 1,200 urologists from around the world. Dr. Shichman has been recognized as one of Connecticut's Top Doctors in urology by Connecticut Magazine and Hartford Magazine.

Over the past 25 years, Dr. Shichman has been instrumental in advancing Hartford HealthCare's international reputation for innovation in laparoscopic and robotic urologic surgery. Under his leadership, Hartford HealthCare has hosted numerous post-graduate courses in minimally invasive surgery, including national symposiums on robotic urologic surgery. Dr. Shichman is also the Executive Director of Hartford Hospital's Center for Education, Simulation and Innovation, which is recognized as one of the largest and most comprehensive medical simulation training complexes in the United States.

## Jan Ruderman

### Vice President, Hartford HealthCare Tallwood Urology and Kidney Institute

In her role as vice president of Hartford HealthCare's Tallwood Urology and Kidney Institute, Jan is responsible for engaging stakeholders from across Hartford HealthCare's continuum of care to fulfill our vision of being nationally respected for excellence in patient care and most trusted for personalized coordinated care. She oversees and drives strategic initiatives of the Tallwood Urology and Kidney Institute to improve quality, reduce cost and inefficiencies and enhance the patient experience.



Jan was an architect in the development of our institute model, which redesigned our healthcare delivery model to better coordinate care with evidence based, system wide standards of care. Tallwood Urology & Kidney Institute is one of six Hartford HealthCare institutes which organizes care around diseases and patient needs, rather than siloed departments seen in traditional care delivery models.

Jan has a master's degree in business administration with a focus on healthcare and a bachelor's degree in occupational therapy from Tufts University. During her 20-plus years at Hartford HealthCare, she has held a variety of leadership roles in operations, quality and process improvement.

## ABOUT HARTFORD HEALTHCARE



Hartford HealthCare is Connecticut's most comprehensive healthcare network. Our fully integrated health system includes a tertiary-care teaching hospital, an acute-care community teaching hospital, an acute-care hospital and trauma center, two community hospitals, the state's most extensive behavioral health services network, a large primary care physician practice group, a regional home care system, an array of senior care services, and a large physical therapy rehabilitation network. The Hartford HealthCare Cancer Institute provides coordinated care across five cancer centers and is the charter member of the Memorial Sloan Kettering Cancer Alliance.

Today, Hartford HealthCare is creating a better future for healthcare in Connecticut and beyond. We are a community of caregivers engaged in developing a coordinated, consistent high standard of care. We use research and education as partners in care delivery. We create and engage in meaningful alliances to enhance access to services. We invest in technology and training to develop new pathways to improve the timeliness, efficiency and accuracy of our services.

### Our vision

To be nationally respected for excellence in patient care and most trusted for personalized coordinated care.

### Our values

#### **Caring:** *We do the kind thing.*

Every Hartford HealthCare staff member touches the lives of the patients and families in our care. We treat those we serve and each other with kindness and compassion and strive to better understand and respond to the needs of a diverse community.

#### **Safety:** *We do the safe thing.*

Patients and families have placed their lives and health in our hands. At Hartford HealthCare, our first priority — and the rule of medicine — is to protect them from harm. We believe that maintaining the highest safety standards is critical to delivering high-quality care and that a safe workplace protects us all.

#### **Excellence:** *We do the best thing.*

In Hartford HealthCare, only the best will do. We work as a team to bring excellence, advanced technology and best practices to bear in providing the highest-quality care for our patients and families. We devote ourselves to continuous improvement, excellence, professionalism and innovation in our work.

#### **Integrity:** *We do the right thing.*

Our actions tell the world what Hartford HealthCare is and what we stand for. We act ethically and responsibly in everything we do and hold ourselves accountable for our behavior. We bring respect, openness and honesty to our encounters with patients, families and coworkers and support the well-being of the communities we serve.

# Hartford HealthCare Tallwood Urology & Kidney Institute

## 2019 Outcomes Report

### ABOUT US

Hartford HealthCare Tallwood Urology and Kidney Institute, established in 2015, was created to provide oversight of the complete patient experience throughout all transitions of care and all points of service within Hartford HealthCare for individuals being treated with urologic and kidney conditions. Our innovative institute approach is unlike any other in the state and is among the most highly regarded in the nation. Foundational to the institute model are our clinical councils, which are comprised of physicians and caregivers with expertise in specific diseases and conditions. Our clinical councils support our commitment to ensure best practices are applied throughout our system, so that patients receive the same high standard of care no matter where they live or which Hartford HealthCare facility they choose.

Clinical councils serve to bring caregivers and leadership together to establish medical guidelines and standards of care that reduce variability among providers and facilities, improve quality and outcomes, and enhance the patient experience. Furthermore, our coun-



cils look at gaps in care and explore growth opportunities to better serve our communities. Tallwood Urology and Kidney Institute is organized around five clinical councils.

**Men's Health** — Under the direction of andrology trained urologist, Dr. Jared Bieniek, Tallwood Men's Health launched with a new and innovative model of care designed specifically for men. Built around a multidisciplinary and clinically integrated team of specialists

in urology, endocrinology, cardiology, behavioral health, medical and surgical weight loss, sleep medicine, colorectal health and geriatric medicine, and supported by nurse navigators, who help reduce access barriers to care, men are provided with a more holistic approach to managing their health.

**Stones** — Under the leadership of Dr. Jeffrey Morgenstern, Tallwood urologists and nephrologists, partnering with other Hartford HealthCare specialists, such as radiologists, registered dietitians and emergency care providers, work together to develop clinical guidelines

*Continued on next page* ►

## ABOUT US

and protocols to improve the way we care for those suffering from kidney stones. Performing procedures, such as shock wave and laser lithotripsy, ureteroscopic stone removal and percutaneous nephrostomy, Tallwood Institute leads the market in Connecticut by treating nearly 2,500 stone cases annually, all the while outperforming national benchmarks in complication and infection rates.

**Pelvic Health** — Co-led by female pelvic medicine reconstructive surgeons, Drs. Richard Kershen and Christine LaSala, Tallwood urologists and urogynecologists are recognized as regional and national leaders in their fields — many who have pioneered treatments that have become the gold standard of care nationwide. Extending our care to the outpatient setting, Tallwood enlists Hartford HealthCare specialty trained physical therapists who help our patients better manage pelvic pain and pelvic floor conditions including female and male incontinence.

Our expertise and vast experience means we can help, even when previous treatments or surgeries have been unsuccessful. For this reason, we are a primary referral center for Connecticut and the southern New England region with our volume growing over 15 percent from FY 2017 to FY 2018.

**Genitourinary Oncology** — Tallwood's urology oncology team, under the direction of Dr. Anoop Meraney, treats all forms of urologic cancers, including adrenal, bladder, kidney, penile, prostate and testicular cancers, is also part of the Hartford HealthCare Cancer Institute. As a charter member of the Memorial Sloan Kettering Cancer Alliance, Tallwood gives patients with urologic cancers access to state-of-the-art treatment, as well as opportunities to participate in clinical trials closer to home. Tallwood continues to be the market leader for prostate and kidney cancer.

**Chronic Kidney Disease** — Our kidney care team, co-led by board-certified nephrologists, Drs. Terrence Oder and Mohammad Sharif, is committed to providing state-of-the-art care for individuals with chronic kidney disease. Our multidisciplinary team consists of representatives from urology, nursing, care management, dialysis, hospital medicine, nutrition, radiology, and transplant surgery. Focusing on getting patients into care as early in their disease process as possible, our goal is to have our patients realize better outcomes resulting in better quality of life and dramatically better survival rates.

Being a leader in urologic health means patients seek us out for their care.

# Hartford HealthCare Tallwood Urology & Kidney Institute

## 2019 Outcomes Report

### STATISTICAL HIGHLIGHTS



**91,673**

**office visits**

(25% of all specialty visits at Hartford HealthCare Medical Group)

**12,522**

**episodes of care**

(in hospital-based settings)

**7,992**

**surgeries**

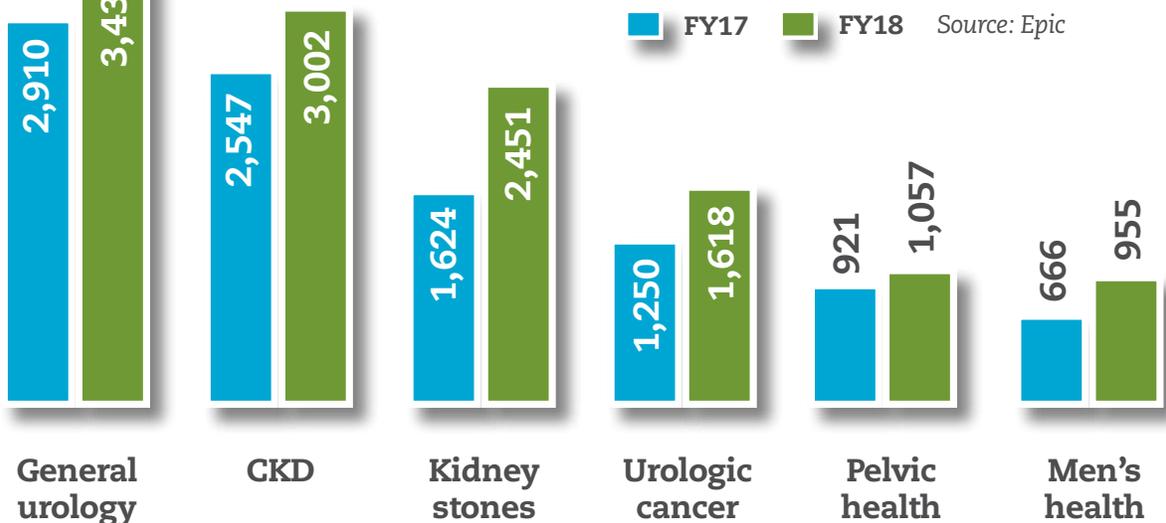
The Hartford HealthCare Tallwood Urology and Kidney Institute is the market leader in Connecticut for:

- Overall Urology and Kidney Disease
- General Urology
- Men's Health
- Kidney Stones
- Kidney Cancer
- Pelvic Health and Incontinence
- Prostate Cancer

Our physicians' experience in complex and routine procedures means better outcomes for patients. Research shows that increased patient volume correlates to lower complication and operative mortality rates.

The following patient volume represents inpatient, hospital-based ambulatory surgery and observation. Each year, we are seeing more patients coming to the Tallwood Urology & Kidney Institute for care.

### Patient volume by program



## PATIENT EXPERIENCE



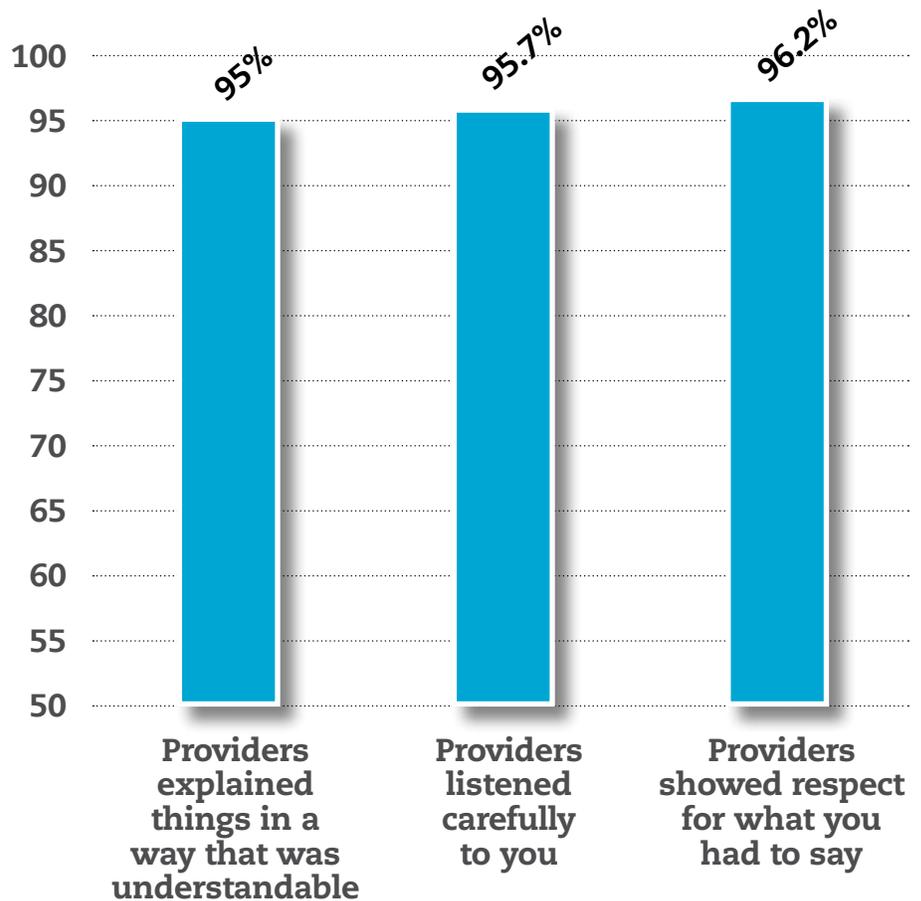
The Hartford HealthCare Tallwood Urology and Kidney Institute is dedicated to providing patients with exceptional, coordinated care and a single, high standard of service.

As a recognized clinical leader with demonstrated respect for our patients, the Tallwood team is committed to effectively communicating with patients and their families because we know patients who are actively engaged in their care have better outcomes.

Our providers and patient navigators are attentive to the physical and emotional needs of the patient through open discussion and direction. We provide hope in times of frustration by solving the most complex of cases.

When a patient visits a Tallwood physician's office, they are listened to and communicated to in a way they understand, and always treated with respect. Our communication survey results demonstrate this commitment to the patient experience.

Communication survey of patients under the care of a Tallwood physician



Source: Press Ganey

### COMPLICATION RATES

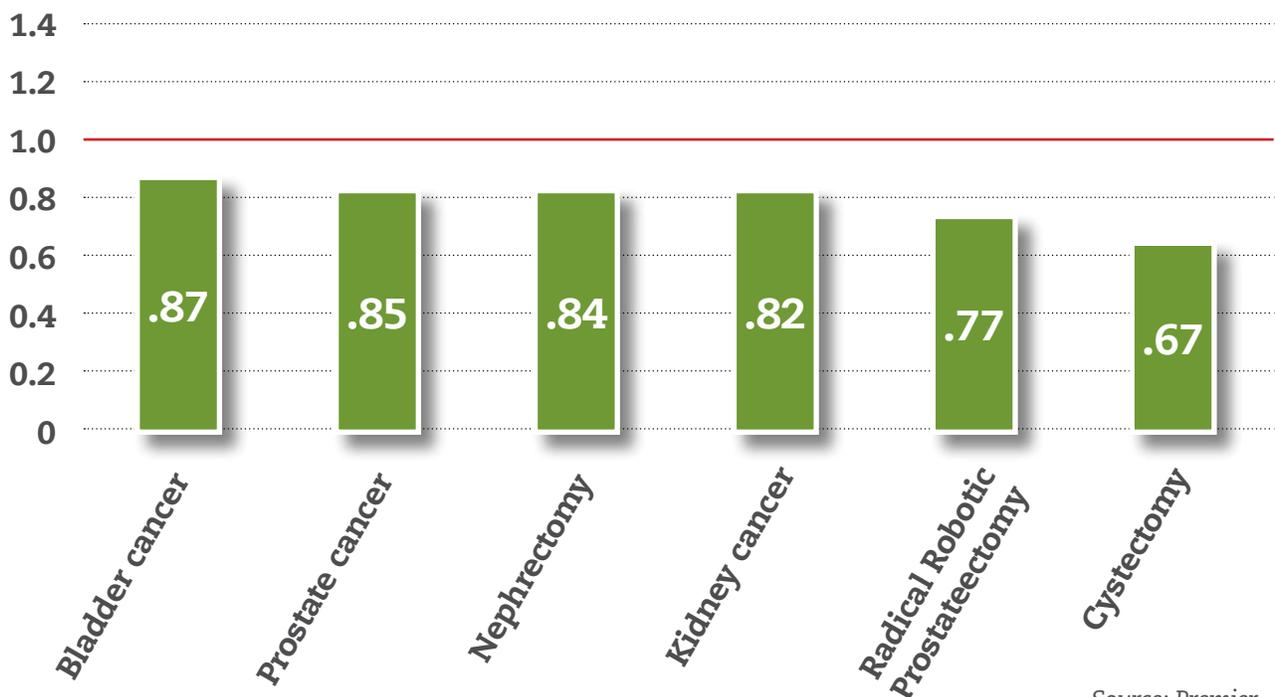


The Hartford HealthCare Tallwood Urology and Kidney Institute, in conjunction with the Hartford HealthCare Cancer Institute, is a tertiary referral center for Connecticut and New England. Our team of fellowship trained urologists, nephrologists and oncologists care for the most complex cancer cases.

Our multidisciplinary **urologic oncology** clinical council meets regularly for discussions on evidence-based medicine to discuss evidence-based medicine. In addition, the team holds case conferences for decisions on patient-specific treatments and planning with experts from across the system and from Memorial Sloan Kettering. Our partnership with MSK provides patients with access to state-of-the-art clinical trials closer to home.

The focus of establishing clinical standards through the clinical council has resulted in achieving better than expected complication rates related to bladder, kidney and prostate cancer.

Complication Rate (<1 is better than expected)



Source: Premier

## COMPLICATION RATES

### Prostate Cancer

The Tallwood Institute utilizes state-of-the-art equipment to make a precise diagnosis of prostate cancer. Our physicians use specialized MRI and ultrasound fusion equipment that can more accurately take biopsies of suspected prostate cancer and identify disease progression. The equipment merges ultrasound with MRI to create a 3-D image, so they can see the entire biopsy area. For patients under active surveillance — where prostate cancer is being monitored but not yet under treatment — this equipment helps doctors make confident treatment decisions.

There are many treatment options available for men with prostate cancer, including active surveillance, radiation and surgery. Radical robotic prostatectomy removes the prostate using a minimally invasive surgical robot. When compared to leading institutions, Hartford HealthCare has considerably lower complication rates for patients with prostate cancer who undergo a radical robotic prostatectomy.

### Kidney Cancer

Our surgeons are among the world's most experienced in performing nephron-sparing surgery (NSS), including robotic partial nephrectomies. In fact, our urologic surgeons were instrumental in developing and teaching many of the minimally invasive techniques now in use for kidney surgery in the United

States and overseas. Our surgical teams routinely remove even the more complex and larger tumors using minimally invasive approaches, which offers reduced morbidity, shorter hospital stays and more rapid return to baseline activities.

NSS allows preservation of the affected kidney without compromising cancer cure rates. Preserving kidney function dramatically improves the patient's overall health and well-being, and reduces the incidence of chronic kidney disease.

### Bladder Cancer

The great work that has been accomplished to lower complication rates across Hartford HealthCare is illustrated by the Hartford HealthCare Tallwood Urology and Kidney Institute bladder cancer team as complications from bladder cancer surgery have consistently remained better than expected.

A cystectomy is a surgical procedure to remove the urinary bladder. Patients undergoing this procedure are at high risk for infection, failure to thrive, blood clots and gastrointestinal complications. In the framework of the Hartford HealthCare Cancer Institute's clinical council model, the disease team has worked to create an effective strategy to reduce complications for patients who undergo a cystectomy.

# Hartford HealthCare Tallwood Urology & Kidney Institute

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### COMPLICATION RATES



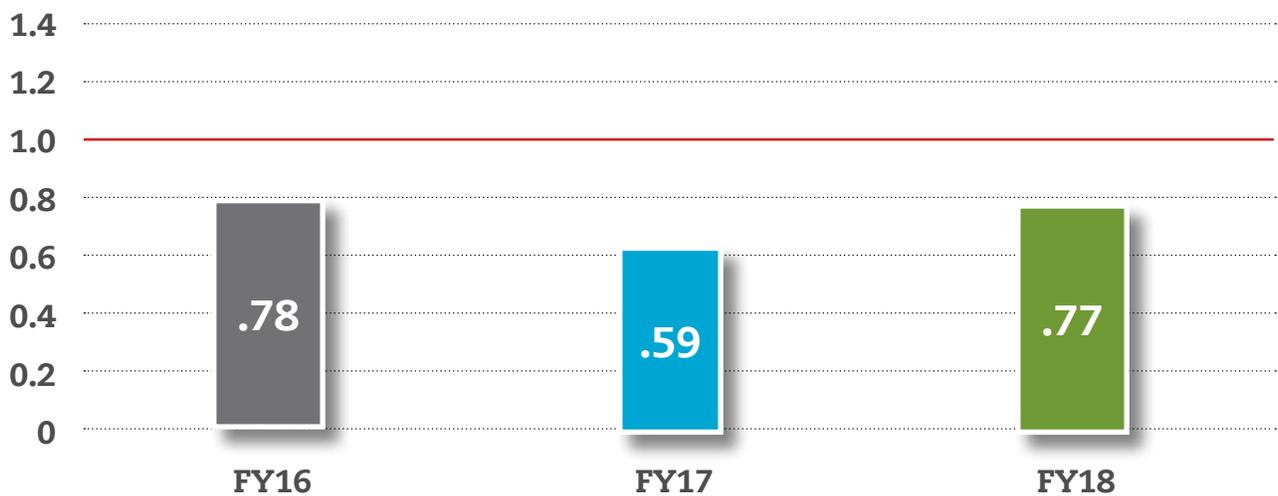
The Hartford HealthCare Tallwood Urology and Kidney Institute is a national leader in **robotic urologic surgery**.

Hartford HealthCare was first in Connecticut to introduce the surgical robot. The Hartford Healthcare Robotic program, led by Dr. Joseph Wagner, includes eight active robots and two training robots across Hartford HealthCare. The da Vinci™ Surgical System offers precise, minimally-invasive procedures that can reduce trauma, blood loss and hospital time for the patient. The da Vinci™ System enhances surgical capabilities by enabling the surgeon to perform complex surgeries through small surgical incisions.<sup>1</sup>

Tallwood’s progressive department is one of the most experienced in the world and routinely performs a number of robotic surgeries, such as prostatectomies, cystectomies, nephrectomies, partial nephrectomies and abdominal sacral colpoplexies.

With Tallwood surgeons performing over 500 robotic surgeries annually, we have better than expected outcomes for robotic assisted procedures at all Hartford HealthCare hospitals performing robotics. Our complication rates since FY16 demonstrates our exceptional outcomes as a high volume system.

Complication Rates for Robotic Surgeries Performed by Tallwood Surgeons  
(<1 is better than expected)



<sup>1</sup> Shah J, Vyas D. The History of Robotics in Surgical Specialties. *The American Journal of Robotic Surgery*. 2014 Jun; 1(1):12-20.

Source: Premier

## READMISSION RATES



### Kidney Stones

Relative to those who have never had kidney stones, patients who have had kidney stones are at increased risk of developing more. To help mitigate this risk, the interdisciplinary treatment team of urologists, nephrologists, emergency providers and radiologists are dedicated to not only the complete removal of kidney stones, but also preventing future stones through medication and dietary modifications.

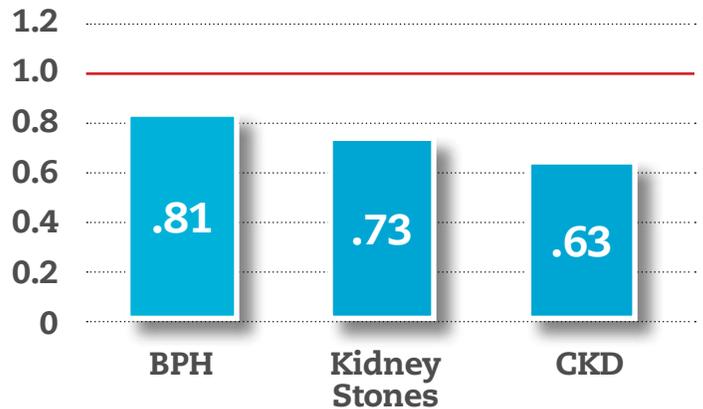
The hard work of our team in reducing readmission rates is reflected in the low readmission rate attained in FY18.

### Men's Health / Benign Prostatic Hyperplasia

Benign prostatic hyperplasia, or BPH, is a common condition addressed by our Men's Health team at the Hartford HealthCare Tallwood Urology and Kidney Institute. By age 60, about 25% of men have troublesome voiding symptoms and these percentages only increase with age. Patients whose symptoms are not well managed by medications may be recommended for transurethral resection of the prostate (TURP), laser ablation (either Greenlight or holmium laser), UroLift®, open or robotic simple prostatectomy and other emerging procedures.

The majority of BPH patients are now treated in an outpatient setting. This means that those patients who are seen in the inpatient setting

Readmission Rate O/E  
(<1 is better than expected)



represent more complex cases in which higher readmission rates are expected. The readmission rate reflective in the graph above is a representation of inpatient results only. Despite the complexity in these cases, our readmission rate is still better than expected.

### Chronic Kidney Disease

Early detection of kidney disease is important in kidney preservation and in quality of life. Our Chronic Kidney Disease clinical council includes nephrologists, interventional nephrologists vascular/access surgeons, emergency room physicians, care coordinators and dialysis nurses. The team has been focused on improving the handoffs between acute care hospital and community dialysis centers in order to address complications and readmissions. The great work of our team is evident in a low readmission rate for FY18.

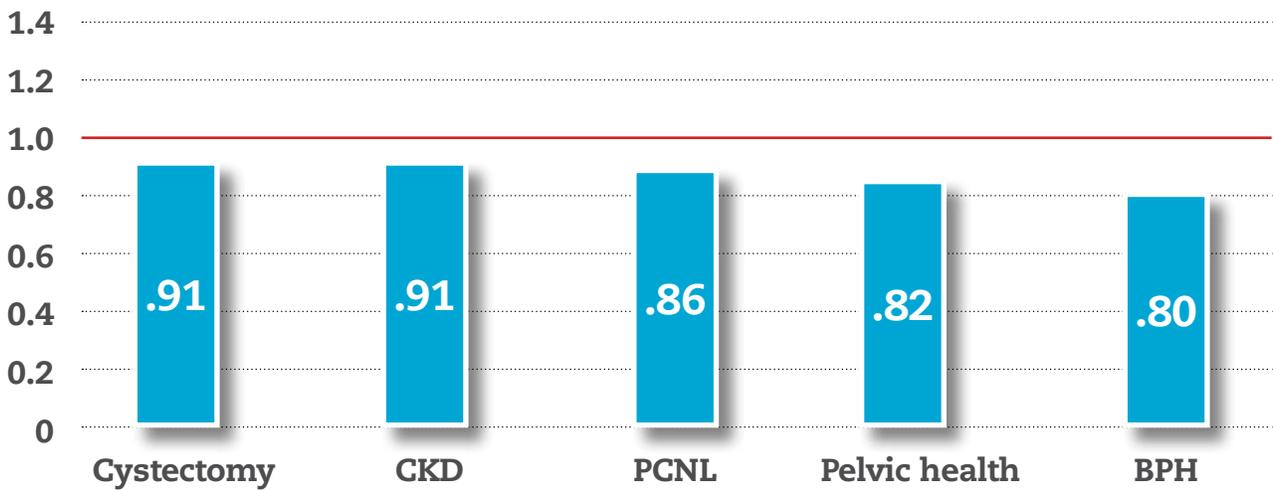
### LENGTH OF STAY



Through the work of the five inter-disciplinary clinical councils and coordination of care from the hospital to home, we have seen a decrease in our length of stay across all diseases.

With a decrease in length of stay, patients are able to return to their home and daily activities, while remaining connected to their care through their physician's practice.

Improvement in Length of Stay (<1 is better than expected)



## TALLWOOD MEN'S HEALTH



According to current national statistics, men are nearly 1.4 times as likely as women to die from almost every chronic medical condition. As a result, men live an average of five years less than women in the United States. There is room for improvement. In general, men don't participate in preventative healthcare as often as women and are more likely to engage in risky behaviors such as drinking alcohol, smoking and illicit drug use.

Tallwood Men's Health is a product of our Men's Health clinical council and is focused on treating the whole man. Men's Health experts at Hartford HealthCare, respected as regional and national leaders in their field, understood the greater implications of the diseases they were treating and recognized a need for better coordination of care.

Tallwood Men's Health provides the most advanced, clinically integrated care to men in comfortable and accessible settings across Connecticut. We've partnered with other Hartford HealthCare specialists and community providers with an understanding of male-specific disease processes.

Our comprehensive service line includes experts in:

- Urology
- Cardiology
- Surgical and Medical Weight Loss
- Endocrinology
- Behavioral Health
- Colorectal Health
- Geriatric Medicine
- Sleep Disorders



Our nurse navigators ensure men are up-to-date with their preventative health screenings and engage other members of the team to address linked medical conditions in a timely and efficient manner.

*"We believe that New England men deserve the highest level of care. We want to see men live healthier lives and longer lives. That's our mission at Tallwood Men's Health"*

**— Dr. Jared Bieniek, a urologist, is medical director of Tallwood Men's Health**

### SUCCESS STORIES

## Cancer diagnosis took life in a whole new direction

Jonathan Savino recalls the fear that set in when his doctor called him back into the office after a routine annual PSA test for prostate cancer.

“You hear about cancer everywhere and you just hope you don’t get it,” the Windsor Locks resident noted.

“I remember thinking that the only thing I could do was keep checking on things, and here I was getting called back.” Savino —

**JONATHAN SAVINO**

who, at age 64, has faced more than his share of medical challenges with diabetes and high cholesterol, bouts with atrial fibrillation, several artery ablations and eventually the installation of a pacemaker — said what became a life-altering journey started with an appointment at Tallwood Men’s Health with urologist Dr. Stuart Kesler.

A prostate biopsy revealed Savino had cancer on two lymph nodes, and Dr. Kesler recommended robotic prostatectomy, a procedure that offers outstanding patient outcomes, shorter recovery time and less risk.

“When you first hear the C word, your heart just drops. You know from that first call that they found something,” Savino said, adding that the dedicated nurse navigator at Tallwood Men’s Health coordinated a comprehensive approach to his care.

Dr. Kesler performed the robotic procedure at Hartford Hospital, where Savino likes to coordinate most of his medical care. He remembered waiting with his wife in the recovery room to



**Patient Jon Savino offers a sneak peek of his kitchen with some of the healthy food choices he eats in his efforts to lose weight.**

learn if all the cancer was successfully removed when Dr. Kesler walked in.

“I saw the biggest smile I’ve ever seen on a doctor’s face!” Savino laughed. “He said, ‘I gave you the worst case scenario and it was the best case scenario! We got it all!’”

“The strength of Tallwood Men’s Health is that we can easily coordinate the care of complex male patients,” Dr. Kesler said. “With the help of a nurse navigator and other resources, I can now connect my patient, whom I’ve treated for cancer, with other caregivers to tackle very serious additional medical issues they may be struggling with such as weight loss, cardiac disease, anxiety and depression. This makes a real difference in people’s lives — it’s powerful stuff.”

Surgery, however, was just part of his journey. A former customer service representative with a major airline, and disabled since 2016 due to chronic heart failure, Savino has since changed his entire lifestyle. His doctors urged him to shed some of the weight on his 6-foot, 4-inch frame, which, at one point, carried almost 400 pounds.

“It was a challenge for Dr. Kesler to operate,” he admitted.

He now goes to cardiac rehabilitation three times a week, working on the stationary bicycle, treadmill and weights. In addition, the nurse navigator connected him to Dr. Devika Umashanker, a medical weight loss specialist at the Hartford HealthCare Medical & Surgical Weight Loss Center, who also sees patients at the Tallwood Men’s Health location in Farmington; along with specialists in urology, cardiology, behavioral health and endocrinology.

She helped him embrace a new eating style focused on lean proteins, fruits and vegetables.

“I’m so happy with everybody — they’re keeping me on the straight and narrow! I wanted some pizza the other day and I made myself one piece with veggies on top. In the old days, I could go through a whole pizza!” he said.

About his cancer diagnosis, he remained philosophical.

“I thank my lucky stars that someone was looking out for me. If hadn’t gotten it done then, a year later I wouldn’t have been here. I just tell people to get tested.”

## SUCCESS STORIES

### Preston mother feeling like her (young) self again

Sneezes and coughs were isolating Noreen Beauregard, keeping her confined to a work-home routine where she felt safe because the bathroom was close by.

Because of bladder control issues and pelvic organ prolapse, the 49-year-old Preston woman says it only took a little sneeze or cough to

#### NOREEN BEAUREGARD

trigger urination and ruin her outfit.

She always traveled with a spare set of clothes, but found being out, especially in crowds, unnerving.

"I never felt secure leaving my house. I thought, 'I'm too young for this!'" she recalls.

Her trouble began during childbirth with her second child, a 10-pound, 3-ounce boy delivered in a birthing center. The delivery was difficult and may have led to the prolapse and problems with her bladder.

At first, she had trouble controlling urination and arduous menstrual cycles that left her anemic and unable to climb a short set of stairs without feeling exhausted.

"I was suffering badly," Beauregard says.

A few years ago, she began to feel her organs sliding down, even protruding from her vagina at times.

"There was no muscle holding them up. I knew I couldn't live like that. I couldn't function and I was having trouble doing my job," says the administrative aide in the distribution department at Electric Boat. "I



**Noreen Beauregard was very pleased with the results of her treatment at the Hartford HealthCare Tallwood Urology and Kidney Institute.**

need to be able to lift 40- or 50-pound boxes of documents for the boats and I couldn't. I couldn't even put the big manuals up on the high shelves. I could just feel the strain inside of me."

Because of her young age, Beauregard says the first doctor she visited referred her to Tallwood Urology & Kidney Institute for care. She met with Dr. Elena Tunitsky and underwent a variety of tests that revealed what she needed was a hysterectomy, prolapse repair and an anti-incontinence sling (or procedure).

In early August, she went into Hartford Hospital feeling anxious about having surgery, but Dr. Tunitsky and others on the surgical team put

her instantly at ease.

"She held my hand and helped me relax. They wanted to make sure I went in thinking good thoughts and I think that helped make everything work out so great for me," Beauregard says. "It is a super-friendly, warm environment and she has great staff surrounding her."

After an overnight hospital stay for observation, Beauregard went home to recover. Even before returning to work, she felt like a new woman.

"It's been great thinking I can do things like a normal person again!" she exclaims. "I don't have to pack a change of clothes or wonder where the bathroom is! I can just go wherever I want to go. I feel normal again!"

## SUCCESS STORIES

### Tallwood doctor helps couple to become a family

Jonathan and Andrea Slifka knew the heartbreak of infertility, something they believed might be related to Jonathan's spina bifida.

The condition, which occurs when the spine and spinal cord don't form completely, resulted in paralysis from the knees down and reliance on a wheelchair to get around. But

**JON  
SLIFKA**

the couple didn't want it to stand in the way of their dream of starting a family. When his

urologist, a long-time family friend, was readying for retirement, he suggested Jonathan see Dr. Jared Bieniek, director of Tallwood Men's Health, given his expertise in male fertility issues.

Dr. Bieniek did some testing on Jonathan, followed by a few procedures to see what might be causing the couple's fertility struggles.

"One procedure was to check for any sperm [in the testicle] and he didn't find anything in there at all!" Jonathan said, adding that "some sort of trauma" seemed to have affected his body's sperm production.

After exhausting other opportunities, Dr. Bieniek recommended the couple consider donor sperm or adoption to build a family. There were other hormone treatments that might help in an effort to find sperm, but he wasn't optimistic they would work for the Slifkas.

"At that point, we were like friends and he said to me, 'I could throw the kitchen sink of hormone treatments at you but, if I could speak to you



**Patient Jonathan Slifka (left) and his wife Andrea (right) with their daughter Laurel, the result of a successful IVF procedure to address the fertility issues cause by Jon's spina bifida.**

as a friend, I wouldn't do the hormones.' I appreciated that honesty," recalled Jonathan, who works for the state in the commissioner's office of the Department of Rehabilitation Services.

Choosing the donor route, the couple underwent one round of in vitro fertilization and Andrea became pregnant. They now have a happy and healthy daughter, Lauren Michelle.

While parts of the journey were discouraging, Jonathan said finding an answer to their infertility and eventually having their daughter was

worth the effort. Dr. Bieniek, he said, was an outstanding replacement for his original urologist, who was "the best doctor I'd ever had."

"When you have a disability and deal with as many doctors as I have, it's just amazing that I had a wonderful urologist and then found what I call the younger version of him," Jonathan said of Dr. Bieniek. "He is caring, kind, compassionate and patient as he walks you through all the options. And, he's there for you. I don't think you can ask for anything more.

"He's truly a one-in-a-million find."

## SUCCESS STORIES

### School bus driver now makes fewer stops

Prostate issues had plagued Caleb Cutler for more than 20 years, waking him up at night and sending him scrambling to the bathroom many times a day.

“I was waking several times at night to urinate. Even going to a concert, movie or family function, I had to make sure I knew I had access

to a bathroom,” he says. “I lost count of how often I would use the restroom.

#### CALEB CUTLER

At times, it was painful and I had to limit wearing light color clothes in case of leaking.”

About five years ago, it got much worse.

“We were driving back from a trip to California and there were times I had to stop almost every half hour to urinate,” he remembers.

Back at home, the 69-year-old retiree talked to his urologist, who referred him to Dr. Jared Bieniek, director of Tallwood Urology & Kidney Institute Men’s Health. The medications the urologist had been prescribing were no longer working and he told Caleb it might be time for surgery.

After a thorough exam and consultation, Dr. Bieniek suggested a transurethral resection of the prostate (TURP) procedure to help. It was not the answer the Hartford resident wanted to hear.

“Many years ago, I had a procedure I thought was a TURP. It was very uncomfortable and, as a result, I was



**Patient Caleb Cutler found driving the school bus on his route in New Hartford to be far more comfortable after his procedure.**

not excited about the possibility of repeating it,” Caleb explains. “As it turns out, that procedure was not a TURP. Dr. Bieniek explained the difference and made me feel comfortable with my decision.”

TURP, according to Dr. Bieniek, involves using a special surgical instrument to shave away excess prostate tissue that is constricting the urethra and disrupting the normal flow of urine. No skin incisions are needed.

After the procedure, Caleb spent one night in the hospital and the rest of his “uneventful” recovery was at home.

“Dr. Bieniek was very thorough. He has a very good manner and excellent interpersonal skills. I felt very

comfortable from the start,” he said, adding that, “I was also very comfortable with the staff, who were all very professional.”

Having the TURP has made a tremendous difference in Caleb’s life. In retirement, he drives a school bus and finds he doesn’t have to limit his bus runs to accommodate bathroom breaks. Traveling with his wife has been a lot easier, too.

“In short order, I was sleeping all night. What an experience!” he exclaims. “I was emptying completely. My flow is 100% better than prior to the TURP. My wife and I can now more easily plan events. I’m enjoying my wife, children and grandchildren and friends!”

### SUCCESS STORIES

## Successful surgery has family back on the road

Lew Streppa gets emotional when remembering how close he came to dying as a result of a problem he didn't even realize he had.

The Coventry man was having a routine ultrasound of his kidney when his primary care provider, Dr. Patricia Lampugnale, noticed an enlargement of the bladder. She sent

#### LEW STREPPA

him for follow up with Dr. Anoop Meraney at the Hartford HealthCare

Tallwood Kidney & Urology Institute.

More precise testing revealed Lew had a very deeply set cancerous tumor in his bladder that he said "looked like a piece of coral." It was grade three, the fastest growing type, and needed to be removed immediately.

This is one point in his journey, Lew said, where Tallwood proved to be extraordinary. It was the week of July 4, 2018, and the operating room schedule was jammed because of the holiday. The facility, however, opened an hour early to accommodate him and Dr. Richard Kershen removed the tumor.

After surgery, Lew underwent weekly rounds of BCG immunotherapy for six weeks to build up his immune system. After a month, he had more lab work and a bladder CT scan performed to check for signs the cancer might be returning. All were negative, but Dr. Meraney wanted another biopsy to be sure.

"The biopsy showed the cancer was growing again," Lew said. "Dr.



Lewis Streppa, right, and his wife Virginia, left, and granddaughter Jasmonea were able to embark on family travel again after a successful surgery to give Lewis a neobladder.

Meraney took my case to the Tumor Board and they agreed the bladder needed to be removed."

The announcement was disheartening to Lew, a retired sales executive with Baton Corporation, but, he trusted Dr. Meraney.

"He is a tremendous individual who exudes confidence and communicates with patients very well," he said. "He gave me all my options and related statistics so I could make a decision. I like the guy, so I asked him what he would do. He said he'd get the bladder removed."

In an 11-hour surgery, Tallwood surgeons did just that, replacing the organ with a neobladder constructed from a piece of his intestine, allowing him to urinate and maintain continence.

"I'm a realist — cancer can kill you but it can't make you quit," he said. "If you have a chance, you can beat it."

That attitude kept him doing anything he could to stay healthy, including eating better and going to the gym more.

The entire experience has actually improved Lew's life. He feels healthier than he has "in my adult life" because of his workout and eating regimen. He's off all blood pressure medications and may not need his CPAP machine for sleep apnea any longer.

It's also given him more desire to experience life. Three months after surgery, he was "laying on the beach in Fort Walton Beach, Florida, with my granddaughter for spring break." He went to Ocean City, Maryland, and hiked the Scottish Highlands a few months later. More recently, he went to Wyoming, Yellowstone National Park and the Grand Tetons.

"I function just like I did before the surgery," Lew said. "I live a completely normal life."

## COMMUNITY INVOLVEMENT



### Educating our community

Our team believes that educated patients get better outcomes. We have provided dozens of community education events this year based on topics our clinical councils identify as valuable information for patients to know about their given disease. Some highlights:

- Understanding Kidney Stones
- Updates in Prostate Cancer Research
- Male Urinary Incontinence
- Understanding Prostate Cancer from the Eyes of the Radiologist
- Understanding Prostate Cancer: PSA
- Peyronie's Disease
- Life After Prostate Cancer: Advocacy
- The Role of Medical Oncology in the Treatment of Prostate Cancer
- The Role of Integrative Medicine in the Treatment of Prostate Cancer
- Understanding Kidney Cancer
- Understanding Bladder Cancer
- Understanding Prostate Cancer: New Developments in Treatment

### Supporting the community

This year, the Hartford HealthCare Tallwood Urology and Kidney Institute continued our partnership with ZERO Prostate Cancer, a national not-for-profit organization with a mission to eliminate prostate cancer through awareness, research and education. Our 3rd annual ZERO Prostate Cancer Run/Walk awareness event was one of the most successful in the country, raising over \$110,000 to help end prostate cancer.



# Hartford HealthCare Tallwood Urology & Kidney Institute

## 2019 Outcomes Report

### PROVIDER EDUCATION

#### Provider to provider education

At Tallwood, we believe in the importance of continuing education for our providers. This year, we held several educational opportunities including:

- Enhanced training in managing stomas for advanced practitioners
- Provided urological medical device testing and simulation training to evaluate, as well as identify opportunities to improve and enhance patient care outcomes
- Participated in Memorial Sloan Kettering/Hartford HealthCare cancer retreat to review standards of care
- Hosted the New England American Urological Association for hands-on simulation training at the Hartford Hospital Center for Education, Simulation and Innovation (CESI) on BPH, stones, female pelvic reconstruction surgery, lasers, andrology and robotics.



In addition, University of Connecticut urology residency program utilizes Hartford Hospital as one of the primary sites for clinical training.

#### Urologic Oncology and Robotic Surgery Fellowship

The Hartford Hospital Urologic Oncology and Robotic Surgery Fellowship program is a one-year clinical fellowship for board eligible/certified urologists seeking to improve their surgical skills and knowledge base in urologic oncology and robotic surgery. The fellowship provides an opportunity for new graduates to work closely with physicians who have pioneered cancer and robotic treatments in Connecticut and the United States.

Fellows work in Hartford Hospital operating rooms equipped with four da Vinci Robots. Hartford Hospital's research and training facilities at the Center for Education, Simulation and Innovation (CESI) also include

a state-of-the-art surgical simulation center including a bio lab, cadaveric lab, and inanimate laparoscopic training lab that houses robotic, surgical and diagnostic simulators and a da Vinci Surgical System.

Urologic Oncology and Robotic Surgery Fellows also have the ability to get involved in clinical research, as the urology department employs research associates and maintains bladder, kidney and prostate cancer databases.

Our fellowship attracts physicians from the most prestigious and competitive residency programs across the county.

## RESEARCH HIGHLIGHTS



During FY2018, Tallwood researchers published on a variety of important and interesting research questions addressing issues concerning female pelvic health, penile rehabilitation after radical prostatectomy and active surveillance for prostate cancer. These studies are summarized below:

■ **Clinical trial supports safety of hyperbaric oxygenation as part of penile rehabilitation after robot-assisted radical prostatectomy for prostate cancer.**

Many men experience erectile dysfunction (ED) after robot-assisted laparoscopic radical prostatectomy (RALP). Penile rehabilitation (PR) bridges the gap between the post-RALP onset of ED and the return of normal penile function. Several lines of research in both animals and humans suggest that hyperbaric oxygenation may hold promise as an addition to PR after RALP. Hyperbaric oxygenation exposes patients to 100% oxygen at 2 to 3 atmospheres absolute pressure, leading to elevated blood-oxygen levels, which induce stem cell differentiation and in turn help restore tissue function, promote healing and fight infection.

A clinical trial led by Dr. R. James Graydon at the Tallwood Institute evaluated the safety and effectiveness of hyperbaric oxygenation as part of PR after RALP. In this prospective, randomized, double-blind clinical trial, 109 potent men were randomized to either hyperbaric oxygenation therapy or a sham control group after undergoing nerve-sparing RALP for prostate cancer. No significant differences were noted between the two groups on any outcome, including erectile function at 18 months, or 18-month sexual, urinary, bowel and hormonal related symptoms. However, patients who could likely benefit the most from the experimental treatment were not included, as the researchers excluded men with diabetes, with pre-existing erectile dysfunction and those who did not undergo nerve sparing RALP.

The study holds promise for the further evaluation of hyperbaric oxygenation after RALP as the treatment was safe in this patient population and did not promote cancer recurrence or progression. It has paved the way for larger studies in patients with more diverse comorbidities, efforts which could provide a more definitive answer regarding the potential that hyperbaric oxygenation may hold in the preservation of erectile function after radical prostatectomy.

Citation: Chiles KA, Staff I, Johnson-Arbor K, Champagne A, McLaughlin T, Graydon RJ. A Double-Blind, Randomized Trial on the Efficacy and Safety of Hyperbaric Oxygenation Therapy in the Preservation of Erectile Function after Radical Prostatectomy. *J Urol*. 2017 Oct 13. pii: S0022-5347(17)77720-8. doi: 10.1016/j.juro.2017.10.016.

### RESEARCH HIGHLIGHTS



#### ■ Men receiving care through active surveillance benefit from earlier repeat biopsies.

The goal of active surveillance (AS) for prostate cancer is to identify and direct patients with potentially progressive disease to appropriate intervention, while minimizing unnecessary procedures (including surgery) for patients with cancers that are likely to remain indolent. Repeat biopsies, including confirmatory biopsies (i.e., repeat biopsy shortly after diagnosis) are one key component of AS. While the optimum timing for repeat biopsy following initial diagnostic biopsy has not yet been established, a confirmatory biopsy is typically performed no later than one year after the diagnostic biopsy. While the institutional protocol at the Tallwood Institute includes a confirmatory biopsy within 6 months of the first, not all patients receive them within this time. Differences in referral patterns of external urology offices and individual differences between urologists can sometimes make adherence to this timetable challenging.

Drawing on data housed in the comprehensive prostate cancer database (a research resource supported through the Zero Prostate Cancer Run), Dr. Joseph Wagner and his colleagues reviewed records on patients who elected AS from 2004 through 2015 to answer the question of whether an earlier confirmatory biopsy (taken within 6 months of the first) offers any benefit over undergoing a repeat biopsy at a later date. They retrospectively identified 126 prostate cancer patients at our institution who elected to enroll in AS during the study period and who underwent at least one repeat biopsy within 15 months of diagnosis. They analyzed data from two groups of patients: 62 (49.2%) underwent a second biopsy within six months of their initial biopsy (Group 1), and 53 (42.1%) underwent the second biopsy within 9-15 months of the first (Group 2). One quarter of the Group 1 patients who initially met the clinical inclusion criteria for AS were no longer eligible at repeat biopsy. Extracapsular extension was present in 0.0% and 46.7% of Group 1 and Group 2 subjects, respectively, a difference that was statistically significant.

Based on this data, one quarter of men considering AS for prostate cancer may learn they are less than ideal candidates for AS and may have a lower risk of advanced disease at surgery if they undergo an early confirmatory biopsy. Having a confirmatory biopsy within six months of the initial diagnostic biopsy offers many patients an early opportunity to reconsider their treatment decision. Earlier biopsies may also lead to improved rates of organ confinement for those choosing surgery.

Citation: Armstrong J, Haddock P, Wiener S, McLaughlin T, Staff I, Cusano J, Wagner J. Timing of Confirmatory Biopsy in a Prostate Cancer Active Surveillance Program: Does an Earlier Biopsy Confer Any Benefit? *Connecticut Medicine*. August, 2018. 82 (7): 389-394.

## RESEARCH HIGHLIGHTS



### ■ Active surveillance is not always appropriate for men with intermediate-risk prostate cancer.

Active surveillance (AS) is now a well-accepted management strategy for clinically localized low-risk prostate cancer. Despite this, there is often disagreement as to which patients should be candidates for AS. Most institution-specific AS protocols and national guidelines include only low-risk patients. However, NCCN guidelines have been expanded to include select intermediate-risk (IR) prostate cancer patients with more favorable clinical characteristics. Limited data support the safety of active AS in these favorable IR patients relative to low-risk patients. In fact, a 2016 expert consensus review concluded that the question of whether or not to include IR patients is an ‘unresolved issue in AS.’

Now a recent study led by Dr. Joseph Wagner has suggested that AS might not be the most appropriate strategy for men with IR prostate cancer. Dr. Wagner and his co-authors performed a retrospective review of the comprehensive prostate cancer database and identified 3,669 patients who underwent radical prostatectomy (RP) between 1/1/04 and 12/31/15. They evaluated pathologic and biochemical outcomes in patients who would have met AS inclusion criteria according to NCCN guidelines. In particular they focused on the outcomes of favorable intermediate risk (FIR) patients relative to low risk (LR) and unfavorable intermediate risk (UIR) patients. Outcomes included adverse pathologic findings at RP (Gleason score Grade Group III-V, non-organ confined disease, or nodal involvement). They found that the proportion of FIR patients with adverse pathologic findings was significantly higher than patients in the LR group (27.4% vs. 14.8%, respectively) and significantly lower than patients in the UIR group (48.5%). These differences remained even after statistically controlling for a number of possible confounds.

These results illustrate that, relative to men at low risk, those at favorable intermediate risk represent a distinct group. AS is reasonable in the context of careful patient counseling, however clinicians should proceed with caution when selecting patients in the NCCN favorable intermediate risk group for active surveillance and monitoring them once they are in an active surveillance program.

Citation: Aghazadeh MA, Frankel J, Belanger M, McLaughlin T, Tortora J, Staff I, Wagner JR.

NCCN Favorable Intermediate Risk Prostate Cancer: Is Active Surveillance Appropriate? *J Urol*. 2017 Dec 26. pii: S0022-5347(17)78182-7. doi: 10.1016/j.juro.2017.12.049.

### RESEARCH HIGHLIGHTS

■ **Incidental small testicular tumors in men seeking help for infertility: Size and vascularity may flag need for closer follow-up.**

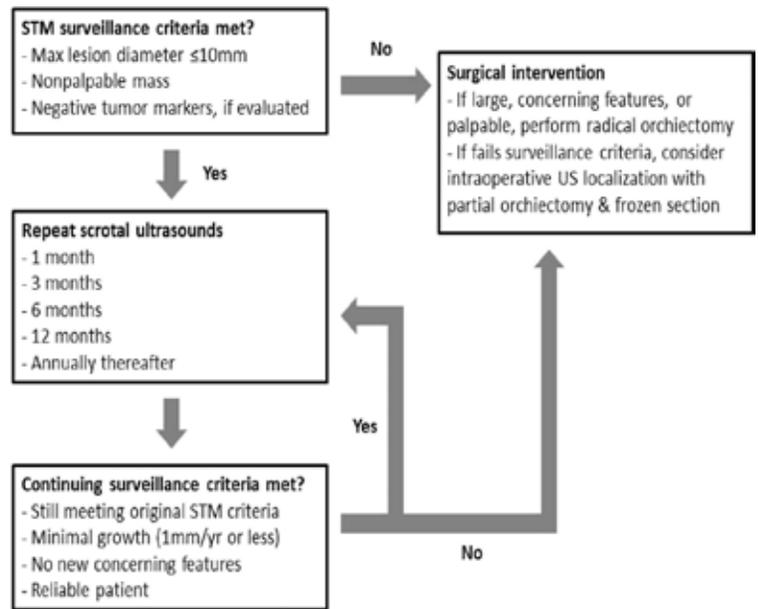
The increasing use of ultrasound (US), in addition to physical examination to evaluate male factor infertility has led to an increase in the discovery of incidental small testicular masses. How to act upon these findings without compromising patient care is a topic of debate and data on long-term follow-up and safety are lacking. Some clinicians view testis-sparing surgery as the best way to rule out malignancy, while others prefer careful observation with serial US.

In the largest series to date, Dr. Jared Bieniek and his coauthors retrospectively reviewed a prospectively collected database of men seeking help for infertility at the Tallwood Urology and Kidney Institute and identified patients found to have incidental small testicular masses (less than 10 mm) on scrotal ultrasound. Patient and imaging characteristics were compared for men who had active surveillance vs. surgery. Additional comparisons were made between benign and malignant pathologies to identify predictors of underlying malignancy. Of 4,088 men in whom scrotal ultrasound was completed for infertility evaluation 120 (3%) were found to have a subcentimeter testicular mass. On average, patients were followed for 1.30 years (range 0.1 to 16.9). A total of 18 men (15%) had extirpative surgery while 102 remained on surveillance at last follow-up. Malignancy was found in 6 of the 18 men who underwent surgery. All malignant lesions were greater than 5mm on initial imaging and demonstrated vascularity, although these characteristics did not differentiate malignant vs. benign lesions on final pathology. No patients demonstrated advanced or recurrent disease.

This study illustrates that small testicular masses are not uncommon, especially among men seeking treatment for infertility. Most of the time, patients may be placed on active surveillance with close follow-up (Figure 1). Size ( $\geq 5$  mm) and vascularity may be red flags warranting close follow-up and possible extirpative surgery.

This study illustrates that small testicular masses are not uncommon, especially among men seeking treatment for infertility. Most of the time, patients may be placed on active surveillance with close follow-up (Figure 1). Size ( $\geq 5$  mm) and vascularity may be red flags warranting close follow-up and possible extirpative surgery.

Citation: Bieniek JM, Juvet T, Margolis M, Grober ED, Lo KC, Jarvi KA. Prevalence and Management of Incidental Small Testicular Masses Discovered on Ultrasonographic Evaluation of Male Infertility. *J Urol*, Vol. 199, 481-486, February 2018.



**Decision chart for active surveillance vs. surgical intervention**

## RESEARCH HIGHLIGHTS



■ **Patient phone calls shed light on opportunities for further patient counseling and education after female pelvic and reconstructive surgery.**

How patients perceive their hospital experience has a profound impact on hospital and physician reimbursement. These perceptions are strongly influenced by the care patients receive after surgery and phone calls to the office are often the patient's first step in attempting to resolve their concerns during this period. Having a greater understanding of the reasons why patients call the office after surgery may reduce their use of both the ED and urgent care facilities, ultimately improving patient satisfaction and decreasing healthcare costs. In an effort to better understand why patients call the female pelvic medicine and reconstructive surgery (FPMRS) practice after surgery, Aparna S. Ramaseshan, MD, Christine LaSala, MD, David M. O'Sullivan, PhD, and Adam C. Steinberg, DO reviewed records on 302 patients who underwent surgery through the FPMRS during the first six months of 2017. When the patients who made postoperative calls to the FPMRS (173 patients made 345 calls) were compared to those who didn't, Dr. Ramaseshan and his co-authors noted that:

Patients who called the PFMRS were more than twice as likely to have been discharged home with a catheter relative to patients who didn't call.

When the phone calls were categorized into 6 distinct domains: bowel, pain, activity, medication regimen, urinary, and bleeding, the highest number of phone calls was received for issues regarding urinary catheter (10.4%), pain medication regimens (8.4%), urinary tract infection symptoms (6.7%), constipation (6.7%), vaginal bleeding (6.4%), and voiding issues (5.2%).

Compared with noncallers, patients who underwent retropubic urethropexy and posterior colporrhaphy were more likely to call.

These results highlighted areas for further patient education. For example, the management of the plug-unplug urinary catheter system in use at the FPMRS may have proved challenging to some patients and some may have been overwhelmed by all of the information presented in the work-up to surgery. Therefore, further studies should identify the best time to introduce catheter education to patients. Additionally, patients undergoing certain procedures (such as retropubic urethropexy and posterior colporrhaphy) may be more likely to benefit from targeted patient counseling and education.

Citation: Ramaseshan AS, LaSala C, O'Sullivan DM, Steinberg AC. Patient-Initiated Telephone Calls in the Postoperative Period After Female Pelvic Reconstructive Surgery. *Female Pelvic Med Reconstr Surg*. 2018 Sep 21. doi: 10.1097/SPV.0000000000000636. [Epub ahead of print]

### RESEARCH HIGHLIGHTS



■ **National web-based survey highlights need for consensus on best practices for catheter management of post-operative voiding dysfunction.**

**Randomized Controlled Study comparing “Plug-unplug” catheter management to the traditional continuous drainage after pelvic reconstructive surgery.**

Over 40% of patients experience voiding dysfunction after pelvic reconstructive surgery. Attaining adequate drainage of the bladder after surgery is crucial as complications of urinary retention account for up to 25% of unplanned admissions after outpatient surgery. After surgery, strategies for the management of acute voiding dysfunction include the placement of indwelling transurethral catheters (TUC), suprapubic tubes (SPC), and clean intermittent self-catheterization (CISC). Currently there is no standard of care for the management of post-operative voiding dysfunction.

In order to more fully understand practice patterns of catheterization after pelvic reconstructive and incontinence surgery, Sarah Boyd, MD and her colleagues at the Tallwood’s female pelvic medicine and reconstructive surgery (FPMRS) practice and Hartford Hospital’s research program, administered a web-based survey to physicians practicing at ACGME-accredited Urology, Ob/Gyn, and FPMRS programs within the United States. Among the 105 physicians who completed surveys, CISC was the approach that was most often preferred. However, the reasons were unclear. This national web-based survey further highlights the need to establish the best strategy for catheter management for patients with voiding dysfunction after surgery.

Prompted by this national survey, the team conducted a randomized controlled trial in which they compared the traditional continuous drainage method to the plug-unplug method that has been the standard of practice in the FPMRS division. This method allows the patient to plug and unplug the catheter to empty the bladder postoperatively. Unhindered by the catheter bag the patients noted less difficulty with this method than with the continuous drainage, it did not interfere with their activities and wearing clothes as much as the traditional method. There was no difference in the urinary infection rate or catheter duration.

Citation: Boyd SS, Tunitsky-Bitton E, O Sullivan DM, Steinberg AC. Postoperative Catheter Management After Pelvic Reconstructive Surgery: A Survey of Practice Strategies. *Female Pelvic Medicine & Reconstructive Surgery*. 2018 Mar/Apr; 24(2): 188-192.

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## RECENT PUBLICATIONS



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# Hartford HealthCare Tallwood Urology & Kidney Institute

## 2019 Outcomes Report

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Bieniek J. Program Co-Chair for 2018 New England section of the American Urological Association.

Bieniek J. Men's Health for the PCP presentation at Pond House, Hartford, CT, May 8, 2018.

Bieniek J. Conquering Incontinence and Sexual Dysfunction after Treatment of Prostate Cancer presentation at patient support group, Hartford CT, June 12, 2018.

Bieniek J. Radio interview (Life Changing Radio) for prostate cancer screening and men's health, June 22, 2018.

Bieniek J. HHC CEO radio talk show interview, June 24, 2018.

Bieniek J. HHC Sports Zone tent at Traveler's Golf Championship, June 24, 2018.

Bieniek J. NEAUA Nurses & Associates Program talk on "Testicular Pain," Sept. 8, 2018.

Bieniek J. NEAUA Resident Program at CESI organizer/moderator, Sept. 9, 2018.

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