

Accreditation Period: 2019-2020

## DANBURY HOSPITAL DANBURY, CONNECTICUT



LINUS T. CHUANG, MD, MPH, MS
Program Director

## **FACULTY**

Joshua Hurwitz, MD Andrea Russo, MD John Garofalo, MD James McClane, MD Daniel Goldstein, MD David Doo, MD

**TWO YEAR PROGRAM** 



2-Year Program											
Optional Degrees:	MPH	М	BA		MS		Other:	$\geq$	None		
Number of Faculty											
	GYN Faculty: 2					UROGYN Faculty: 1					
	REI Faculty: 1					O	ONCOLOGY Faculty: 2				
	GU Faculty: 1					General Surgery Faculty: 1					
	Colorectal Faculty: 1					Other:					
<b>Residency Program Affiliation:</b>	∑ Yes										
Computer Simulation Center:		No									
Training Labs											
	Cadaver lab Anim				nimal	La	ab	None			
	⊠Dry Lab			Robotic							
Office Surgery:	⊠Yes										
Contract/Agreement Letter:	Yes No										
-	Stipend PG	Y-5 or 6:	$\boxtimes$	res [	No						
	Resident Teaching Yes No										
	Benefit Package: XYes N				No						
	OB obligation:			Yes [	No		If yes, please	describe d	obligation	١.	
							On call one v		month		
	Junior Facu	lty	_=	Yes [	No		Attending Pr	ivileges	∑Yes		No
	Moonlighti			Yes _	No		Non-compet		Yes	=	No
				Yes	No		Meeting sup		∑Yes		No
	Malpractice tail coverage:					Other coverage obligations- specify:					
	<u> </u>		<b>⊴</b> Ye	s	No						
Accept J1 & H1Visa applicants	∑Yes										
Dedicated Research Hours:	Hours/per week: 4										
	Hours/per month: 16										
Protected Academic:	Hours/per week: 4										
	Hours/per month: 16										
Clinical Focus/Special Interest											
	Reproductive Surgery						Oncology				
	Endometriosis/Pelvic Pain				า	Pelvic Reconstruction					
	Robotic Surgery						Pediatric/A	dolescent			
	Hysteroscopic Surgery						Other:				

## Program Description:

The overall goal of the Fellowship is for the graduate to serve as an independent specialist and consultant in the surgical management and techniques of advanced benign minimally invasive gynecologic surpassing competence expected at the end of a categorical residency. Graduates will provide top quality patient care and education, and be leaders and innovators in gynecologic minimally invasive surgery and in the treatment of advanced gynecologic disorders such as uterine fibroid, pelvic pain, endometriosis, pelvic organ prolapse, urinary incontinence, and menopausal care. They will have a broad understanding of advanced gynecologic disorders, especially ones that often end in a surgical intervention. In addition, they will have gained extensive surgical and clinical expertise that focuses not only on laparoscopic surgery; but also on advanced abdominal and vaginal surgery. They will have gained an excellent understanding of research methodology and evidence-based practice principles.

The progress of the MIS fellowship is monitored during the entire 2 year period, and the graduating fellow is expected to become fully proficient in the following areas: management of complex benign and preinvasive gynecologic disease requiring surgical intervention; advanced knowledge of surgical techniques and equipment, pelvic anatomy and statistics. The fellowship will also focus on gaining expertise in robotic and traditional laparoscopic and hysteroscopic techniques. In addition, each fellow is expected to perform research which results in a thesis acceptable for board certification.

The training consists of a minimum of two years of continuous education following completion of an obstetrics and gynecology residency and includes formal rotations on MIGS services. A portion of the program will be devoted to clinical and/or laboratory research and fellows must conduct at least one research project under the guidance of a faculty who can mentor them in clinical research relevant to minimally invasive gynecology. The faculty consists of board certified and fellowship trained specialists in the following areas: Gynecologic Oncology, Reproductive Endocrinology, Urogynecology, Colorectal Surgery and Minimally Invasive Surgery.

While rotating on the inpatient gynecology service, fellows will act in a supervisory role in patient care, clinical decision making, and resident physician management. Fellows will run morning teaching rounds on a daily basis and will actively supervise and contribute to patient management. On this service, fellows will also staff inpatient consults as well as preoperative and postoperative care under attending supervision. Fellows will help with frequent, active educational activities for residents and students. Fellows will be primarily responsible for weekly Gynecology Oncology Rounds, which will involve a curriculum containing a variety of simulation, didactic, and journal club activities.

Fellows will obtain experience treating complex gynecologic problems in a nonsurgical manner including refractory abnormal uterine bleeding, cervical dysplasia, endometrial pathology, adnexal masses, and chronic pelvic pain. Fellows will become comfortable with office procedures including simple and complex hysteroscopy.

Fellows will also obtain ample experience with preoperative counseling and preoperative decision making. They will gain experience in surgical aspects of reproductive endocrinology, including complex uterine pathology and Mullerian anomalies.

During each rotation, fellows will have approximately two days each week dedicated to operative experience. They will obtain sufficient breadth and depth of gynecologic cases to encompass a wide array of pathology, operative techniques and clinical competencies. Fellows will also obtain experience

in teaching residents and students appropriate surgical skills based on the level and experience of the fellow.

Fellows will have the opportunity to evaluate and help manage complex benign gynecologic surgery patients in addition to those with malignancy and pelvic floor disorders. Patients will be seen longitudinally both preoperatively and postoperatively. Surgical experience will include retroperitoneal dissection, ureterolysis, advanced laparoscopic surgeries, cystoscopy and vaginal surgeries.

Fellows will participate in laparoscopic hysterectomies performed for a variety of conditions. These cases will occur 5-10 times weekly. Cases will include standard laparoscopic hysterectomy for abnormal uterine bleeding, fibroids, or adenomyosis, but will also include complex hysterectomies with concurrent adhesive disease, endometriosis, and rate pathology. Laparoscopic myomectomies occur approximately 3-5 times weekly and will be performed using both standard laparoscopy robotic assistance. These cases range from simple to very complex myomectomies.

## **Robotics**

A substantial portion of laparoscopic hysterectomies, myomectomies, and lysis of adhesions/endometriosis surgeries are performed robotically. Fellows will be able to participate in nearly all cases.

Our expert surgeons excel at using advanced technology to perform minimally invasive procedures. Our faculty has been recognized for excellence in laparoscopic techniques performed in many surgical specialties including weight loss, colorectal, and general surgical procedures.

For robotic surgery, we use the latest, most advanced robotic technology available, the da Vinci surgical system. We are committed to staying at the forefront of innovation, equipping our surgeons with sophisticated technology so they can offer innovative surgical procedures here in our community. Our da Vinci surgical system gives surgeon better visualization and tools that improve dexterity. With more control they can operate with greater precision. Our doctors use this advanced technology to perform a wide range of procedures, including single-incision robotic surgery.