

# HealthTexas SPECIALTY ROUNDS

Fall 2016

## HealthTexas' First Laryngologist Specializes in Voice Disorders and Voice Care



Singers, actors, attorneys, teachers and others who use their voice professionally can experience injury from misuse, overuse or simple wear and tear just as a professional athlete. **Lindsey C. Arviso, MD**, HealthTexas' first and currently only laryngologist, specializes in treating voice injuries, as well as other diseases of the voice box.

Dr. Arviso developed an interest in this rare specialty when she observed singers in the voice clinic during her training in otolaryngology. "It's an amazing facet of medicine where you can actually see anatomy and function but also talent all in one place, to see how they make the sound so many people enjoy." Voice disorders may be a result of phonotraumatic lesions caused by overuse or misuse. Other causes may be muscular, neurologic, infectious or malignant. There can also be rheumatologic disease in the voice box.

To diagnose voice disorders, Dr. Arviso uses a special imaging technique called videostroboscopy, which is slow-motion, high-definition imaging of vocal cord vibration. In this technique, a strobe light visualizes the vocal cord so that Dr. Arviso can see every phase of the vibratory cycle. "The vocal cords vibrate 100 to 200 times per second, so you can't see this fine movement with the naked eye or direct light," she said. "Videostroboscopy shows the biomechanics of cord vibration and movement so I can determine if there are lesions or other problems that would not be seen with traditional laryngoscopy."

"Hoarseness is the primary symptom of a voice disorder, and anyone who is consistently hoarse for more than two weeks needs to have his or her vocal cords looked at," Dr. Arviso said. The scope is not painful and can be performed in about five minutes. "Early vocal cord cancer can be treated surgically to remove the lesion and avoid injury to surrounding normal tissue, thus preserving a significant amount of vocal quality. A quick scope can save a patient from radiation and its subsequent long-term issues."

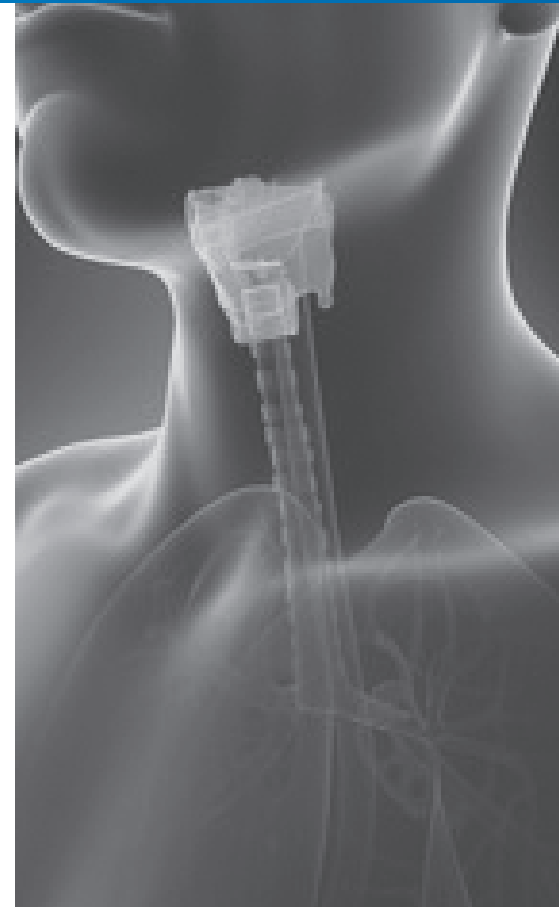
While surgery is sometimes necessary, voice therapy is a large component of treatment for voice disorders. A specialized speech therapist who is expert in voice rehabilitation and upper airway disorders works with Dr. Arviso in clinic. The therapist works with patients on improving muscular issues and vocal hygiene and efficiency to prevent any further damage and maximize vocal quality.

To establish a closer relationship with the professional voice community, Dr. Arviso and her team plan to offer educational lunches and voice awareness programs to singers with the Dallas Opera and other professional singers.

Dr. Arviso attended medical school at the University Texas Medical Branch in Galveston. She then went on to complete her internship and residency at Emory University in Atlanta. She completed a fellowship in laryngology and voice care at Vanderbilt University in Nashville. Dr. Arviso has published several scientific articles, text book chapters and is actively involved in local and regional education of voice disorders for speech pathologists.

"My work is very satisfying because a person's voice is the primary means of communication, and it's debilitating to lose it," she said. "To be able to restore it is very gratifying."

For more information, call 469.800.7700 or visit [www.ENTNorthTexas.com](http://www.ENTNorthTexas.com).



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# New General Neurology Clinic Coordinates Impressive Group of Neuroscience Subspecialties

HealthTexas Provider Network's neuroscience specialists and subspecialists are among the most expert and experienced in the nation. U.S. News & World Report has recognized Baylor University Medical Center's neuroscience program as one of the nation's best – seven times.



Sadat A. Shamim, MD

HealthTexas neurologists, neuroradiologists and neurosurgeons diagnose and treat virtually every kind of neurological disorder and injury. Using the best evidence-based research, these physicians develop specialized treatments and advanced surgical procedures to meet the individual needs of the patient.

Among the neurological conditions treated are Alzheimer's disease, early-onset or progressive dementias, cerebrovascular disorders, headaches, language impairments, movement disorders, multiple sclerosis, rare or difficult-to-diagnose neurological conditions in children and adults, epilepsy and seizure disorders, spine disorders, trigeminal neuralgia, and tumors of the brain and spinal cord.

However, making a correct diagnosis of a neurological condition can be a challenge. Many neurological disorders share common symptoms. **Sadat A. Shamim, MD**, has established **Baylor Scott & White Neurology at Dallas**, an outpatient general neurology clinic, to evaluate patients before referral to a specific subspecialist. Dr. Shamim also oversees the Epilepsy Monitoring Unit at Baylor University Medical Center at Dallas where patients are treated for intractable epilepsy and offered potentially curative epilepsy surgery.

"Patients are sometimes presumptively diagnosed for conditions they may or may not have," Dr. Shamim said. "It is important for patients to see a general neurologist earlier to evaluate other possible diagnoses that could explain a patient's symptoms and to prevent them from progressing while the patient is waiting for his or her subspecialist appointment."

Dr. Shamim cites the example of a patient who is suspected to have chronic migraines. The patient must be evaluated for other issues that can lead to headaches, such as increased intracranial pressure, a much more dangerous condition. In another example, he notes there are other diseases that can mimic the symptoms of Alzheimer's disease or Parkinson's disease.

"Our role is to look at all of the possibilities to make sure we are not missing something dangerous, and then guide the patient to the appropriate subspecialty. The goal is to arrive at a correct diagnosis as quickly as possible so that treatment can be initiated as quickly as possible," he said. "Additionally, we work to maintain continuity of care for patients discharged from BUMC by maintaining a close relationship with the Neurology Hospitalist Group."

To expand ease of access, a second neurologist, Dr. Ge Xiong, will join Baylor Scott & White Neurology at Dallas by the end of November. Dr. Xiong is also trained in nerve conduction studies and electromyographs, which are integral to the needs of a general neurology patient population.

HealthTexas' powerhouse neuroscience service line spans the greater Dallas area, from Plano in the north, Waxahachie in the south, Irving in the west and Garland in the east:

- Baylor Neurosurgery Associates
- Baylor Scott & White Neurology at Dallas
- Cognitive and Behavioral Neurology Associates
- Comprehensive Pediatric Headache Center
- Comprehensive Stroke Clinic
- Dallas Diagnostic Association – Garland
- Dallas Diagnostic Association – Plano
- Headache Medicine Specialists of North Texas
- Multiple Sclerosis Treatment Center of Dallas
- Neurology Associates of Irving
- Neurology Associates of Irving IP
- Neurology Hospitalist Group
- Neurometabolic and Undiagnosed Neurological Diseases
- Neuro-Oncology Associates

**To find out more information or contact any of the practices above, visit [www.HealthTexas.com/neurosciences](http://www.HealthTexas.com/neurosciences).**

**To refer a patient for evaluation at Baylor Scott & White Neurology at Dallas, call 469.800.7680. For more information, visit [www.BSWNeurology.com](http://www.BSWNeurology.com).**

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# Imran Sheikh, MD, Performs First Endoscopic Ultrasound with Fine Needle Aspiration at Baylor Scott & White - Plano



Imran Sheikh, MD

**Imran Sheikh, MD, of Digestive Diseases Group** performed the first endoscopic ultrasound (EUS) with fine needle aspiration (FNA) of a pancreatic mass at Baylor Scott & White Medical Center – Plano in August. Dr. Sheikh, who joined the medical staff this summer, is one of only a few physicians who perform this procedure in the Dallas/Fort Worth area.

EUS – initially developed in the late '70s and early '80s – has become the standard of care for the evaluation and management of various GI disorders. During an EUS, gastroenterologists use specialized endoscopes called echoendoscopes. These endoscopes are equipped with an ultrasound probe to visualize the walls of the gastrointestinal tract, liver, pancreas, lymph nodes, biliary tract and surrounding structures. With the patient under sedation, the echoendoscope is advanced through a natural orifice to the area of interest. During FNA, a thin needle is then introduced through the scope under real-time ultrasound guidance to obtain a sample of tissue or fluid for analysis.

There are many indications for EUS, many of which have revolutionized the diagnosis and staging of malignancies of the GI tract, including esophageal, gastric, rectal and pancreatic cancers. The technique has an unparalleled role in the diagnosis and staging of pancreatic cancer through fine needle aspiration of cysts and masses.

“EUS with FNA is a minimally invasive procedure that allows us to obtain detailed information for diagnosis and staging of certain GI tumors,” Dr. Sheikh said. “We can measure the size of the mass in the pancreas, for example, and assess its relationship to other structures, such as blood vessels, vital to surgical planning. We can also look for lymph nodes that may indicate spread of the disease and sample them for further evaluation. For a mass or nodule within the wall of the GI tract, EUS allows us to delineate the layers of the gastric wall and determine the layer it is originating from and develop a differential diagnosis.”

In addition to EUS-guided fine needle aspiration, Dr. Sheikh's expertise includes endoscopic mucosal resection (EMR) of complex polyps, treatment of early esophageal cancer or T1a adenocarcinoma with EMR and radiofrequency ablation and luminal stent placement for tumors that are obstructing in nature. His other clinical interests are high quality colorectal cancer screening and surveillance, management of gastroesophageal reflux disease, screening and treatment of Barrett's esophagus, endoscopic retrograde cholangiopancreatography (ERCP), enteral stent placement, complex stricture dilation, management of gastrointestinal bleeding, and percutaneous endoscopic gastrostomy (PEG) tube placement.

“I find particular relevance when caring for patients who have cancer,” Dr. Sheikh said. “In the patient population I see, these are often the sickest

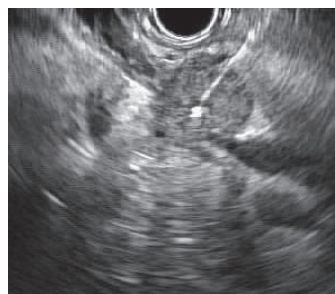
patients. They need high quality information and need it soon. Advanced endoscopy offers a minimally invasive option so that a personalized treatment plan can be developed expeditiously.”

Dr. Sheikh noted, “The initiation of a new service line is often accompanied with novel challenges. I've been very impressed with our team at Baylor. Our nurses and techs are very dedicated, and we've received tremendous support from our support staff, administration, GI staff, as well as our colleagues in oncology, pathology, radiology and surgery.”

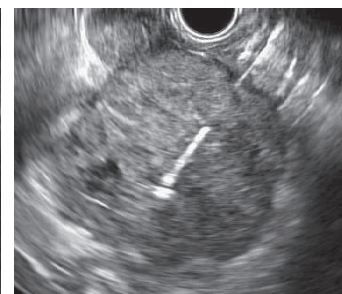
Dr. Sheikh began his pre-medical training at Harvard University. He then attended medical school at St. George's University in Grenada, and later went on to complete his internship and residency at Case Western Reserve University at MetroHealth Medical Center in Cleveland, Ohio. He completed his fellowship in gastroenterology at the University of Tennessee Health Science Center in Memphis. Before joining the medical staff at Baylor Scott & White – Plano, Dr. Sheikh completed a one-year advanced fellowship in advanced therapeutic endoscopy at Fox Chase Cancer Center in Philadelphia, where he treated many patients with GI-based cancers.

“I'm very grateful my training has allowed me to bring new skills to the area,” Dr. Sheikh said. “There are exceptional benefits to offering advanced procedures like EUS-guided FNA, EMR, enteral stenting and complex stricture dilation to our patients, who are now able to receive treatment within our facility close to home.”

Digestive Diseases Group has offices on the campuses of Baylor Scott & White Medical Center – Plano, Baylor Scott & White Medical Center – Frisco, Baylor Scott & White Medical Center – Garland, Baylor Scott & White Medical Center – McKinney and Baylor Scott & White Medical Center – Carrollton. The 13 physicians of DDG provide gastrointestinal consultation services and perform routine endoscopies, including EGD and colonoscopy, as well as advanced therapeutic procedures, such as ERCP, EUS, FNA, EMR, enteral stenting and PEG tube placement. **For more information, call 469.800.2010 or visit [www.DigestiveDiseasesGroup.com](http://www.DigestiveDiseasesGroup.com).**



*EUS-guided FNA of a pancreatic mass causing malignant biliary obstruction. FNA was positive for pancreatic adenocarcinoma.*



*EUS-guided FNA of a large mass arising from the muscularis propria of the gastric wall, yielding a diagnosis of gastrointestinal stromal tumor.*

# Almost 200 HealthTexas Hospitalists Transform Inpatient Care

In 2000, HealthTexas had 17 physicians working in three inpatient care units (IPCU) in Dallas (MedProvider IPCU), Garland and Irving. Today, 190 hospital-based, internal medicine physicians and 25 advanced practice providers are working in nine IPCUs at Baylor Scott & White Health medical centers in Carrollton, Dallas (MedProvider IPCU and TPC), Garland, Grapevine, Irving, McKinney, Plano and Waxahachie. In addition, seven neuro-hospitalists are on the medical staff at Baylor Dallas, and one neuro-hospitalist is on staff in Irving.

“Hospitalists have flourished in our system and nationwide as they have allowed hospitals to improve quality metrics, reduce length of stay, facilitate transfers and grow surgical business. Hospitalists are an essential piece in delivering value in health care as they help control health care costs while providing quality care,” said Catherine Raver, MD., medical director, MedProvider IPCU, and a member of the HealthTexas board of directors.

Hospital-based physicians also allow primary care physicians to increase productivity in their office-based practices by freeing them from the burdens of hospital rounding and on-call duties, a virtual necessity in today’s demanding health care environment. Research shows that primary care physicians can see at least two to three more patients a day in an outpatient setting if they are not traveling back and forth to the hospital.

“Outpatient medicine and inpatient medicine are essentially two different medical subspecialties these days,” said Michael Valachovic, MD, an internal medicine physician with MedProvider and a member of the HealthTexas board of directors. “It can be difficult for a practitioner to stay up to date on treatments in both environments. For example, there used to be 10 different antibiotics; now there are hundreds that can be used in the inpatient setting. I believe our hospitalists are key to giving our hospitalized patients quality care.”

The core expertise of hospitalists is managing the clinical problems of acutely ill, hospitalized patients. Hospitalists provide prompt and complete attention to all patient care needs, from diagnosis to treatment and transition back to their primary care provider at discharge. However, there are many more ways hospitalists work to enhance the performance of hospitals and healthcare systems:

Hospitalists play a key role in patient safety through collaboration, communication and coordination with all physicians and health care personnel providing care for hospitalized patients. Hospitalists are responsible for the safe transitioning of patient care within the hospital, and from the hospital to the community, which may include oversight of care in post-acute care facilities.

HealthTexas hospitalists help Baylor Scott & White Health hospitals meet CMS’ value-based purchasing requirements, which is essential for hospitals financially, as well as ensuring good outcomes for patients.

Hospitalists also have a positive impact on a hospital’s financial performance through efficient utilization of resources and controlling costs by reducing length of stay where possible. As the “captain” of the patient’s stay, the hospitalist can identify roadblocks to efficient clinical decision-making and patient care processes. Hospitalists are also essential in reducing readmission rates by balancing length of stay management with effective discharge planning and transitions of care.

“The goal and design of the HealthTexas Hospitalist model is to guide the patient’s care efficiently through his or her inpatient stay. We are constantly monitoring our quality metrics and identifying and addressing areas of improvement. We in hospitalist leadership meet with our hospital administrators frequently in an effort to align our quality goals with theirs. Our ultimate goal is to provide quality patient-centered care,” said Carl Ciborowski, inpatient care service line leader and medical director of the IPCU at Baylor Scott & White Medical Center - Plano.

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**Catherine Raver, MD**



# Endocrinology Specialists of North Texas Relocates to Prominent New Building

Endocrinology Specialists of North Texas will move in February 2017 to the new physician office building currently under construction across from Baylor University Medical Center at Dallas. The building is part of a complex that will include a hotel and retail. The new location will increase accessibility for patients of the five-physician practice.

**Endocrinology Specialists of North Texas** consists of five physicians – **Ajikumar Aryangat, MD, Howard J. Heller, MD, Satish Pasala, MD, Raphaelle D. Vallerera, MD,** and **Brian J. Welch, MD,** who are all board certified in endocrinology, diabetes and metabolism. They provide management and treatment of a wide variety of endocrine disorders, including problems with the thyroid gland, adrenal glands, parathyroid glands, polycystic ovary syndrome, testicular function, cholesterol disorders, osteoporosis/metabolic bone disease and diabetes. Among the services they offer are bone density testing, continuous glucose monitoring, thyroid fine needle biopsies and thyroid ultrasound.



**Dr. Vallerera** specializes in the treatment of adult endocrine disorders and has a particular interest in thyroid disorders, diabetes, and bone metabolism. She is the current chairman of the Endocrine Tumor Site Committee at Baylor Sammons Cancer Center.



**Dr. Welch** specializes in the management of thyroid disorders, type 1 and type 2 diabetes, pituitary dysfunction, adrenal disorders, hypogonadism, calcium disorders and metabolic disorders of the bone. Dr. Welch has authored and coauthored several peer-reviewed journal articles on the management of endocrine disorders.



**Dr. Heller** treats all adult endocrinology disorders, except reproductive endocrinology. His key interests include mineral disorders such as osteoporosis, kidney stone prevention, metabolic bone disease, disorders of calcium, phosphorus and magnesium,



**Dr. Aryangat** specializes in the management of disorders of the endocrine system such as thyroid, diabetes mellitus, pituitary, adrenal disorders, hypogonadism and metabolic disorders including hypercalcemic disorders. He holds a special interest in thyroid disorders including thyroid cancer.



**Dr. Pasala**, the newest physician to join Endocrinology Specialists of North Texas, specializes in the treatment of adult endocrine disorders and has a particular interest in thyroid disorders (including thyroid nodules and cancer), type 2 diabetes and osteoporosis.

“In the past decade, we have been diagnosing more cases of thyroid cancer, although the reasons are not quite clear,” Dr. Pasala said. “But the majority of these cancers are treatable when caught early with less chance of recurrence. A minority of thyroid cancers can be aggressive and spread quickly, so any patient with a nodule that is palpable should be referred for evaluation.”

Dr. Pasala said determining what is best for a patient from among the numerous medications available for type 2 diabetes and osteoporosis can require the expertise of an endocrinologist.

“We stay on top of all these medications and can prescribe based on the individual patient’s condition,” he said. “And in the case of osteoporosis, we have to determine how long to treat a patient and when to prescribe a ‘drug holiday’ since use of these drugs for a prolonged period of time can cause more harm than benefit.”

**To refer a patient to Endocrinology Specialists of Texas, call 214.823.6435. For more information, visit [www.EndocrinologyDallas.com](http://www.EndocrinologyDallas.com).**

## Daniel Wandrey, MD, Brings Advanced Colorectal Care to East Texas

**Daniel Wandrey, MD**, established **Colon and Rectal Care of Rockwall** to build the destination for advanced colon and rectal care east of Dallas. He has practiced exclusively in the area since 2014, and receives patient referrals from as far away as Texarkana and Tyler.



**Daniel Wandrey, MD**

“These communities on the eastern edge of the Metroplex are growing rapidly with their own identities independent of Dallas,” Dr. Wandrey said. “The medical community is moving in that direction as well. More and more, we are offering the top-notch, advanced care patients expect, but in a location much more convenient and closer to home.”

As a board-certified colorectal surgeon, Dr. Wandrey manages everything from hemorrhoids to colonoscopy. He specializes in minimally invasive surgery, and is the only Rockwall-based surgeon who performs a significant caseload of colon and rectal resections using the da Vinci® robotic surgical system. Dr. Wandrey also specializes in colon and rectal cancer, diverticulitis, inflammatory bowel disease, transanal minimally invasive surgery, fecal incontinence and minimally invasive hemorrhoid treatments.

“I believe that my presence here increases access to care, particularly for unpleasant things like colonoscopy,” Dr. Wandrey said. “Anything we can do to remove barriers and make things more convenient helps patients get the care they need.”

Dr. Wandrey, a Texas native, graduated summa cum laude from the University of Central Arkansas in Conway with a degree in biology and then went on to earn his medical degree from the University of Texas Southwestern Medical Center in Dallas. Dr. Wandrey completed a residency in general surgery at the University of Tennessee Health Science Center in Memphis followed by a fellowship in colon and rectal surgery at Baylor University Medical Center at Dallas.

“My goal is for those patients who need an advanced specialist for their colorectal problems to stop on ‘this side of the lake’ and not have to go all the way into Dallas,” he said. “Located as we are right off of Interstate 30, I think we offer a convenient option for those patients along the I-30 corridor.”

Dr. Wandrey is a member of the American Society of Colon & Rectal Surgeons, American College of Surgeons, Texas Medical Association and the Dallas County Medical Society.

**For more information, call 469.267.6814 or visit [www.RockwallCRC.com](http://www.RockwallCRC.com).**