

Minimally invasive, maximally responsive

These surgeons combine personal attention with state-of-the-art technical skill

Statistics can't tell you everything about surgeons. They can't tell you, for example, if they'll return your calls. But they can show you if they're doing something right in the operating room.

The board-certified, fellowship-trained surgeons at Specialty Surgical Associates—where the focus is abdominal, gastrointestinal, colorectal and advanced laparoscopic (minimally invasive) surgery—are not shy about sharing their numbers.

Both Michael Arvanitis, M.D., and Roy Dressner, D.O., who started the practice in 1997, specialize in minimally invasive surgery of the colon. These procedures, which avoid large incisions by operating through pinholes, decrease pain, complication rates and recovery time.

With 575 such operations under its collective belt since 2001, the practice offers vast experience in the relatively young field. "And our conversion rate—the rate at which we begin with a minimally invasive approach but have to open the patient up because of complications—is only 5 percent, compared with a national average of 15 percent," says Dr. Dressner.

Their colleague, Frank Borao, M.D., is the director of minimally invasive and bariatric surgery at Monmouth Medical Center. His expertise includes minimally invasive bariatric, or weight-loss, surgery. Of the approximately 500 such procedures he has performed at Monmouth since 2000, the mortality rate due to complications has been zero.

The practice has set the goal of offering "the most current, state-of-the-art care in the world." Dr. Borao gives the example of laparoscopic total gastrectomy, or removal of the entire stomach, usually because of cancer. In this operation, he makes five or six small cuts to the abdomen instead of the typical large incision.



Drs. Borao, Arvanitis and Dressner combine technical skill with a caring approach.

"Most places don't do it laparoscopically," Dr. Borao explains.

Then there's minimally invasive esophagectomy, a highly risky procedure to remove a cancerous esophagus, or food pipe, that has been attempted by only a handful of surgeons in the country. Dr. Borao is the only one who has performed it in New Jersey. In this operation, the diseased esophagus is extracted through small holes in the neck. Then a portion of the upper stomach is connected to the remaining section of the esophagus.

The doctors also pride themselves on giving personal attention to each patient. And yes, they do return calls. "Within 24 hours," says Dr. Arvanitis. ■

FRANK BORAO, M.D., 39

M.D.: University of Medicine and Dentistry of New Jersey, Newark, New Jersey, 1994

Residency in general surgery: Monmouth Medical Center and Newark Beth Israel Medical Center, Long Branch, New Jersey, 1994–1999

Fellowship in advanced laparoscopic surgery: Institute for Minimally Invasive Surgery, New York Medical College, White Plains, New York, 1999–2000

Joined practice: 2000

MICHAEL ARVANITIS, M.D., 51

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Residency in general surgery: Saint Vincent's Hospital, New York, New York, 1982–1987

Fellowship in colorectal surgery: Cleveland Clinic Foundation, Cleveland, Ohio, 1987–1988

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Residency in general surgery: Monmouth Medical Center, Long Branch, New Jersey, 1991–1997

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