Letter from the Chair

Colleagues,

With so many things happening around us, sometimes it is important to pause and recognize the changes that have occurred in our industry that have brought us to today and then look forward to the future. Our Department of Otolaryngology – Head and Neck Surgery has certainly evolved over the past few decades. Otolaryngology – Head and Neck Surgery has always been considered a surgical subspecialty on its own. For many years, every otolaryngologist commonly performed all procedures within this subspecialty. Today we would view those providers as “generalists.”

In the past few decades, we introduced technology and sophistication in the instruments we used, which led otolaryngologists to further subspecialize within our surgical subspecialty. The use of the operating microscope allowed ear surgery to become more complex and treat more conditions. Also, sinus endoscopy and the instruments used allowed the development of rhinology as a specialty within otolaryngology, and the trend continues. The American Board of Otolaryngology now has three areas of specialty sub-certification: neurotology, complex pediatric and sleep medicine.

This increased specialization has led to fellowships in rhinology, facial plastic and reconstructive surgery, laryngology, head and neck surgical oncology and endocrine surgery which about half of graduating residents now pursue as additional training. Within our department, we now have fellowship trained physicians in every field of otolaryngology which certainly allows the latest and most advanced treatments for our patients.

As with all things however, the pendulum may have swung too far. The general otolaryngologist, now being referred to as a comprehensive otolaryngologist, is in great demand to help patients navigate our increasingly complex surgical subspecialty. They not only serving as the captain of the ship for patients but also are required to provide basic essential care.

Enjoy the newsletter and see how much we have changed and how far we have come.

Sincerely,

Kathleen L. Yaremchuk, M.D., M.S.A.
Head & Neck Surgery Division of Audiology, Oral Maxillofacial Surgery Section of General Dentistry
President Elect, American Academy of Otolaryngology/HNS
Chair Emeritus, HFMG Board of Governors
Senior Staff, Division of Sleep Medicine

Dr. Yaremchuk has been named President of the American Academy of Otolaryngology – Head & Neck Surgery, 2022 – 2023

Please join us on October 3, 2023 in Nashville for a reception given by the new President of the American Academy of Otolaryngology/Head & Neck Surgery, Kathleen Yaremchuk, M.D.
As an otolaryngologist and the Division Head of Head and Neck Cancer Surgery at Henry Ford Health, I am highly involved in related clinical trials and patient-centered research here. Our Head and Neck Clinical Trials Program is distinguished by a truly patient-centered focus and the broad range of subjects we examine to improve outcomes, disease progression and quality of life for those with head and neck cancers. Recent subjects include speech and swallowing after cancer treatment; nerve injury from neck dissection; and taste loss.

Our multidisciplinary Head and Neck Cancer Clinical Trials Team includes medical and radiation oncologists as well as head and neck cancer surgeons. As a team of clinician scientists, we are actively involved in furthering science as well as providing cutting edge treatment for our patients, which facilitates sharing of the latest information. We are actively involved in, and nationally recognized for, historic participation in a national clinical trials co-op. Several of our physicians are running their own trials.

We use a methodical screening process to match each patient with an available clinical trial using real time screening during our tumor board. One of the radiation oncologists on our team has created a Web-based application that identifies all open clinical trials in Henry Ford Health related to head and neck cancer. With this information at our fingertips, along with our personal knowledge of cases and trials, we are able to maximize clinical trial enrollment opportunities for our patients. We also seek to improve treatment and symptoms for those who do not match with a clinical trial.

**Listening to the patient voice**

The voice of the patient is central to Henry Ford clinical trials and research related to head and neck cancers. We welcome patients and their families to be an active part of the treatment plan, and we are using patient-reported outcomes for more accurate evaluation of treatment. Through routine use of validated measures, we aim to better understand our patients and their outcomes by investigating how to integrate patient-reported outcomes into clinical care. Recognizing the patient as a whole, we are also investigating psychosocial outcomes of primary and recurrent surgery issues to improve current treatment and quality of life.

**Equitable access is key**

Henry Ford Health works to make high quality cancer care and clinical trials accessible to more patients. We are also passionate about investigating equity in access to health care and patient-reported outcomes. As advancements are being made in cancer research, understanding how this impacts real-world populations is essential. We are working to equalize the playing field by improving communication between all patients and their physicians, as well as enhancing coordination of care throughout the system.

**Open trial – Accepting participants**

Currently open is a surgical trial looking at patients who have early diagnosis of oral cavity cancer and are in need of elective neck dissection. The goal is to see if we can decrease shoulder morbidity. Instead of taking out all lymph nodes to look for cancer, we use a sentinel node biopsy. We inject a specific molecule in the tumor of the tongue, which avoids unnecessary disruption of lymph nodes near the shoulder.

We are very proud of the work we do at Henry Ford Health, and we look forward to helping your head and neck cancer patients through our clinical trials.

[Learn more about Henry Ford clinical trials here](#), or call 313.916.1784.

Refer a patient for [clinical trial on oral cavity cancer](#).
Facial feminization surgery
by Laura Garcia-Rodriguez, M.D., Otolaryngology

Approximately one percent of the U.S. population is transgender, meaning persons whose gender identity, expression or behavior does not conform to that typically associated with the sex they were assigned at birth. Transgender women often face misunderstanding and public harassment because their faces do not align with feminine stereotypes. Facial feminization surgery helps transgender women visually align with who they are meant to be.

I am one of a small group of otolaryngologists specially trained to provide medical and surgical services for transgender patients interested in making their face and voice more closely match their internal gender identity. Having completed fellowship training in facial feminization surgery at Boston University Medical Center and The Spiegel Center, I joined Henry Ford Health as the only physician in Michigan to provide this service. Henry Ford Health’s multidisciplinary team includes otolaryngology, urology, women’s health, endocrinology, body plastic surgery, and facial plastic surgery. We are dedicated to helping transgender women and transgender men achieve identity actualization.

In offering facial feminization surgery, Henry Ford Health is rare among academic-based hospitals. This specialist service is more commonly available in private practice, many of which do not accept insurance. By accepting all insurance plans covering this surgery, Henry Ford Health is increasing access for patients who simply would never be able to afford it in their lifetime.

I refer to facial feminization surgery as life-changing and even lifesaving, because transgender individuals are at higher risk for both assault and suicide. The attempted suicide rate for transgender youth is 35 – 40 percent, as compared with 4 – 5 percent for cisgender youth. Facial feminization surgery can make a world of difference for those who simply want to be accepted as their authentic selves. Statistics show that approximately 98 percent of those who have facial feminization surgery are identified by their correct gender, which helps avoid negative attention that can become violent. In facial feminization surgery, every millimeter counts.

The complex, invasive surgery typically takes a whole day and may involve all or part of the following:
- Brow lift and hairline lowering to shorten the distance between the brow and the hairline
- Frontal cranioplasty to remove excess frontal bone and orbital rims
- Osseous genioplasty to narrow and shorten the chin, which helps taper the entire jawline
- Mandible angle reduction to reshape the jawline
- Rhinoplasty to reshape the nose
- Lip lift to shorten the distance between the nose and the lip
- Lip augmentation using temporalis fascia to create a fuller upper and lower lip
- Cheek implants involving fat grafting to the cheeks
- Tracheal shave to smooth the Adam’s apple through a small incision under the neck—and being careful of vocal chords, which could lower the tone of voice (About 50 percent of patients need this.)

Henry Ford Health accepts referrals for transgender females who have undergone psychological therapy to ensure they understand and are ready for the decision they are making. We are here to provide them the very best judgement-free care, with respect and compassion.

We are ready to welcome your transgender patients, and I assure you they will be in caring hands.

All five Henry Ford Health hospitals have been designated LGBTQ+ Healthcare Equality Leaders by the Human Rights Campaign’s Healthcare Equality Index for 2021 and 2022.

Learn more about transgender health services and facial feminization surgery at Henry Ford Health. To Request a Consult or Referral to a Henry Ford Health Physician, call 877.434.7470 or refer a patient online.
Quick facts

Henry Ford Otolaryngology
• Includes the Divisions of Audiology, Oral & Maxillofacial Surgery and a section of General Hospital Dentistry
• USNWR Top Hospital Ranking 3 years in a row
• Otolaryngology services provided at 5 Henry Ford Health hospitals
• 8 outpatient clinics
• More than 3,500 surgeries annually
• More than 68,000 outpatient visits
• 26 otolaryngologists in the department
• 1 oral & maxillofacial surgeon, recruitment efforts for 3 additional surgeons and a division head. CODA application submitted for a residency
• 2 general hospital dentists with recruitment efforts for an additional dentist
• 23 audiologists, 4 audiology fellows
• 10 advanced practice providers
• 13 otolaryngology residents
• 1 head and neck cancer fellow
• More than $36M in patient revenue
• Department produced 87 publications in 2020 and 2021

Head and Neck Cancer
• 900 surgeries
• Surgery services provided at all 5 Henry Ford Health hospitals
• More than 80 reconstructive cases annually
• 5,800 outpatient visits

Henry Ford Health Otolaryngology Providers
To request a consult or referral to a Henry Ford Health physician, call (877) 434-7470 or refer a patient online.

Comprehensive Otolaryngology

Vasudev Garlapaty, M.D.  Alvin Ko, M.D.
Pavan Reddy, M.D.  Joshua Romero, M.D.
Ravi Shah, M.D.

Comprehensive and Pediatric OHNS

Iliaaf Darrat, M.D.  Christie Morgan, M.D.
Division Head

Endocrine Surgery

Michael Singer, M.D.
Division Head

Facial Plastics / Reconstruction

Robert Deeb, M.D.
Division Head

Lamont Jones, M.D.
Department Vice Chair

Laura Garcia-Rodriguez, M.D.
Head and Neck Cancer Surgery

Samantha Tam, M.D., Division Head
Steven Chang, M.D., Department Vice Chair
Shivangi Lohia, M.D.

Head And Neck Cancer Surgery / Microvascular Reconstruction

Syed Ali, M.D.
Tamer Ghanem, M.D., Ph.D.
Suhail Momin, M.D.

Laryngology and Professional Voice

Ross Mayerhoff, M.D., Division Head
Glendon Gardner, M.D.

Oral and Maxillofacial Surgery

Benjamin Barbetta, D.M.D., M.D.
Jaroslaw Buda, C.N.P.

Hospital Dentistry

Tanaya Porter, D.D.S.

Otology and Neurotology

Kristen Angster, M.D., Division Head
Laura Brainard, M.D.
Karen Enright, M.D., Ph.D.

Rhinology and Anterior Skull Base

John Craig, M.D., Division Head
Jacob Eide, M.D.
Amrita Ray, D.O.

Sleep Medicine

Kathleen Yaremchuk, M.D.
Department Chair
Otolaryngology Residents

Marwan Boulis, M.D.
Phillip Nulty, M.D.
Lane Donaldson, M.D.
William Mason, M.D.
Atif Cheema, M.D.
Madeline Goosmann, M.D.
Raven Dunn, M.D.
Scott Boyd, P.A.-C.
Reema Rahal, P.N.C., C.N.P., A.G.N.P.-C.
Wei Gao, M.S.M., P.A.-C.
Michelle Mardegian, P.A.-C.
Loren Perlberg, A.G.A.C.N.P., BC
Ghenoi Yasin, M.S.B.S., P.A.-C.
Matthew Marget, M.D.
Jeewanjot Grewal, M.D.
Japnam Jassal, M.D.
Riley Robinson, P.A.-C.
Kyle Leonard, M.D.
Katherine Larrabee, M.D.
Oghenefejiro Okifo, M.D.

Advanced Practice Practitioners

Rachel Bollman, M.S.P.A.S., P.A.-C.
Lead APP
Loren Perlberg, A.G.A.C.N.P., BC
Reema Rahal, P.N.C., C.N.P., A.G.N.P.-C.
Scott Boyd, P.A.-C.
Weihua Gao, M.S.M., P.A.-C.
Riley Robinson, P.A.-C.
Michelle Mardegian, P.A.-C.
Ghenoi Yasin, M.S.B.S., P.A.-C.
Elizabeth Steiner, P.A.-C.
Audiologists

Patty Aldridge, Au.D.

Ashely Coners, Au.D.

Melissa Henry, Au.D.

Wendy Rizzo, Au.D.

Kaylee Smith, Au.D.

Erika Allan, Au.D.

Samantha Conn, Au.D.

Kellie Kornmiller, Au.D.

Nicole Satkowiak, Au.D.

Brad Stach, Ph.D.

Erica Bennett, Au.D., Ph.D.

Chelsea Conrad, Au.D.

Jeanne Livernois, Au.D.

Jordan Simmons, Au.D.

Jessica Strabbing, Au.D.

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Nicole Velander, Au.D.

Ken Bouchard, Ph.D.

Ashley Deeb, Au.D.

Katie Makowiec, Au.D.

Erica Bennett, Au.D., Ph.D.