



UNC
SCHOOL OF
MEDICINE

Spring 2008
Volume 10
Issue 2

The University of North Carolina at Chapel Hill
Department of Otolaryngology/Head and Neck Surgery

Heads Up

A newsletter for alumni, colleagues, and friends of the Department

Finding My Voice

by Margie Beth Labadie, MFA

Margie Beth Labadie, MFA, an Assistant Professor of Art at UNC-Pembroke, depends on her voice every day as she works with students, lectures at the University and all over the world, and in her everyday life as one who considers herself "a conversationalist." When she lost her voice, Margie's life changed dramatically - professionally, personally, and emotionally. She graciously shared her story with us for this issue.

It wasn't India. That's what I kept telling people. Aspergillosis fungus found its way into my vocal folds in Robeson County, NC, and within a few months, shut down my voice completely. Surgery and voice therapy have allowed me to keep my profession as an art professor at UNC Pembroke. I have gained perspective on what it means to speak after losing the ability, and I have expressed my healing journey visually by capturing and manipulating the visual medical data associated with my healing. I hope my artwork sparks many conversations about the long and difficult road, physically and psychologically, to recovery. Mine has been a life changing experience due to the positive attitudes of my doctors and therapists in the UNC Voice Center.

In early March of 2007, I returned from a month-long lecture series in India and came down with a horrible flu. The "laryngitis" diagnosed by a local physician forced me to sleep sitting up at night to avoid choking. My voice became raspy and strained. It cut off mid-sentence. Coughing replaced words.

As weeks passed, colleagues and students commented on my disappearing voice. My wonderful marriage was affected because



Margie Labadie and Dr. Robert Buckmire, nearly one year after surgery.

my husband and I are conversationalists: we don't watch television; we don't go to movies; we talk! Speaking became so difficult that in public, my husband fielded questions for me and at home he answered my phone calls. I had, without realizing it, excused myself from gatherings because I could not participate easily. I became frustrated and embarrassed. I needed help.

On May 11th Dr. Harold Pillsbury listened while my husband told my story. He and then Dr. Robert Buckmire examined my vocal folds and discovered an unusual appearing white film on them. I met speech pathologist, Dr. Ellen Markus, a remarkable voice therapist who hears the subtleties of the damaged voice. She taught

Continued on page 2

me what Dr. Buckmire would be listening for during my first examination so that when that scope was in my throat, I knew what to expect. Dr. Buckmire was reassuring, honest and positive. What a team!

After a week of steroids and antibiotics, the strange white film “organized” itself into what looked like cauliflower. Dr. Buckmire’s recommended surgery was done on May 30th. It was explained that there could be side effects from surgery. I had them all, including TMJ, from which I have recovered. On a scale of 1-10, the level of difficulty of surgery was described as a 12. The big surprise was that microbiology determined my final diagnosis: laryngeal aspergillosis.

Dr. Buckmire’s approach remained stepwise and honest. I trusted him to guide me through the healing process and he trusted me to tell him what was happening in my recovery. For instance, when the UNC Infectious Diseases Clinic wanted me to take V-Fend to kill the fungus, I trusted Dr. Buckmire when he suggested waiting 30 days to “heal first” from the surgery, since there was no evidence of deep invasion of the vocal fold tissues from surgery. The drugs were powerful and the ID docs weren’t sure how long I would take them. You see, healthy 47-year-old women don’t get laryngeal aspergillosis.

In 30 days, when I finally started on V-Fend, my voice therapy was severely affected. Seven frightening weeks of side effects included hallucinations, severe loss of appetite, short-term memory loss, as well as a feeling of hopelessness. I didn’t want to practice my voice exercises – a must in voice recovery. Ellen Markus’ attitude was reassuring and positive. Her course of treatment was a non-stop, stepwise approach towards the treatment of my damaged voice.

Speaking is about making small sounds fit together into words. In voice recovery, combinations of nonsense syllables are put together by a therapist to “start” the voice. Ellen Markus must have tried a hundred ways to get my vocal folds vibrating when in mid-August one silly sound she asked me to repeat helped me turn the corner on my physical healing. That sound was: “Fofooom.” As dumb as it sounded, I could make that sound and I could say it clearly and normally. Ellen said, “that’s your word,” and she proceeded to make vocal exercises for me based on that word. I could say those sounds normally too. I had begun to find my voice.

At my first exam in May, my voice was nearly nonexistent. Baseline measurements were of little value and impossible to obtain because I was so hoarse, so I never saw how the voice was measured through recordings. But in August, when voice quality measurements were taken to evaluate my progress, I was thrilled to be exposed to the visuals of the Voice Center’s medical software. With them, I discovered a path toward the psychological side of healing: my own artwork.

I began an image series titled, “Finding My Voice” and I used all the visual data I could from the software programs. Unintelligible to the untrained eye, the visuals helped Ellen Markus understand my progress. But to me, those visuals were a source of inspiration.

Chair’s Corner



It is very interesting to see the comparisons between Dr. Foust’s experience as the very first resident at UNC in the Division of Otolaryngology compared to the experiences we have recently had as evidenced by Jeff LaCour’s piece in this issue of *Heads Up*. Each had his own challenges and his own obstacles to overcome. It is fascinating to see how successful John Foust was over the long course of his career, including his leadership of the Loyalty Fund here at the UNC School of Medicine. John has been a tremendous supporter of our school and a wonderful endorsement of the quality of our program.

I am also very proud of Robert Buckmire and his efforts to establish our Voice Center. We have a first class group and we will be expanding in the Carolina Pointe location with both the hospital based speech pathologists and our laryngology team. I have no doubt that this will be a huge success and very much look forward to working with the team to establish an excellent opportunity for our Voice Center in the community!

Harold C. Pillsbury, MD
Department Chair

Soon Ellen Markus and Dr. Buckmire helped me capture digital screen shots of the myriad graphs, pie charts, and histograms. Ellen supplied me with books and copies of diagrams that explained how the voice is “placed” in the head. I combined those images and others into large format compositions, some as large as 36” x 54”.

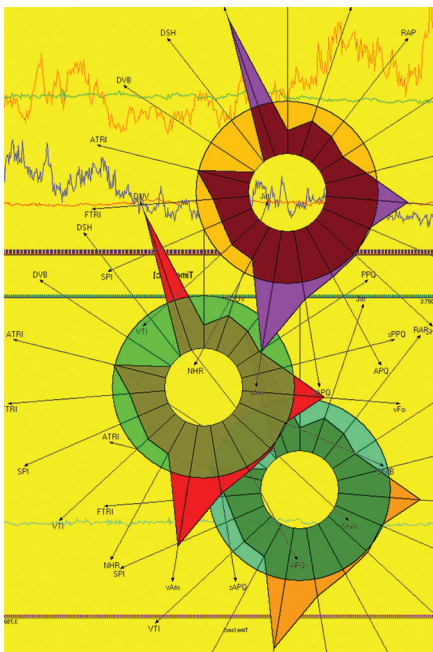
In visualizing the positive and negative sides of my voice recovery, eye-popping colors, like the yellow in the image “Finding my Voice” express positive strides made while relearning to speak, while darker images, like “Finding AHHHHH” show how lost one can feel trying to utter just a single sound. The series continues, as does my recovery. Another work, The “Fofoom Project,” is an experimental new media sound and visual production on voice recovery born from a *conversation* I had with my husband on saying the word, “Fofoom.” This team-created work involving Ellen Markus and Dr. Buckmire will be scheduled for viewing in 2009.

I want to thank Dr. Buckmire, Ellen Markus and the entire UNC Voice Center team. These wonderful people continue to inspire me, help me heal and help me inspire others through my art.

The "Finding My Voice" series:

This set is about the destruction of my voice by fungus, the damage to my vocal folds which needed surgery in order to save them. It also is about the sounds made to recover the voice and the drugs taken to ensure total destruction of fungus in the body.

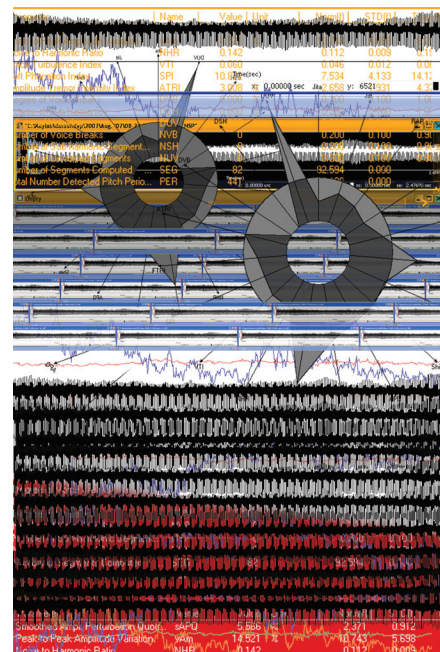
Margie Labadie is the Coordinator of the Digital Academy at UNC-Pembroke. More about Margie Labadie's art from the series entitled *Finding My Voice* can be found on this website: <http://www.flickr.com/photos/glasspeacock>



Finding My Voice (This image is made from measurements taken on my voice during recovery from surgery.)



Internal Struggle



Finding AHHHH

The UNC Voice Center: Preventative and Clinical Care of the Speaking and Singing Voice

The UNC Voice Center fills a unique niche in the region - taking a team-based approach in offering comprehensive, coordinated medical and functional treatment of speaking and singing voice disorders.

When you turn to the UNC Voice Center, you can count on a team with more than 50 years of combined experience caring for voices in the UNC community and beyond. Your voice is your communication signature and your presentation to the world. We can help you make the most of it.

Anyone who has high demands placed on his or her voice - whether for professional, recreational, or daily communication needs - can be susceptible to voice problems. Our Voice Care Team provides an outstanding interdisciplinary approach to the care and management of patients with any kind of condition - rare or commonplace - affecting the voice.

Members of our integrated interdisciplinary team include Robert A. Buckmire, MD (Chief, Division of Voice and Swallowing Disorders); Mark C. Weissler, MD (Chief, Division of Head and Neck Oncology); Ellen Markus, MA, CCC-SLP, DMA (Speech Pathologist); and Linda F. Hube, MS, CCC-SLP (Speech Pathologist). Appointments may be made either by a referring physician or the individual patient. Call (919) 966-6483 for scheduling.



Ellen Markus, MA, CCC-SLP, DMA, is a singing-voice specialist with a background in vocal performance, vocal training and experience working with the injured singing voice.

It Takes a Team



UNC Multidisciplinary Head & Neck Oncology Team, left to right: Eric Halvorson, MD (Plastics); Marion Couch, MD, PhD (OHNS); Neil Hayes, MD (Medical Oncology); James McNab, MD (Radiation Oncology); Carol Shores, MD, PhD (OHNS); William Shockley, MD (OHNS); Jennifer Egan, MD (Pathology); Laura Patton, DDS (Dentistry); Laura Lyndon Miller (Program Assistant); Janet Southerland, DDS (Dentistry); Mark Weissler, MD (OHNS); Dale Flowers, RN (Clinical Trials); Sue Hayden, RN (Nurse Navigator); Aimee Shea, RD (Dietician); Sean Gallagher, RN (Nurse Navigator); Julian Rosenman, MD (Radiation Oncology); Ben Huang, MD (Radiology); Not pictured: Valerie Jewells, DO (Neuroradiology); Stephen Bernard, MD (Medical Oncology); Joanne Sroczyński, MSW (Social Work).

The UNC Multidisciplinary Head & Neck Oncology Program utilizes a team approach to provide the complex care required to treat head and neck cancer. This team consists of dedicated specialists from Otolaryngology/Head and Neck Surgery, Radiation Oncology, Medical Oncology, Plastic & Reconstructive Surgery, Dentistry, Speech Therapy, Nutrition, Social Work, and Nursing.

The Multidisciplinary Head & Neck Oncology Team has grown over the past year, adding a second nurse navigator, Susan C. Hayden, to guide patients through their challenging treatment process. Aimee Shea, a registered dietician, has also joined the team, providing nutritional support throughout the treatment process.

On April 23rd, as a part of the National Head & Neck Cancer Awareness Week, the UNC Multidisciplinary Head and Neck Oncology Program held its annual Yul Brynner Head & Neck Cancer Screening Day. Head and Neck surgeons provided free head and neck cancer screenings to members of the community. In the hospital lobby, the Head and Neck Oncology nurse navigators provided information to the public about risk factors for head and neck cancer and health behaviors to minimize the risks.

Approximately 55,000 people developed cancer of the head and neck in 2007, making it the 6th most common type of cancer. The common symptoms of head and neck cancer include hoarseness, a sore in the mouth that does not heal, pain in the mouth, and a lump in the neck.

Tobacco use is linked to 85% of head and neck cancer diagnoses. Use of both tobacco and alcohol further increases the risk of cancer. Human Papilloma Virus (HPV) has been linked to head and neck cancers in young non-smokers.

Early detection through screening by a health care provider is an important factor in improving survival rates from a head and neck cancer. Ninety percent of these cancers can be seen or felt by a clinician.

The Team strives to offer total, comprehensive treatment, rehabilitation, and social assistance to our patients. Appointments can be made by contacting Ms. Laura Lyndon Miller, Program Assistant for Head and Neck Oncology, at (919) 966-9717, or one of the Nurse Navigators, Sean Gallagher, RN, at (919) 843-6919, or Sue Hayden, RN, at (919) 843-5265.

5 Questions for Jeff LaCour, MD

Jeffrey B. LaCour, MD, is a chief resident this year and will complete his otolaryngology training in June. He joined our program as a third year resident in the fall of 2005 in the aftermath of Hurricane Katrina, along with three other otolaryngology residents from Louisiana State University.

1. Dr. LaCour, what went through your mind when you realized that you would be leaving your family and friends in the devastation of post-Katrina New Orleans to continue your residency training at UNC in Chapel Hill?

Having bounced around for two months and sleeping in twenty-four different locations over that time period, I was searching for any type of stability. Although sad to leave my family and my LSU residency program, I was thankful for the phone call I received from Dr. Pillsbury and the opportunity to come train here. I knew the reputation of the UNC program and I was already comfortable in Chapel Hill – I had attended college here. So, although somewhat apprehensive to integrate into another program (I had just integrated into UTSW – Dallas for a couple of weeks), I was excited and grateful for the chance.

2. How difficult was the adjustment?

I think it was tough for me because I was still a junior resident who had a lot to learn both clinically and in the OR; I also felt the need to prove myself in a new program. This combination provided some unnecessary anxiety which was not so easy to shake. Thankfully, the residents here were so welcoming. Although their schedules and training were affected negatively (excluding call), they were more than accommodating and accepting of me into the program. I am especially grateful for the way Karen Bednarski, Josh Demke, and Steve Lee – my fellow classmates – handled my arrival. The faculty was awesome and treated me as one of their own. I even got yelled at one day in a memorable morning conference. The honeymoon was over - I was officially a UNC resident.

3. Was it helpful that some of your best friends came as well?

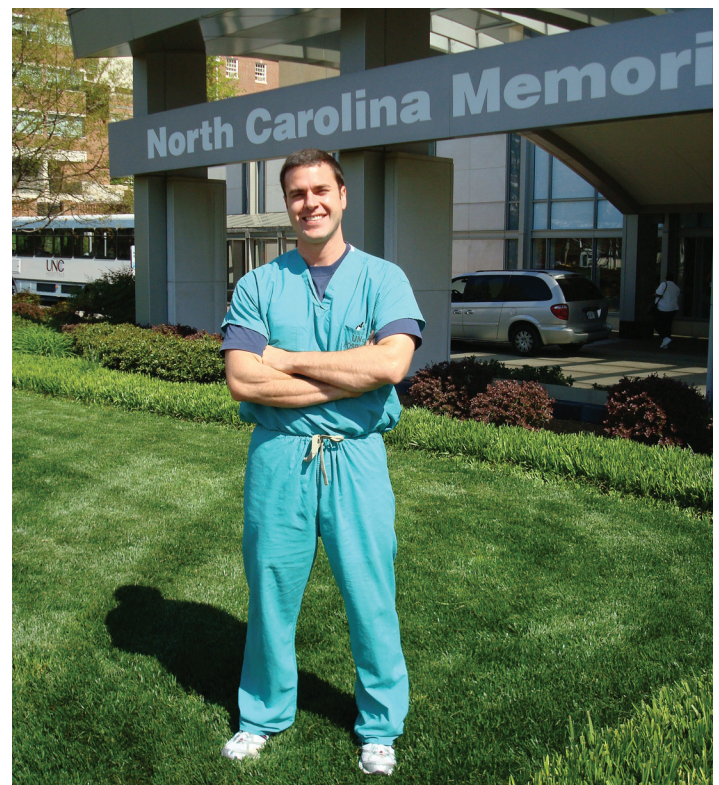
This was huge. Sachin Parikh, John Alldredge and Mike Hanemann came with me from LSU. Mike had already matched in plastic surgery at UNC, which was our connection to Drs. Hultman and Pillsbury. Sachin eventually landed at Stanford. We contemplated showing up at UNC with fresh mustaches but chickened out. Sherri (John's wife) had found us a great apartment complex where we all lived. Mike and I shared an apartment. Many good times were had, especially while cheering on the Black and Gold (Saints) during the 2006 NFL season. Margaritas and fajitas became almost a weekly event at Charlotte and Mike's. Mike and John were also there to discuss any residency concerns I had. Having these guys around with their wives was definitely a blessing.

4. How do you feel that the experience at UNC has enhanced your future?

I have been around some of the best otolaryngologists and leaders in the field here at UNC. I have become a better doctor just by being around them. I have developed an appreciation for research and a desire to provide the same quality of teaching to future residents. When I see professors such as Dr. Shockley studying and learning new techniques, I realize that complacency must be avoided.

5. You'll finish your training this year. What are your plans for the future?

I plan on pursuing my dream of acting – just kidding. I start off this summer by getting married in Louisiana to my awesome fiancée, Jackie. We will then head to Pittsburgh where I will study otology for a year. I then plan on spending a year doing a rhinology fellowship which I am currently applying for. Having been exposed to some of the best otology and rhinology training in the country here at UNC, I aspire to be at the level of a Dr. Buchman, Pillsbury, or Senior who have all devoted extra time honing their skills in fellowship. Fortunately for me, Jackie does not mind me aspiring for the next two years. I then plan on heading back to Louisiana to provide the same level of teaching and commitment to the LSU residents as I have received here. Thanks to all faculty, residents, and staff here at UNC. God gave me a huge gift to come and be a part of this program.



Jeffrey B. LaCour, MD

Whatever happened to... Dr. John Foust?

Our first resident recalls the early days in ENT at UNC



Dr. John Foust and his wife Ann on a trip to southern France in 2006.

It seems like just yesterday when I left Chapel Hill, but in actuality it has been 45 great years, thanks to Dr. Fischer and the training I received. Rather than tell you what I have accomplished since leaving Chapel Hill and where I am now, it might be interesting to hear what it was like in the early days of the program at Chapel Hill.

I entered Medical School in 1951 at the beginning of the Korean War. During my clinical years I fell in love with surgery. I applied for a surgical internship at several places and was fortunate to be accepted in Dr. Womack's program. My second rotation that year was Otolaryngology, and at that point I discovered what I really wanted. I discussed this with Dr. Fischer and he was very supportive. I had applied under the Berry Plan for General Surgery before my exposure to Dr. Fischer but was turned down for further deferment after the intern year. At that time in 1955, Otolaryngology was a Division of Surgery and consisted of Dr. Fischer and an audiologist. Interns and assistant residents from Surgery rotated through to help. The program was not an approved residency at that time.

Dr. Fischer knew General Berry, so he called him and asked him if he could change my orders to be deferred to complete an ENT residency. General Berry said that if Dr. Fischer would train me for one year, he would get me an ENT assignment, but could only delay my induction for one year because of the law. So with Dr. Womack's approval, I spent one year with Dr. Fischer. What a wonderful experience that was! Also during that year, Dr. Fischer called Dr. John Bordley and got me a slot at Hopkins when I returned from service. I should point out that I was the first house officer at Chapel Hill whom Dr. Womack allowed to go into a subspecialty without first becoming boarded in General Surgery.

I was assigned to Clark Air Base in the Philippines. My first thought was this was the jumping off place of the world. Then I found out that Clark was the referral hospital for all branches of the service in South East Asia. I felt that certainly I would be working with a fully trained ENT physician. When I arrived at Clark I found that I was IT. What an experience! Fortunately, I had an American trained ENT man in Manila as a consultant and could call him. I also could air-evac to Japan, which I only had to do one time.

During the second year I was at Clark, Dr. Fischer wrote that his residency program had been approved, and that he had taken on a

resident. Because I had had such a wonderful experience the year that I had with him, and the fact that his training had prepared me so well for Clark, I wrote Dr. Fischer and asked him if he would take me back upon my discharge. When he wrote me back and said he would be delighted to have me back, I wrote Dr. Bordley and gave up the slot at Hopkins. I've never regretted it. With all that letter writing, wouldn't e-mail have been great?

When I returned in July of 1959, Dr. Fischer was no longer by himself because Dr. Gabe Tucker had joined the faculty. However, the resident he had for a year had left. During that year Dr. Tucker left to head endoscopy at Hopkins. I spent the year 1959-60 on ENT, and our only help was from interns from General Surgery and Family Practice. One of those was Ken Wallenborn, who later dropped Family Practice and went into ENT at Charlottesville. Because I needed another year of Surgery, in 1960-61, I spent 3 months on Pathology, 3 months on General Surgery, 3 months on Thoracic Surgery and 3 months on Neurosurgery before Neurosurgery had its own residents. It was back to ENT in 1961-62, but again no ENT house staff, just Dr. Fischer and me plus interns from Surgery. That year, my chief year, they elevated me to the rank of Instructor which allowed a little more pay since it was 24-7 again.

During my 3 years on ENT, I was blessed to have Drs. Tim Thomas and Turk Newsome scrub with me or be available for surgery. During my 3 month rotation on General Surgery in 1961, I was assistant resident for Carl Hartrampf in his chief year and I must say he was the best technician I have ever scrubbed with, but he also had great surgical judgment. The clinical and teaching loads were so great that there was never time for meaningful research.

Ah, 1962. I was through my residency and was asked to stay on the faculty. That year we finally had a resident, Dr. Glen Hair, so Dr. Fischer and I would no longer be alone. This was another great year, but I felt if I were to stay in academic medicine I would need

Continued on p. 7



Dr. Foust traded in his scrubs and scalpel in the OR for an apron and table saw in his workshop, where he designs and builds traditional furniture of cherry and walnut.

to pursue a fellowship. However, because of the size of my family, which consisted of a wife and four sons, I felt I could not financially afford it. Thus my decision to leave Chapel Hill and start a practice in Charlotte.

When I look back on my training in the beginning program in the 1950's and early 1960's with one teacher and one student and compare it to the outstanding program of today with many teachers and many students, I can't help but wonder if I missed anything. I don't think so, because one important thing Dr. Fischer instilled in me was the desire to keep learning and not let the training I received in 1962 be all that I knew when I retired in 1998. (He also taught me frugality by cutting paper towels in half and asking us to only use half to dry our hands in clinic!) I'm sure those in training today

reading this and comparing the outstanding program they are in will probably think that was the Middle Ages. I'm sure if you could ask the three of the residents that followed me, Drs. Glen Hair, Billy Bost and Paul Biggers, who unfortunately have died, they would all testify to their great experience with Dr. Fischer and the very excellent training they received.

Dr. Foust and his wife Ann live in Charlotte and enjoy spending time with family and friends (including 10 grandchildren), especially at their home at Ocean Isle Beach in North Carolina. They have recently traveled to Costa Rica, San Francisco, and the wine country, and are planning a trip to China in June. Dr. Foust has a complete woodworking shop, where he has enjoyed making traditional furniture for the past 25 years.

Announcements

Just a few of the many exciting things happening in our Department



Amelia F. Drake, MD, is the Faculty Councillor for the UNC School of Medicine's AOA Honor Society, and, as such, has the honor of helping the AOA President hand out awards to the new inductees annually. This picture was taken at this year's banquet on April 4th. Left to right are Anne Argenta, AOA President, James. R. Young and Lindsay Young, husband and wife who are being awarded AOA, and Dr. Drake. Dr. Charles van der Horst of the Division of Infectious Diseases of the Department of Medicine gave the lecture entitled, "Yo Dudes, Go Out and Do Good Deeds!"

We have a new website! Check it out:
www.med.unc.edu/ent.

Amelia F. Drake, MD, has been selected as a Senior Associate Fellow of the UNC School of Medicine's Academy of Educators. Dr. Pillsbury nominated her for this recognition of her educational accomplishments and her work with medical students. Drs. Marion Couch and Carol Shores became fellows last year.



Staff from the CCCDP and CASTLE and some of their family members participated in the Great Human Race 5k on March 29th. This event is an opportunity for nonprofit groups to raise funds for their organization. With generous support from family, friends, patients and other professionals, almost \$5,000 was pledged for the purpose of improving the CASTLE playground. Though rainy and chilly for most of the run, CCCDP and CASTLE team members were enthusiastic and proud of their efforts. The race started at the Durham Bulls stadium and ran a course through the downtown area. Approximately 300 people participated in the race. CCCDP and CASTLE are hoping to make this an annual event!

The Department of Otolaryngology/Head and Neck Surgery is proud of its skilled faculty and staff who are committed to providing patients with the highest quality health care. Get to know us!

The Department of Otolaryngology/Head and Neck Surgery

Harold C. Pillsbury, MD, FACS, Chair, Thomas J. Dark Distinguished
Professor of Otolaryngology/Head and Neck Surgery
William W. Shockley, MD, FACS, Vice Chair, W. Paul Biggers Distinguished
Professor of Otolaryngology/Head and Neck Surgery
Carolyn Hamby, Clinical Academic Departmental Administrator

The Division of Head and Neck Oncology, Cancer Research

Mark C. Weissler, MD, FACS, Professor and Chief, Joseph P. Riddle
Distinguished Professor of Otolaryngology/Head and Neck Surgery
William W. Shockley, MD, FACS, Professor
Carol G. Shores, MD, PhD, FACS, Associate Professor
Marion E. Couch, MD, PhD, FACS, Associate Professor
Xiaoying Yin, MD, Assistant Professor
Andrew F. Olshan, PhD, Professor
Brian K. Kanapkey, Speech Pathologist

The Division of Pediatric Otolaryngology

Amelia F. Drake, MD, FACS, Professor and Chief, Newton D. Fischer
Distinguished Professor of Otolaryngology/Head and Neck Surgery
Carlton J. Zdanski, MD, FACS, Associate Professor
Austin S. Rose, MD, Assistant Professor

The Division of Facial Plastic and Reconstructive Surgery

William W. Shockley, MD, FACS, Professor and Chief
Raymond D. Cook, MD, Assistant Professor (WakeMed ENT)

The Division of Otolaryngology/Neurotology and Skull Base Surgery

Craig A. Buchman, MD, FACS, Professor and Chief
Harold C. Pillsbury, MD, FACS, Professor
Oliver F. Adunka, MD, Assistant Professor

The Division of Rhinology, Allergy, Sinus Surgery

Brent A. Senior, MD, FACS, Associate Professor and Chief
Brett E. Dorfman, MD, Assistant Professor (WakeMed ENT)
Michael O. Ferguson, MD, Assistant Professor (WakeMed ENT, Chief)

The Division of Voice and Swallowing Disorders/UNC Voice Center

Robert A. Buckmire, MD, Associate Professor and Chief
Mark C. Weissler, MD, FACS, Professor
Ellen S. Markus, MA, CCC-SLP, DMA, Coordinator
Linda F. Hube, MS, CCC-SLP, Speech Pathologist

Sleep and Snoring Surgery

Brent A. Senior, MD, FACS, Associate Professor
Marion E. Couch, MD, PhD, Associate Professor

The Division of Auditory Research

Joseph W. Hall, PhD, Professor and Chief
Jiri Prazma, MD, PhD, Professor
Paul B. Manis, PhD, Professor
John H. Grose, PhD, Professor
Emily Buss, PhD, Associate Professor
Charles C. Finley, PhD, Associate Professor
Douglas C. Fitzpatrick, PhD, Assistant Professor
Patricia A. Roush, AuD, Assistant Professor, Director, Pediatric
Audiology
Marcia Clark Adunka, AuD, Director, Adult Cochlear Implant Program

The Division of Research Training and Education

Paul B. Manis, PhD, Professor and Chief

W. Paul Biggers Carolina Children's Communicative Disorders Program

Craig A. Buchman, MD, FACS, Professor, Admin. Director
Harold C. Pillsbury, MD, FACS, Professor, Executive Director
Carlton J. Zdanski, MD, FACS, Associate Professor
Oliver F. Adunka, MD, Assistant Professor
Carolyn J. Brown, MS, CCC-SLP/A, Assistant Professor, Program
Director
Holly Teagle, AuD, Assistant Professor, Clinical Director

Residents:

Karen A. Bednarski, MD	Paul C. Bryson, MD	Gregory J. Basura, MD, PhD	Mitchell R. Gore, MD, PhD	Joseph P. Roche, MD
Joshua C. Demke, MD	W. Derek Leight, MD	Keith M. Ladner, MD	Paula J. Harmon, MD	Rupali N. Shah, MD
Jeffrey B. LaCour, MD	Allen F. Marshall, MD	Alisha N. West, MD	Michael E. Stadler, MD	Joshua B. Surowitz, MD
Steve C. Lee, MD, PhD	Trinitia Y. Cannon, MD	Deidra A. Blanks, MD	Rose J. Eapen, MD	Maher N. Younes, MD
Carlos S. Ebert, MD, MPH				Mihir R. Patel, MD

www.med.unc.edu/ent

Department of Otolaryngology/Head and Neck Surgery
University of North Carolina School of Medicine
1115 Bioinformatics Building
Campus Box 7070
Chapel Hill, NC 27599-7070

Appointments: (919) 966-6483 or 966-3325
ENT Clinic, UNC Hospitals: (919) 966-6484
ENT Clinic, Carolina Pointe: (919) 490-3280
Admin. Office: (919) 966-3341

Nonprofit Organization
U.S. Postage
PAID
Permit No. 177
Chapel Hill, NC