Once again, as we transition from an especially cold winter into spring time, the usual seasonal scheduled activities and Department planning are underway. It is during this time of the year that numerous things occur which typify our role in an academic health system.

March has been especially busy as all of our residents took their annual in training exam and as always, we hope for an exceptional performance by our program, something we have enjoyed over most of the last decade. The Department Faculty also attended their annual half-day retreat during which we discussed our three missions: education, research and clinical care. We reviewed the goals accomplished in the past year and set new goals and action plans for the upcoming year. Research efforts and productivity specifically will receive significantly greater emphasis in the School of Medicine in upcoming years. Our new Dean, Patrice Delafontaine, M.D., started in December and is expected to lead the School of Medicine to much higher levels of externally funded research. Finally in March, fourth year medical students at Mizzou learned where they would spend the next several years - I’m, of course, referring to national match day! The energy and excitement this time brings is always memorable.

In April, we hosted the Midwest Head & Neck Cancer Consortium meeting. This Consortium is composed of the head and neck oncology sections from the University of Iowa, University of Kansas, University of Minnesota, University of Missouri, University of Nebraska and the University of South Dakota. The group strives to promote head neck education among residents and fellows in training, as well as engage in a collaborative research effort for multiple head neck research studies. Among the highlights was a hands-on sialendoscopy course directed by Dr. Harry Hoffman, Professor of Otolaryngology – Head and Neck Surgery at the University of Iowa. Our guest Faculty included Dr. Boyd Gillespie, Professor of Otolaryngology – Head and Neck Surgery at the Medical University of South Carolina and Dr. Allison Ogden, Assistant Professor of Otolaryngology – Head and Neck Surgery at Washington University.

Finally, we have seen some changes in our clinical Faculty. Dr. Jim Denneny has departed MU and begun his tenure as Executive Vice President/CEO of the American Academy of Otolaryngology-Head and Neck Surgery in Alexandria, VA. Dr. Arnaldo Rivera joined the Department to provide otologic and neurotologic services, education and research efforts. This summer we will lose a very solid faculty member, Dr. Abigail McEwan, who has been with us for the past year. Her husband will be finishing his plastic surgery residency and she will accompany him to begin their new practices.

And so, these are among the many many activities and transitions occurring in the Department. The energy, dedication and innovation of our administrative staff, Residents and Faculty are paramount for our successes during this busy season each year.

Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
Midwest Head & Neck Cancer Consortium

The University of Missouri was very proud to host the 8th Annual Midwest Head & Neck Cancer Consortium in mid-April over a particularly beautiful three spring days. The meeting consisted of a hands-on sialendoscopy course, top notch fellow and residents research presentations and concluded with a research meeting to discuss current collaborative projects and future endeavors.

A special thanks to our course Faculty – Henry Hoffman, M.D. from the University of Iowa; M. Boyd Gillespie, M.D. from the Medical University of South Carolina; and Allison Ogden, M.D. from Washington University who took the time to come and share their expert knowledge with colleagues and trainees alike.

Also, congratulations to our research winners! 1st Place – Bridget Hopewell, M.D. (MO), 2nd place – Bob Eppsteiner, M.D., (IA), 3rd place – Matt Johnson, M.D. (NE).
2015 Midwest Head & Neck Cancer Consortium attendees

M. Boyd Gillespie, M.D., Andrew Coughlin, M.D.

Model demonstration

Veronique Wan, M.D., Troy Wingler, Mike Deutschmann, M.D.

Matt Johnson, M.D., M. Boyd Gillespie, M.D., Blake Hyde, M.D.

Allison Ogden, M.D., Tabitha Galloway, M.D.
It’s a Match!

Lauren Umstattd, M.D.  Chris Kennel, M.D.

We are delighted to have Lauren Umstattd (Stephenson) and Chris Kennel join the Department in July. Lauren is a Missouri native originally from Kansas City. She’ll be completing a trifecta at Mizzou – undergraduate education, medical school education and residency training. Chris comes to MU after completing his undergraduate education at Goshen College, followed by medical school at the University of Colorado. Welcome Lauren and Chris!

Columbia Facial Plastic Surgery

The eyes: the window to our soul, the purveyor of wisdom…the talebearer of age. Our eyes are the focal point of our faces. They sparkle, they crease and they squint under bright light. They’ve been known to give both our emotions and our age away.

Maintaining Healthy skin around the eyes: Because it is thinner, it not only tends to be the first place to show signs of aging, but is more sensitive than the rest of the skin. Therefore, extra care needs to be taken when choosing a skincare product. Sunscreen, Retin-A, and Topical vitamin C are the gold standard for this area. Vitamin C plays an essential role in collagen and elastin production and acts as an antioxidant.

Neuromodulators: Neuromodulators work by temporarily blocking signals within the muscles, therefore limiting their movement. The result is a rested, refreshed appearance, not frozen or overdone. Natural results are always our goal. Neuromodulator treatments last an average of 3-4 months.

Dermal Fillers: One of the most important areas of the face is the transition zone between the eyes and the cheeks. This is one of the earliest places to show signs of fatigue or aging. When there is lack of support beneath the skin in this area, the surface becomes uneven, creating shadows, dark circles or even bags under the eyes. The answer: fillers. Fillers offer a natural solution to restoring lost facial volume. Dermal fillers plump the skin and promote a youthful and rested appearance.

Surgical Eye Rejuvenation: Looking for a more dramatic effect? When puffy, drooping, saggy or tired-looking eyes have become a permanent facial fixture, an eyelift surgery (blepharoplasty and or brow-lift) may be your best option. These treatments are not indicated for wrinkles (although smoother skin is a result). Eyelid surgery involves the repositioning and/or removal of excess skin and adipose tissue as well as a reinforcement of the muscle and tendon tissues around the eyes. This can be used in combination with a brow lift which surgically lift the forehead and brow position.

Graduates of 2015

Tabitha L.I. Galloway, M.D.  Jason A. Showmaker, M.D.

Tabitha L.I. Galloway, M.D. will be heading to Cleveland, Ohio to complete a head and neck microvascular fellowship at the Cleveland Clinic. She plans to return to MU and join the Faculty in 2016.

Jason A. Showmaker, M.D. is a native Missourian and plans to stay that way. Dr. Showmaker will be going just a few miles south to Jefferson City to practice general otolaryngology at Capital Regional Medical Center.
Recent Publications


Mikals SJ, Schuchman GI, Bernstein JG, Rivera AL. Cochlear implantation leading to successful stapedectomy in the contralateral only-hearing ear. Ear Nose Throat J. 2015 Mar;94(3):105-7.


Taylor SR, Jorgensen JB. Use of fluorescent angiography to assess donor site perfusion prior to free tissue transfer. Laryngoscope. 2015.


New Faculty

Arnaldo L. Rivera, M.D.

Arnaldo L. Rivera, M.D. recently joined the Faculty in the Department of Otolaryngology – Head and Neck Surgery. Dr. Rivera completed his undergraduate education at the Interamerican University of Puerto Rico, followed by his M.D. at the University of Puerto Rico. He joined the Navy and subsequently trained at the National Naval Medical Center in Bethesda, MD and the National Capital Consortium in Washington DC. Dr. Rivera then went to Northwestern University Hospital where he obtained additional training in otology/neurotology. Since that time he’s been practicing and training residents in the Navy at the National Capitol Consortium, and also served during Operation Continuous Promise on the USSN Comfort. Dr. Rivera has participated in Humanitarian Missions worldwide and is a member of the FDA panel for ENT. His primary clinical interests including deafness, cochlear implants, skull base tumors and facial nerve pathology.

Alumni Spotlight

Susie Early, M.D. graduated from the Otolaryngology - Head and Neck Surgery residency training program in 2004. Since that time she’s been in a general private practice in Columbia, Missouri. Other than working to build and manage a practice, she and her husband are busy raising three sons, ages 11, 7 and 6. She loves the Tigers - especially football and basketball (hoping for a better season next year!), as well as traveling and skiing.

In sharing her memories of residency... “I never realized in residency how much I would miss the team aspect. As a resident, we rounded as a team, operated as a team and hung out as teams. There was always someone to ask or bounce an idea or question off of. My first few years in private practice were an adjustment and when I look back I realize how much I missed the team and group. I think that added to the anxiety you first have when you step out on your own from residency. I can look back and realize I had great training and exposure and I can see now how lucky I was to have faculty and upper level residents who were patient and good role models.”

As for the Faculty... “I can still hear their sayings in my head as a operate or do clinic at times and can see how they approached cases - Dr. Templer “like a broken clock I am right twice a day” and as he told me during my first sinus case with him “you are going to teach this guy when he wakes up what sinus pain means;” Dr. Davis “char doesn’t bleed” when returning to the OR for a tonsill bleed and hoping I can always look as composed and calm as he did in and out of the OR; Dr. Renner telling us he had seen a preacher with a mandible fracture when we said it never happens to guys behaving, and his Tuesday afternoon clinics with local procedures and learning to watch what I say out loud as the patient is awake (I had/have a bit of a potty mouth); and Dr. Zitsch who inspires fear and admiration all at once - “did you see that vessel?”, “use your scissors like a big girl,” and to this day the sound of Pink Floyd makes me slightly nervous - but it was Dr. Zitsch who I first let know I was pregnant and I was nervous, he told me it would be ok (this was after he laughed thinking I was joking and then saw my face - true story). I hoped to grow up and be like the guys who trained me - polite, confident, good surgeons and good clinicians. I truly like all of them and I miss working with them.”
“She’s beautiful,” her father said when we asked how her first night after the surgery had been. Even when we asked how well she was eating, or if she’d been in any pain, all he would answer was, “Beautiful,” as her mom quietly nodded. They had travelled many hours on a crowded bus from a UN refugee camp near the Kenyan-Somali border to AIC-CURE hospital to be seen by our team of surgeons.

In October, I travelled with AAOHNS members Dr. David Chang, Dr. Cameron Kirschner, Dr. Eric Dobratz, and Dr. Cooper Scurry to the picturesque mountainside town of Kijabe, Kenya. Teams of US surgeons travel here several times a year to provide surgical service to affected children. This was Dr. Chang’s 9th trip to Kijabe and I was fortunate to be a part of a lineage of residents from the University of Missouri to accompany him.

Due to the long-term relationship established between ENT teams and the staff of the AIC CURE hospital, we were able to start swiftly and efficiently. Patients were scheduled for us to see daily over our two weeks. During that time we ran two operating rooms with nurses who were very skilled and had previous experience with our team. The operating rooms were large and had reliable electricity, sufficient instruments, and reasonably short turnover time. Patients were admitted to a 24-bed ward with two monitored beds as a “step-down” unit with the staff being very familiar with care of post-surgical lip and palate surgery. Care instructions in Swahili were accompanied by donated stuffed animals to complement their healing faces.

This was my first, yet certainly not my last, medical mission trip as a physician. Dr. Chang’s trips should serve as a model for humanitarian medical trips in which service is given in an attitude of genuine mutual respect. We could not have accomplished what we did without the tremendous support of the staff at the AIC-CURE hospital, and they certainly continue our work throughout the entire year. I was privileged to accompany him on this most memorable journey.

-Bridget L. Hopewell, M.D. PGY4
Thank you again to everyone who has already donated to fully fund the William E. Davis, M.D. Endowment! It’s not too late to support this goal. We have currently raised $904,331!

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