

WHY CHOOSE DR. GOLDFARB AS YOUR SURGEON?



The qualifications, experience, technical skills and judgment of a surgeon are key to a successful outcome. You can read more about these points in the accompanying links from the American College of Surgeons.

- Dr. Goldfarb's **40 years of experience** in the specialty of General Surgery has always involved cancer operations. Currently he is focusing in the areas of breast and soft tissue surgery which encompasses benign and malignant masses and tumors, as well as hernias.
- As **Chairman of the Department of Surgery** at Monmouth Medical Center for 14 years, Dr. Goldfarb was responsible for analyzing all surgical complication for all surgeons in the Department. During this time he developed an original **computer complication outcome analysis program** for all cases with complications, since 1998. This data base analysis has been presented nationally and he has applied the approach to all of his operations.
- As **Program Director** during that same time, Dr. Goldfarb helped train many surgical residents who have become general surgeons, trauma surgeons and breast surgeons. Many of these surgeons now practice in New Jersey.
- Dr. Goldfarb was **one of the first surgeons in New Jersey to perform breast conservation surgery (lumpectomy)** as an alternative to mastectomy, in 1990.
- Dr. Goldfarb became one of the **founding members of the Jacqueline M. Wilentz Comprehensive Breast Center**, at Monmouth Medical Center, in 1994. He was also Surgical Coordinator for many years. During that time he instituted a requirement that breast lumpectomy specimens must have at least a **5 millimeter margin** around the malignancy. A margin of clear tissue is essential to local control and decreasing the risk of local recurrence, as documented and published as **Oncologic and Aesthetic Results Following Breast-Conserving Therapy with 0.5 cm margins in 100 Consecutive Patients**, The Breast Journal, Volume 12 Number 3, 2006 208-211. **All of his lumpectomy patients to date, never have had a local recurrence.** In all types of cancer surgery a clear margin is one key to minimize local recurrence..
- **In 1997, Dr. Goldfarb introduced, in New Jersey, the technique of intradermal injection of isosulfan blue for the detection of the sentinel node in breast surgery.** The technique of intradermal injection had been used during melanoma surgery before that. The technique of sentinel node biopsy has been widely accepted and has spared many women from unnecessary axillary lymph node dissection and subsequent arm swelling or lymphedema.
- **Dr. Goldfarb is an original member of the American Society of Breast Surgeons, started in 1997.**
- His practice of surgery has been honed to a skill level where his approach is as if he or a member of his family, were the patient. **Dr. Goldfarb performs all the surgery, wound care, dressing changes and suture removal.**
- **A specific compassionate care pathway and meticulous technical maneuvers are, therefore, set at an automatic high level of performance with high expectations.** Navigation through those pathways, including radiology, surgery, and oncology, will be coordinated by his office.