

2009

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Surgical Solutions

Bariatric and Metabolic Surgery Program Turns a Life Around

For Josephine Lacaba, struggling with her weight had been a lifelong endeavor. "I've tried everything," she says. For years, her primary care physician and endocrinologist managed her diabetes and blood pressure. Despite these efforts, she continued to gain weight, and it became clear that, at 49 years of age, it was time for more dramatic action. Her nephrologist James Burke, MD, suggested she meet with David Tichansky, MD, Director of the Jefferson Bariatric and Metabolic Surgery Program, about weight loss surgery. She was worried about possible complications, but Dr. Burke and her endocrinologist Serge Jabbour, MD, expressed concern that the alternative was to go on dialysis—a measure that generally cannot be reversed once it begins. She agreed to make the appointment.

She found great relief when Dr. Tichansky explained the details of the gastric bypass procedure and the life long support the program offered. Having come to the U.S. from the Philippines in 1988, English is her second language, and she appreciated how clearly and simply Dr. Tichansky explained the details to her. The Jefferson program is entirely laparoscopic, which means rather than a large incision, a series

*"I'm really cured...
 My chest pains are also
 gone, and I don't get
 tired like I did before."*

of small incisions are used to perform the bypass, which dramatically reduces the portions of food a person consumes. Ms. Lacaba decided that this was a step she was willing to take, for the sake of her health, and also of her husband (of nineteen years) and her eight-year-old son.

"In order to promote safety and likelihood of good outcomes," says



Josephine Lacaba, 50 pounds lighter and diabetes-free, is one of dozens of success stories in the new Jefferson Bariatric and Metabolic Surgery Program, founded by David Tichansky, MD in 2008.

Dr. Tichansky, "we have all of our patients undergo extensive evaluations, since a significant portion of our patients have undiagnosed issues."

Ms. Lacaba underwent the procedure in early June and was in the hospital only three days. At her first follow-up endocrinology appointment three weeks post-surgery, she was delighted to learn that her diabetes had been entirely cured, and she could also go off her blood pressure medication completely. Within 30 days she had shed 20 pounds; within two months she had lost 40, and by the three month anniversary she was 50 pounds lighter.

"I was amazed," she says. "I'm really cured. I'm so happy to not have to worry about this. My chest pains are also gone, and I don't get tired like I did before." She is extremely grateful for the active involvement of the comprehensive team

the Jefferson program offers: Alise Kuhl, CRNP-BC, the Program Coordinator, and Michelle Moon, the dietitian, saw her at every visit and helped her know what to expect; Internist Janine Kyrillos, MD, a team member that makes the program unique, helps patients with any medical issues that arise; and Saidah Williamson handles the complex insurance issues.

"My family is so happy for me," Ms. Lacaba says with a smile. "My husband teases me that he doesn't have to take care of my medical problems anymore, and my son has learned a lot about diet and nutrition through all of this. He encourages me to exercise now, and he talks about us all staying healthy."

For more information about Bariatric Surgery visit:
www.jeffersonhospital.org/bariatric

The Surgeon Speaks

I joined the Department of Surgery in 2008 to create the new Bariatric and Metabolic Surgery Program which offers a range of fully laparoscopic procedures – including gastric bypass and gastric banding – to help morbidly obese individuals begin the journey to healthier lives. The focus of my prior experience at the University of Tennessee was with procedures that are entirely laparoscopic. Thus, the procedures are less invasive, so patients do better and recover more quickly.

Gastric bypass is considered the "gold standard" operation for weight loss. Performed since the 1960s, it is the most common weight-loss procedure in the United States and around the world. The bypass we perform at Jefferson only bypasses approximately one-third of the intestinal tract, leaving the last two-thirds to be the "common limb," which absorbs food relatively normally. The amount of malabsorption caused by the bypass that we perform is minimal and easily overcome from a nutritional standpoint by taking a few over-the-counter supplements every day. By eating less and not fully absorbing calories in food, most people will lose 60–70 percent of their excess body weight with this procedure.

The support of the hospital and the Department Chair, Charles Yeo, MD, has enabled us to achieve great results in a small amount of time. Since January 2009 my bariatric surgery colleague Bernadette Profeta, MD and I have performed close to 80 procedures, which is an impressive volume for a young program.

This all contributes to being able to make a difference in the lives of patients like Josephine Lacaba. I feel extremely lucky to work in an area of medicine in which we can actually reverse chronic, life-threatening conditions. It's very rewarding work—the patients are genuinely grateful for our help.

David Tichansky, MD, FACS
 Director, Jefferson Bariatric and Metabolic Surgery Program

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CCRC – Page 3

Overview



Charles J. Yeo, MD

Samuel D. Gross Professor and Chair, Department of Surgery

A new, civil day!

Recently the news has been filled with examples of incivility and lack of professionalism. In Congress the representative from South Carolina shouted, "You lie!" to President Obama. The final matches of this year's U.S. Open tennis tournament were marred by inappropriate behavior, both on the women's and men's side. At a recent national awards telecast, Kanye West interrupted the presentation to the winner, Taylor Swift. Is civility dead?

Surveys of health care workers have pointed out that incivility, and disruptive physician behaviors, occur commonly. The resulting hostile environment erodes cooperation and commitment to high quality care. The Joint Commission has asked hospitals to develop formal and consistent ways of addressing disruptive behavior. There are articles in recent medical professional journals encouraging us to be intolerant of disruptive physician behavior.

Recently, Dr. John Moore brought to my attention the fact that the Thomas Jefferson University (TJU) Code of Conduct, and its accompanying Honor Code, had not been put in place for our faculty, but was in effect for our medical students. I am pleased to report that the Department of Surgery unanimously approved the TJU Code of Conduct and Honor Code and implemented it as a departmental policy.

We feel strongly that disruptive behavior, incivility, and unprofessional behavior, should not be tolerated. We recognize that faculty behaviors influence others, and we wish to serve as positive role models. We condone neither horizontal violence nor vertical violence, and recognize the impact of such behaviors on physical aspects of living, self-esteem, and self-confidence.

My thanks go to Dr. Moore and the faculty, residents, fellows, and staff of our department. We have embarked upon a new day. A new civil day!

Clinical Integration



Program Director, Scott Silvestry, MD, along with Drs. Linda Bogar, Hitoshe Hirose, and Michel Haddad (not shown) comprise the surgical component of Jefferson's Mechanical Circulatory Support Program.

Ventricular Assist Device Program Gains Prestigious Accreditation

A mandate in spring of 2009 by the Centers for Medicare & Medicaid Services (CMS) ruled that only CMS-certified centers would be eligible for reimbursement under Medicare for Ventricular Assist Device (VAD) implantation. The CMS visited in July, and Jefferson was accredited as of August 11, 2009.

"This ensures that we are able to offer our first-rate care to the widest possible patient population," says Director of the Mechanical Circulatory Support Program Scott Silvestry, MD, "which is critical to our mission as an academic medical center."

During the CMS two-day visit, the auditor had what Dr. Silvestry describes as "an extremely favorable impression of the multidisciplinary and collaborative spirit between the surgical and medical teams." VAD Coordinator Barbara Ebert, CRNP, is instrumental in managing care and assuring consistency across the entire process. "These patients are extremely labor-intensive for caregivers—even more so after the LVAD implant," Dr. Silvestry notes. "They require constant monitoring and evaluation. Multidisciplinary collaborative care is essential to good outcomes for all of our patients." He adds that the Departments of Pharmacy, Physical and Occupational Therapy, and Nursing, as well as students and fellows, have been active collaborators, from the organ harvest process, to

echocardiograms, to post-operative care in the Intensive Care Unit (ICU) and Heart Failure Unit (at 5 West in the Gibbon Building).

VAD technology shows a significant and sustainable benefit for patients with heart failure who are not candidates for a heart

transplant. "The reality is that few patients are eligible for transplants," Dr. Silvestry says. For some patients who are candidates, the wait time may exceed 200 days. "VADs, including experimental therapies such as the Jarvik Heart, can get them through this potentially long wait to transplant.

Under the leadership of James Diehl, MD, Director of the Cardiothoracic Surgery Division, the Cardiac Surgery Program as a whole has expanded greatly over the last six years and recruited several excellent surgeons. Linda Bogar, MD, who was recruited five years ago, has now taken on a more senior role, which includes mentoring the more junior surgeons as well as performing a number of heart transplants and VAD procedures on her own. Benjamin Youdelman, MD, has now been on staff for two years. His practice, based primarily at Einstein Hospital, specializes in endovascular and thoracic aortic surgery, valve repair and replacement. Michel Haddad, MD, who joined Jefferson in 2008, is acting Director of the Surgical Cardiac Care Unit. With a wealth of experience in intensive care of cardiac surgery patients, Dr. Haddad splits his time between the operating room and the ICU. Finally, Hitoshi Hirose, MD, who recently completed fellowships at Hahnemann and Jefferson, joined the faculty last August which further increases the program's capacity to care for complex cardiac patients.

Please Welcome

MEET OUR SURGICAL INTERNS

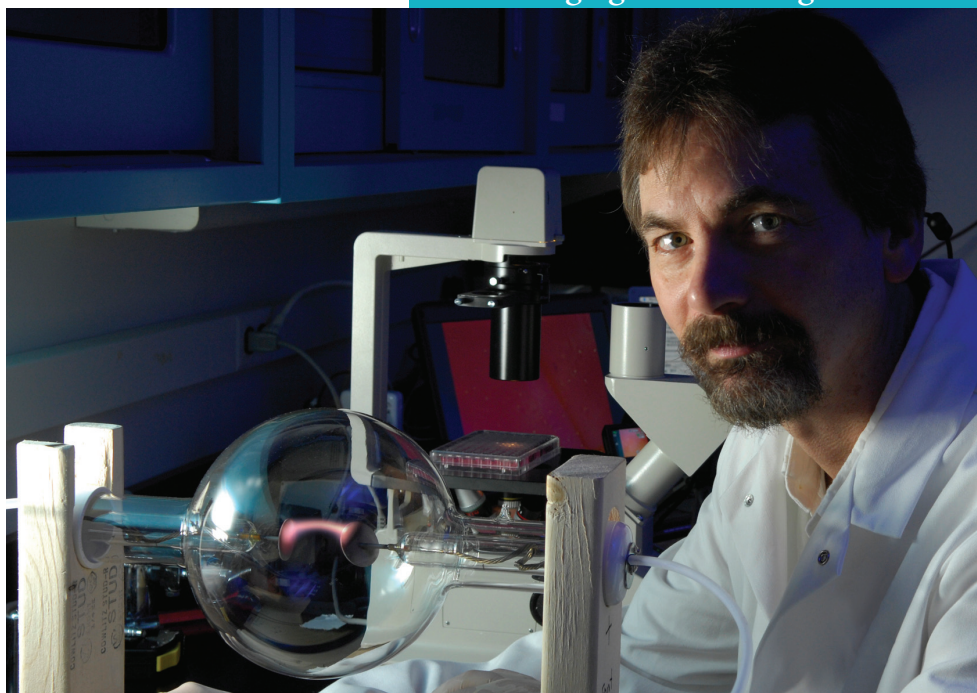
Jefferson surgeons are currently assisted by an exceptional group of categorical interns, half of them Jefferson Medical College graduates. These doctors, who recently matched with Jefferson, started on June 20, 2009 (l to r):

- Katrina Harper, MD**
Georgetown University
- Kathleen Lamb, MD**
Jefferson Medical College
- Carrie Houssock, MD**
Jefferson Medical College
- Jose Munoz, MD**
UMDNJ/New Jersey Medical School
- Renee Tholey, MD**
Jefferson Medical College
- Konrad Sarosiek, MD**
Drexel University



Dr. Houssock, who was a preliminary intern last year, is now joining the PGY2 class. We are also pleased to welcome back another Jefferson Medical College graduate, Erika Davis, MD, as a preliminary intern in General Surgery.

Changing Lives Through Research



Anthony Holland, PhD, composer and professor, conducting radiofrequency experiments on pancreatic cancer cells in a Division of Surgical Research laboratory at Jefferson

New Cancer Research Angle from a Surprising Source

In medical research—like in all areas of innovation—it is impossible to predict where the next great idea might come from. The Department of Surgery recently hosted a researcher who is investigating an unusual potential cancer treatment: Anthony Holland, PhD, a renowned composer who has conducted at Carnegie Hall and has been teaching at Skidmore College for 27 years.

Since early in his career, Dr. Holland has been interested in physics and acoustics. “Years ago I read a book [about] a frequency machine that was capable of destroying microorganisms if it was tuned to just the right frequency.” This made sense intuitively to Dr. Holland; each semester he taught his students to be careful about conditions that can create sound that travels at a particular wavelength, which can develop a “resonant frequency.”

Dr. Holland had audited courses on microbiology in the past. “I learned to use microscopes and to grow and safely keep bacteria—and later cancer cells—in an incubator.” Dr. Holland was able to gather the necessary electronic components and build a frequency machine. For fifteen months he ran test frequencies on harmless, easy-to-obtain microorganisms (paramecium and blepharisma).

“I began to try different frequencies, and at first nothing happened. Then I tried putting more than one frequency into the organism simultaneously.” Then a light bulb went on for Dr. Holland. “If I added one additional frequency, in a special relationship to the first frequency, I’d be creating more power and have a better chance at landing on the frequency necessary to change the organism,” Dr. Holland says. “When I added the eleventh harmonic, I looked through the microscope and discovered that the microorganism had shattered. It reminded me of how a crystal glass shatters when a soprano hits just the right note.”

Jefferson has been extremely open-minded throughout this process, which is the ultimate test of a research institution

As luck would have it, in 2008, Dr. Holland attended a Skidmore Alumni Day presentation on pancreatic cancer by his former student Jonathan Brody, PhD, Assistant Professor in Jefferson’s Division of Surgical Research. Following

**Sharon Molotsky, RN,
BSN, CCRC**
Clinical Research Nurse Project Manager

How long have you been at Jefferson?

I’ve been here off and on since 1997, first in the Department of Radiology. In the interim I worked at Temple University Hospital and Shriners Hospital for Children. I’ve been in my current position since March 2009, but previously served as the research coordinator for the Division of Vascular and Endovascular Surgery.

What are the responsibilities of your current role?

I coordinate clinical trials for the Department of Surgery and handle the administration of Institutional Review Board submissions and budgets for industry trials. My primary responsibility is to provide support to the faculty who are undertaking an increasing number of clinical research projects in their efforts to establish a more robust clinical trial program in the department.

What is required to become certified as a Clinical Research Coordinator?

The formal Certified Clinical Research Coordinator (CCRC) certification by the Association of Clinical Research Professionals requires experience in clinical practice, knowledge of Food and

the presentation, Dr. Holland invited him to watch his video of the cells exploding. After several minutes, Dr. Brody asked, “Could you blow up cancer cells like that?” Dr. Holland said, “I don’t know, but I’d like to try.” Dr. Brody then arranged Dr. Holland’s mini-sabbatical in the Department of Surgery at Jefferson.

“Jefferson has been extremely open-minded throughout this process, which is the ultimate test of a research institution,” says Dr. Holland. “I assumed that physicians and other researchers would think it was a nutty idea,” he confesses. “But to the contrary—everyone I encountered realized the potential. I have never experienced such a wonderful reception of new ideas in my entire professional life.”

“Dr. Holland is an extraordinary man,” says Dr. Brody, who has been impressed by his work since he was his student in the 1990s. “and we need extraordinary people working together from many angles to fight this devastating disease.”



On the Job

Drug Administration (FDA) regulations, a comprehensive written exam, and continuing education in clinical research as well as nursing.

What does an average day on the job look like?

It really varies almost daily. One day, I might recruit patients to participate in a particular study. In early August, I supervised a study monitor’s four-day visit for one of our ongoing industry-sponsored trials. I also evaluate new studies proposed to our surgeons to determine their fiscal feasibility, if they are ethically appropriate and whether we have the appropriate patient population. Given the range of responsibilities I’m juggling, a critical part of my job is time management!

Preliminary results suggest that Dr. Holland’s device causes changes in the size and shape of pancreatic cancer cells. “This reflects that we’re in the right ballpark,” he says, “that the frequency could affect cells as to destroy them.” Dr. Holland was invited back to Jefferson in August to repeat two key experiments, and he reports that highly technical quantitative analysis indicates some promising results.

Dr. Holland is going on sabbatical from Skidmore this January, and plans to continue (and ultimately publish) his research. “When people ask me what kind of music I’m composing now,” he says, “I tell them I’m writing music for microorganisms and cancer cells. But what makes this piece different, is that if I do it right, it won’t be enjoyable to the audience. It will do them in.”

Those Who Give

Family Member Helps Philly Get Its “Rear in Gear” to Prevent Colon Cancer

Maria Grasso was stunned when her father, Frank Hepperlen, was diagnosed with stage 4 (advanced) colon cancer in 2005. After 10 months under the care of Scott Goldstein, MD, Associate Professor of Surgery, and Jefferson oncologist Edith Mitchell, MD, Mr. Hepperlen lost his fight with the disease. “The tragic reality of colorectal cancer—the second most-fatal kind of cancer,” Dr. Goldstein says, “is that it often goes undetected until it has spread and is more difficult to treat.”

“When I learned that some 90 percent of colorectal cancer is treatable, I felt an obligation to make a difference...”

Ms. Grasso had also lost her maternal grandfather to colon cancer in 1979 and was eager to support Jefferson in fighting this disease. “When I learned that some 90 percent of colorectal cancer is treatable,” says Ms. Grasso, “I felt an obligation to make a difference in the lives of those who still had time on their side.” She decided to partner with the Colorectal Cancer Coalition, which already sponsored a fun run/walk in several cities.



Drs. Scott Goldstein and Edith Mitchell gratefully accept a check from the Colorectal Cancer Coalition, represented by Jenny Ashbrook, Maria Grasso and Shona Bradley.

The first annual Philadelphia “Get Your Rear in Gear” event was held March 22 on Fairmount Park’s West River Drive. With more than 1,600 participants and 50 teams, it was Colon Cancer Coalition’s largest inaugural event to date. Other event co-chairs were Shona Bradley, and Jenny Ashbrook, whose brother Tony Snow, former White House Press Secretary, fought a very public battle with colon cancer; The Children’s Run was named in his honor. Mayor Nutter, the Honorary Chair, helped kick off the run, along with NBC 10 Meteorologist Bill Henley. Many cancer survivors took part in the event, wearing bright blue “Super Survivor” shirts so they stood out in the crowd.

Of the ninety-seven thousand dollars raised at the event, forty thousand dollars will support patient care and colorectal cancer research initiatives in the Department of Surgery and the Kimmel Cancer Center. Ms. Grasso’s

goals are to increase screening, treatment, and prevention. “I’m confident that the funds we raised will go directly to the patients, including the hardest cases as well as providing colonoscopies to underserved populations,” she says. According to the Prevent Cancer Foundation, disease affects a disproportionately high number of Native Americans, African Americans, and Hispanics, who are encouraged to begin screening at age 45.

Ms. Grasso and her co-chairs are gearing up for the 2010 event on March 21, with Jefferson as a sponsor. For more information, go to www.getyourrearingear.com

For more information, or to make a gift to the Department of Surgery, please contact Lara Allan Goldstein at **215.955.8797** or Lara.Goldstein@jefferson.edu.

News in Brief



Warren Maley, MD

On October 22, 2009, **Herbert E. Cohn, MD**, a Jefferson Medical College alumnus, Professor of Surgery and Vice Chair of Quality, was honored at the Seventh Annual Jefferson Awards Gala. Dr. Cohn received the Achievement Award in Medicine to recognize his achievements in endocrinology and thoracic diseases. Gifts to the Gala in honor of Dr. Cohn will support education and research in thoracic surgery and endocrine surgery.

Joshua Eisenberg, MD (JMC, Class of ‘99) has joined the Division of Vascular and Endovascular Surgery. Dr. Eisenberg, who completed his residency training at Jefferson in 2005, is board certified in both General Surgery and General Vascular Surgery.

Warren Maley, MD has joined the Division of Transplantation as the Director of the Live Donor Liver Program. Before coming to Jefferson, Dr. Maley was the Surgical Director of Liver Transplantation at the Johns Hopkins Hospital in Baltimore, MD.

Gordon Schwartz, MD, internationally known breast cancer surgeon, returns to the full-time faculty as the director of the Jefferson Breast Care Center. Dr. Schwartz, Professor of Surgery, was a volunteer faculty member for 30 years here at Jefferson.

Drs. Cataldo Doria, Ernest (Gary) Rosato and Gerald Isenberg have each been named to serve on the *Journal of Gastrointestinal Surgery* editorial board.

Adam Berger, MD has joined the editorial board of the *Journal of Clinical Oncology*.

Jonathan Brody, PhD has joined the editorial board of the *American Journal of Pathology*.

Save the Date: The Jefferson Pancreas, Biliary and Related Cancers Center will host its Fourth Annual Patient Symposium on October 31, 2009 in Connelly Auditorium, Dorrance H. Hamilton Building. For more information, please contact Bridget Everman at **215-955-6658**.

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Jefferson Department of Surgery
620 Curtis Building
1015 Walnut Street
Philadelphia, PA 19107
www.JeffersonHospital.org/surgery

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Jennifer Brumbaugh, MA, Editor-in-Chief
Alison Rooney, Writer
Robert Neroni, Photography
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