

# Surgical Solutions

## Minimally Invasive Procedures Offer Reduced Pain & Shorter Recovery

**E**ach of Jefferson's three fellowship-trained minimally invasive surgeons are busy performing anywhere from four to eight such operations every week. These include procedures done endoscopically (guided by an endoscope usually inserted through the mouth) and laparoscopically (performed via instruments inserted through small incisions).

"These procedures really push the envelope," says Assistant Professor Francis Rosato, Jr, MD (JMC Class of '99). "They shorten recovery time, decrease pain, and have very good cosmetic results, so patients can resume normal activity much faster."

"With peri-esophageal procedures especially," says Assistant Professor Bernadette Profeta, MD (JMC Class of '97), "there's a significant difference in terms of recovery. Even patients in their 80s can be up and around within 3 days."

*These procedures... shorten recovery time, decrease pain, and have very good cosmetic results, so patients can resume normal activity much faster.*

According to Assistant Professor Karen Chojnacki, MD, a laparoscopic approach is particularly useful for a condition called achalasia. In this disease, the valve at the bottom of the esophagus fails to relax and open when the patient swallows. The patient experiences this

as food getting stuck in his or her chest, and the only option is regurgitation of the undigested food. "This can become so pervasive that the individual won't eat in public and sometimes stops eating altogether," she says.

Harry Hutchinson was diagnosed with achalasia in 2002, in his early fifties. At first he noticed difficulty with solid food and then, over time, even swallowing liquids became problematic. Initially he found relief from an injection of botox into the lower esophageal sphincter, which paralyzes the muscle in an open position so that food can enter the stomach. When the symptoms recurred in late 2006, he began to lose weight rapidly. "I dropped 30 pounds in three weeks," Mr. Hutchinson recalls.

Mr. Hutchinson's doctors felt that his best option was a laparoscopic Heller myotomy, a minimally invasive procedure that brought him almost immediate relief (see Surgeon Speaks, at right). "I do a lot of cooking and part of the joy of that, for me, is tasting the food as I go. This procedure has brought back ease and relaxation about such an important part of my life."

Jefferson is looking ahead to performing more advanced laparoscopic procedures, "for GI



**A minimally invasive Heller Procedure performed at Jefferson allowed Mr. Hutchinson to relax and enjoy eating again.**

conditions such as solid organ disease and hernias, as well as endoluminal therapies," says Dr. Rosato. The department is also interested in progressive research including robotics and incision-less procedures done entirely through a tube inserted into the stomach.

"Even since I was a fellow, the equipment for these techniques has developed significantly," Dr. Profeta says, "and now includes high-definition technology that permits even more accurate visualization." This summer Jefferson will launch its own fellowship in minimally invasive surgery, thanks to a grant from Ethicon Endo-Surgery, Inc. The new fellow will begin in July.

### The Surgeon Speaks



Achalasia is a disease of the musculature of the esophagus. The cause is unknown. A patient with achalasia cannot

swallow food normally because the esophagus no longer contracts to push food into the stomach and the lower esophageal sphincter fails to relax and open when the patient swallows.

A laparoscopic Heller myotomy, which I performed on Mr. Hutchinson, is often the best option for long-term relief. We use long instruments inserted into the abdomen through five small incisions to cut the muscles of the lower esophagus and upper stomach. We also loosely wrap the stomach around the lowest portion of the esophagus to prevent reflux. Surgery takes 45 to 90 minutes.

This is the most rewarding procedure I do, because most patients notice an immediate difference—even in the recovery room, they notice they can swallow saliva much more easily. Patients stay in the hospital one to two nights, and generally return to work within one to two weeks. This procedure provides 90 to 95 percent of patients with long-term relief of their symptoms.

**Karen Chojnacki, MD**  
 Assistant Professor

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Overview



**Charles J. Yeo, MD**

Samuel D. Gross Professor and Chair, Department of Surgery

The last several months have seen several important developments. On the clinical front, the Heart Transplant and Advanced Heart Failure Program has grown nicely, our liver transplant numbers are up, and Dr. Joseph Lombardi's team implanted the first Cook Zenith® Dissection Endovascular System in the U.S. to treat an aortic dissection.

Jefferson is now the #1 hospital in the tri-state area as regards volumes of complex pancreatic resection. We recently formalized the Jefferson Pancreas, Biliary and Related Cancer Center and hosted a national PanCAN Symposium on April 5th. Lastly, Dr. Hwyla Arafat received the Department's second NIH grant for her research into nicotine and its role in pancreatic carcinogenesis!

On the national front, we were well represented at the 3rd Academic Surgical Congress with seven presentations, ranging from vascular surgery, to alimentary tract diseases, to cancer. At the Southern Surgical Association, Dr. John Kairys presented regarding a decrease in cumulative operative experience during General Surgery residency, and Dr. Jonathan Brody presented results indicating that metastatic pancreatic ductal adenocarcinoma cells evade immune destruction through up-regulation of IDO.

Finally, we will welcome six unbelievably talented new categorical General Surgery residents this July. We did great in "the match."

Clinical Integration



Eleanor Gates, RN, MSN and Mary Ann McGinley, PhD, RN lead the nursing component of recent collaborations with the Department of Surgery.

# Nursing: Collaboration for Optimal Patient Care

"Service line" is a common phrase used in academic medical centers like Jefferson. "It improves system level performance for the clinical service by involving the right combination of people, processes, and technology to drive the best results for patients," says Mary Ann McGinley, PhD, RN, the Senior Vice President for Patient Services and Chief Nurse Officer at Thomas Jefferson University Hospital.

The Department of Surgery is fortunate to have a clinical administrator devoted to driving change in this way. Eleanor Gates, RN, MSN, the Hospital's Vice President of Neuro/Surgery and Trauma, also serves as the Director of Surgical Nursing.

*This collaboration has impacted all aspects of the surgical patient's experience, from operating room procedures...to dietary and pharmacy concerns.*

"My role is largely as a facilitator to accomplish our goals and outcomes," says Ms. Gates. She meets routinely with Surgery Department Chair, Charles Yeo, MD, and Florence Williams, Director of Clinical Operations for the Department (see On the Job, page 3) to evaluate the entire continuum of care for surgical

patients: examining efficiencies, reporting on downfalls, and making recommendations. This collaboration has impacted all aspects of the surgical patient's experience, from operating room procedures and information systems to dietary and pharmacy concerns.

Ms. McGinley credits the Department of Surgery for fostering open communication and collaboration with the nursing staff through multidisciplinary educational forums

and rounding with attending physicians. Ms. Gates adds that this has improved patient care.

Jefferson also employs clinical nurse specialists, who bring the best clinical practices into the patient's plan of care and additionally guide the more novice nurses. "Surgery's alliance with these clinical specialists, who become embedded with a given team of physicians, has been critical," Ms. McGinley explains.

This collaboration is reflected in a number of hospital initiatives, including:

- The Jefferson Rapid Response Team – which offers bedside care for the patient whose condition is at risk of rapid deterioration.
- Logging Critical Care Unit activities online, so that physicians can access vital signs easily.
- Creating teaching space in the Intensive Care Unit where attendings, residents, nurses, and students can evaluate cases.

"Surgery's commitment to areas beyond their traditional realms of responsibility—and the reciprocal interest of Nursing in the details of the surgical endeavor—have created a very successful partnership," says Ms. Gates. Ms. McGinley adds that "in many ways, this inter-departmental relationship is a model for the entire institution."

Resident Update



**Jefferson Expertise Applies Far and Wide**

Former Jefferson resident, Michael Rotondo, MD, has built an impressive career as an innovator, educator, and national leader in trauma and surgical critical care. Dr. Rotondo is extremely proud of his Jefferson training, which carried on the meticulous surgical tradition of Dr. Samuel D. Gross.

He subsequently completed a fellowship in traumatology and surgical critical care at the University of Pennsylvania, where he and his colleagues introduced the groundbreaking concept of "damage control" surgery in 1993.

Now Professor and Chairman of the Department of Surgery at The Brody School of Medicine at East Carolina University, he continually seeks to improve the standard of surgical care in arenas far and wide.

Dr. Rotondo gained national attention for creating dramatic improvement in clinical outcomes for North Carolina's rural populations. On an international level, he recently treated U.S. soldiers injured in Iraq as a Senior Visiting Surgeon in Combat Casualty Care at Landstuhl Regional Medical Center (LRMC) in Germany.

Read the full article online at [www.jefferson.edu/surgery/rotondo.cfm](http://www.jefferson.edu/surgery/rotondo.cfm)

*Changing Lives Through Research*



Kidney transplant recipients, Kim and James LaSalvia, pose with their 5 year old twins, Anthony and Vincent, at a recent Gift of Life celebration in Philadelphia.

# Transplants and Pregnancy: A Surprisingly Good Fit

**M**arch 10th, 2008 marks the 50th anniversary of a modern surgical landmark: the first documented birth to an organ transplant recipient. Jefferson is in a unique position to celebrate this achievement, as the home to the National Transplantation Pregnancy Registry (NTPR) – the only one of its kind in the U.S.

The Registry is a voluntary study in which transplant recipients (both men and women) report their experiences

*Jefferson is...home to the National Transplantation Pregnancy Registry (NTPR) – the only one of its kind in the U.S.*

with parenthood, pregnancy, childbirth, and the health of offspring in relation to organ failure, transplant surgeries, and related medications. The NTPR was founded in 1991 by Director Vincent Armenti, MD, PhD, a Jefferson alumni and former fellow who has a dual faculty appointment as Professor in the Department of Surgery (Transplantation Division) and the Department of Pathology, Anatomy and Cell Biology.

Dr. Armenti's interest was sparked when a transplant recipient told him she had terminated a pregnancy after transplant. "I realized then that if it was our goal after transplant to restore recipients to health as fully as possible, we needed reliable data to provide better counseling," he says.

Transplants and pregnancy may sound like a dangerous combination – for the mother as well as the fetus or newborn. But the Registry provides more than 15 years of evidence about some 1,400 women who have undergone transplants, many with successful pregnancies and healthy children.

Dr. Armenti describes a Registry patient who was – unbeknownst to her or her physicians – pregnant before her kidney transplant, and she went on to deliver a healthy child. "We have heard of many amazing success stories," he says.

Kim and James LaSalvia, are parents who share a unique bond – they have both had kidney transplants. Kim, who worked as a kidney transplant coordinator at Jefferson, met James after his third transplant. When Kim became pregnant, they discovered they were

having twins. She had a normal pregnancy and gave birth around 37 weeks – on time for twins. Their boys, who just turned five, continue to flourish. Dr. Armenti says the LaSalvia's success is typical, especially for female recipients who have been very stable since a kidney transplant.

The risks of pregnancy vary according to what kind of organ has been transplanted. "After a kidney transplant recipients facing adverse effects can go back on dialysis, if necessary," Dr. Armenti explains. "But for liver, heart, and lung recipients, the consequences are more severe without an alternative therapy, other than retransplantation. The registry helps to identify these risk factors."

One result of the NTPR research was



*On the Job*

## Florence Williams

Director of Clinical Operations,  
Department of Surgery

**You've been at Jefferson for a long time. What positions have you held?**

I started as a nursing assistant on an oncology unit. Later I accepted a position in the clinical practice of Francis E. Rosato, Sr, MD, Chair of the Department of Surgery. In 1997 he promoted me to Director of Clinical Operations.

**How do you support the Department's programs and faculty?**

I oversee the clinical operations of the department and 60 support staff. I review practice business operations, develop recommendations, and support their implementation at the divisional level, including charge capture, patient registration, and accounts receivable. I am also the Department Compliance Administrator. So, I monitor documentation requirements and ensure that we meet all Jefferson University Physician guidelines.

**What is an example of a special project you've overseen?**

I coordinated moving the Colorectal Surgery practice within the Medical Office Building to increase efficiency of exam room utilization while reducing expenses.

**What do you like about your position?**

I enjoy problem solving, which is a large part of what I do in a typical day. I like that my position is always changing and never boring.

**What is the most challenging aspect of your job?**

Providing each division with the undivided attention and support they need.

**What are some of your current projects?**

I'm drafting a white paper to identify and implement positive changes to improve patient care and satisfaction. The Electronic Medical Record (EMR) project is also underway; we're now reviewing the current state workflow and formulating a plan for the future.

identifying a higher incidence of spontaneous abortion and a birth defect risk in the newborn of mothers taking the drug CellCept®, an antirejection medication, during pregnancy. The Registry data, in combination with another data set from the pharmaceutical manufacturer, led the FDA to include more specific warnings for pregnant women in package inserts.

The NTPR also offers unique counseling and networking opportunities to recipients and physicians around the country. "We can often match a transplant recipient with someone who has had the same transplant, faced similar risk factors, and can share their experiences," says Dr. Armenti.

For more information about the NTPR, visit [www.jefferson.edu/ntprr](http://www.jefferson.edu/ntprr).

In Memorium

*The Face of Medical Education:  
The Philip J. Wolfson, MD,  
Memorial Education Fund*

Among the illustrious Jefferson surgeons whose portraits hang on the 6th floor of the College Building is Philip J. Wolfson, MD. The 2002 Jefferson Medical College class commissioned this portrait to recognize Dr. Wolfson's excellence as a teacher, role model, and mentor. The painting now serves as a memorial, after Dr. Wolfson's untimely passing in late August 2007. The image captures his kindness, generosity, wisdom, and gentle spirit.

During his 25 years at Jefferson, Dr. Wolfson served as Chief of Pediatric Surgery and Director of Undergraduate Medical Education (UME) for the Department of Surgery. A nationally recognized educator, he introduced several new surgical techniques and established a neonatal program—among the first in the nation—for extracorporeal membrane oxygenation (ECMO), which dramatically

increased the survival rate for newborns with lung problems.

As Chair of the Jefferson Medical College Curriculum Committee—a position he held for 8 years—Dr. Wolfson worked closely with Susan Rattner, MD, Senior Associate Dean for UME, to redesign the medical school curriculum. She remembers him as a man “whose work reflected his belief in excellence in medical education, in the Golden Rule,” she reflects. “As passionate as he was about teaching, he was also a devoted learner. He treated his students as colleagues.”

Dr. Wolfson's tireless energy and initiative extended well beyond Jefferson. A frequent lecturer and prolific author, he received numerous awards, including the 1999 Outstanding Teacher Award from the Association for Surgical Education (ASE). He also served as Chair of the USMLE Step 2 Surgery Committee for the National Board of Medical Examiners (NBME) and served



Philip J. Wolfson, MD

as President of ASE from April 2007 until his death.

To honor Dr. Wolfson and the hundreds of lives he touched, Jefferson Medical College established the Philip J. Wolfson, MD, Memorial Education Fund to award a prize to a medical student who has demonstrated exceptional professionalism and leadership. The first student prize will be awarded this spring to a member of the Class of 2008—the last to have had the privilege of knowing Dr. Wolfson personally. Additionally, the Fund could support a lectureship in medical education, named in Dr. Wolfson's honor, to be presented at the annual Jefferson Medical College Curriculum Retreat. For more information, or to make a donation in Dr. Wolfson's memory, please contact Lara Allan Goldstein at **215-955-8797** or **Lara.AllanGoldstein@jefferson.edu**.

News in Brief



**Benjamin Youdelman, MD** has joined the Department of Surgery's Division of Cardiothoracic Surgery. He completed three fellowship programs in Cardiothoracic Surgery, Congenital Heart Surgery and Thoracic Surgery.

**John Kairys, MD**, (JMC Class of 1993), Assistant Professor of Surgery, has joined the Dean's Office as Assistant Dean of Graduate Medical Education, but will remain as the Vice Chair for Educational Affairs in the Department of Surgery. He served as Program Director since 1999.

**Karen Chojnacki, MD** was named Program Director for the Department of Surgery's Residency Program. Her clinical practice specializes in minimally invasive surgery (see cover story).

**Gerald Isenberg, MD** was named the Director of Undergraduate Education in the Department of Surgery. He is also the Program Director of the Colorectal Fellowship Program.

A new Fellowship in Vascular Surgery has been awarded to the **Department of Surgery** by the ACGME. The two-year fellowship will train two fellows each year at Thomas Jefferson University Hospital and Methodist Hospital.

**The Division of Vascular Surgery** recently opened a new endovascular surgical suite on Gibbon 5, featuring Phillips FD20 imaging technology. This is the first Philadelphia area suite where this degree of imaging is available in a fully functional operating room.

On January 1, 2008, seven surgeons of **Jefferson University Physicians (JUP)** assumed responsibility for the Mid-Atlantic Surgical Practice based at Ritner Street and Methodist Hospital. Patients will be seen at St. Agnes Continuing Care Center at 1900 South Broad Street. For more information, please call JUP at **215-551-0360**.



Surgical Solutions

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