Overview

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Reflection: A Long Lasting Birthday Present

I wrote a check this week. I do it yearly; this time, $169, for my annual subscription renewal to the New England Journal of Medicine (NEJM). Writing this check reminds me of my dad… he started me on this tradition.

During the autumn of my senior year in medical school I was approaching my 25th birthday (1978) and my father asked if there was anything I "needed" for my birthday. My initial list was met with his comment that I didn't need the items requested (new car, new stereo system, my own pair of new snow skis.) He was correct – I just wanted them. I then altered my approach, and told him that I really could use a subscription to the NEJM. After he heard my rationale, he started me off with my first issues: a 3 year subscription, at student rates, which I have renewed religiously… this will be my 35th year!

I love reading it. Filled with op-ed pieces on health care or global health issues, landmark original articles, review articles and of course the weekly mysterious clinicopathological conference (CPC) cases, it provides me an hour of broad medical education amidst the usual hectic work week. I recommend it to all physicians, and especially to all surgeons. I can't tell you how much I have learned from this amazing journal on a year to year basis.

A very belated thanks to my now departed father, for starting me on this weekly tradition.

P.S. The NEJM is celebrating its 200th birthday this year.

Clinical Integration

Jefferson Surgeon Performs Minimally Invasive Robotic Mitral Valve Repair

Routine physical exams often reveal the presence of a heart murmur, which can be the first sign of mitral valve prolapse. Typically diagnosed with an echocardiogram, mitral valve prolapse is a condition in which the valve separating the upper and lower chambers on the left side of the heart doesn't close properly. For some individuals, the condition is asymptomatic; for others, mitral valve prolapse results in mitral regurgitation, leading to symptoms of heart failure as the disease progresses.

Until the last decade, the best surgical treatment was to replace the valve – which traditionally required invasive surgery, a lengthy recovery and a lifetime of anticoagulation therapy. Consequently, patients with mitral valve prolapse often chose to "wait and see" if the condition worsened. In many cases, the delay in treatment led to cardiac compromise and a host of related symptoms, such as swelling of the lower extremities, atrial fibrillation ("palpitations") and shortness of breath.

"With today's minimally invasive techniques, there's no need to take the 'wait and see' approach."

"Twenty years ago, mitral valve replacement was really the last and only resort," explains Jefferson's Gurjyot Bajwa, MD. "With today's minimally invasive techniques, there's no need to take the 'wait-and-see' approach, as we know the progression leads to deterioration of cardiac function."

Indeed, minimally invasive mitral valve repair has become the standard of care – and in September 2011, Dr. Bajwa was the first surgeon in Philadelphia to perform the procedure robotically. Safe and reproducible, repair preserves cardiac function, helping patients maintain their quality of life.

Dr. Bajwa came to Jefferson from the Cleveland Clinic Foundation, where in 2008 she became a clinical associate in complex adult cardiac surgery. In 2009, she remained at the Cleveland Clinic for fellowship training in minimally invasive and robotic cardiac surgery. To date, she has used the robot to perform over 25 minimally invasive mitral valve repairs.

In September 2011, fellowship-trained robotic surgeon Dr. Gurjyot Bajwa became the first surgeon in Philadelphia to perform a robotic mitral valve repair. One year later she has performed over 25 of the procedures.

"Most people don't have the option of taking three months off of work or life," Dr. Bajwa says, adding that patients also prefer to avoid large, unsightly scars. By using the minimally invasive robotic procedure to perform the mitral valve repair, patients are typically discharged from the hospital in just three or four days. Most are able to resume normal activities within two weeks – with no restrictions on driving because the sternum (breastbone) is untouched.

Dr. Bajwa urges patients with mitral valve prolapse to obtain a surgical evaluation: "If you have mitral valve prolapse, please don't wait for your heart to deteriorate," Dr. Bajwa advises. "Come in when you're diagnosed or as you're progressing but *before* you have symptoms. That's how you can enjoy the best quality of life."

For more information about robotic cardiac surgery at Jefferson visit:
www.jeffersonhospital.org/cardiothoracic

Meet Our Surgical Interns

The Department has welcomed an impressive new group of categorical interns, selected from over one thousand applicants to our program. These doctors, who recently matched with Jefferson, started on June 20, 2012. Just a few months into their Jefferson surgical residency, we have all noticed their dedication to patient care, their energy and their excitement in joining the Jefferson community.

Please welcome (from left to right):
Adam Strickland, MD, East Carolina University, **Danika Giugliano, MD,** Drexel University, **Adam Johnson, MD,** Tulane University, **Sami Tannouri, MD,** Pennsylvania State University, **Deepika Koganti, MD,** University of Miami, **Talar Tatarian, MD,** George Washington University

We are also pleased to welcome back the following Jefferson Medical College 2012 graduates as preliminary interns in general surgery: **Lawrence Lee, MD, Andrew Margules, MD,** and **Jared Meshekow, MD**.