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This issue of Surgical Solutions has a trio of military stories—focusing on Drs. Alec Beekley and Daniel Grabo, and our benefactors Briley and Janice Howell. These stories cohere nicely now, at a time when our country is advancing the principles of freedom in places like Iraq, Afghanistan, and most recently Libya.

Jefferson Surgery has a proud tradition of service to our nation's military. The son of George McClellan (founder of JMC and first Chair of Surgery), George Brinton McClellan was a Major General for the Union forces in the Civil War, organized the Army of the Potomac, and served as the general-in-chief for Abraham Lincoln. Samuel D. Gross served in a consultative role to the Union troops, and authored the Manual of Military Surgery to assist the Union surgeons in the management of battlefield injuries. (The Manual was soon plagiarized by the Confederacy in Richmond, and distributed to their medical corps as well, without crediting Gross!)

W.W. Keen served as a surgeon in the Civil War, rose to the rank of Major, and even as an emeritus Professor continued to serve the military in various roles. Keen penned numerous articles on military surgery, noting progress from the Civil War to the First World War. John Chalmers DaCosta, Keen's successor as Chair and the first Samuel D. Gross Professor, served in the Navy in WWI, and rose to the rank of Commander. Many other Jefferson surgeons have served our country.

We are pleased to welcome Dr. Beekley to our Jefferson Surgery family—he is one of many American military heroes. Dr. Grabo will continue his service to our country after his fellowship training is completed. Mr. Howell (along with his wife Janice) has been a steadfast supporter of Jefferson in the years following his distinguished 27-year Army career. We are proud to share their stories.



Jefferson and Nemours join forces to offer transplant expertise to young patients. Stephen Dunn, MD, FACS, at Nemours and Cataldo Doria, MD, PhD, FACS, and Warren Maley, MD, at Jefferson are leading the collaborative program.

Creating Second Chances for All Ages: The Live Donor Liver Transplant Program

Jefferson surgeons recently performed their 5th adult live donor liver transplant, which allows a person to donate a portion of his or her healthy liver to a patient with advanced liver disease. The Jefferson Live Donor Liver Transplant (LDLT) Program is one of only three adult-to-adult live donor liver transplant centers in the Delaware Valley designated by the United Network for Organ Sharing (UNOS). A new cooperative arrangement with Nemours/Alfred I. DuPont Hospital for Children in Wilmington means that Jefferson patients of all ages can benefit from the region's finest expertise with this procedure.

About half of the liver transplants performed on children at Nemours involve live donors

There have been strong ties between Jefferson and Nemours since the 1990s. Stephen Dunn, MD, FACS, Chief of Pediatric Solid Organ Transplantation at Nemours, explains that Nemours provides pediatric education for Jefferson medical students and serves as a clinical site for residents. Until last year, Dr. Dunn performed every pediatric solid-organ transplant himself. The newly formed

team benefits from the expertise of four additional surgeons at Jefferson, led by Cataldo Doria, MD, PhD, FACS, the Nicoletti Family Professor of Transplant Surgery and Director of Transplantation and Warren Maley, MD, Director of the Live Donor Liver Transplant Program.

Lieutenant Commander Daniel R. Grabo

Upon completing his residency at Jefferson in 2009, Daniel Grabo, MD, began a one-year commitment on the USS Enterprise and the USS *G.H.W. Bush* as Navy Lieutenant Commander and ship surgeon. It was his job to ready both ships for sea, medically speaking. This included six weeks at a time doing "sea trial" workups between Virginia and the Bahamas.

Both ships carried 5,000 sailors and had a standard-size operating room. Dr. Grabo prepared the *GHW Bush* OR for sea and performed basic emergency surgery with the assistance of two surgical technicians. He also learned all he could about radar, propulsion, intelligence, weapon and aviation systems, which earned him a Surface Warfare Pin.

After completing his current fellowship program in trauma and critical care at the

Every Jefferson donor candidate meets with the Independent Donor Advocate (IDA), Chief Medical Officer Geno Merli, MD, to discuss their motivations and the details and risks of the procedure. Nemours donor candidates undergo a similar process. The customary operation for live liver donation to small children in the U.S. removes 20 to 25 percent of the donor's total liver volume. "This is well tolerated by the adult donors," says Dr. Maley, "and it also makes what would be a full-size liver for a one-year-old child."

The donor's liver re-grows about 80 percent of the lost volume in the first week following the transplant and 90 percent after two weeks. About half of the liver transplants performed on children at Nemours involve live donors, which give child recipients the best chance for optimal outcomes.

"The first live donor liver transplant to a child recipient was in 1989," says Dr. Maley, "and it remains the best way to provide a transplant to a child younger than two years old." Nemours performs an average of 12 liver transplants each year. "It's like the space program," says Dr. Dunn. "We don't have many launches, but each one is complex, challenging and specialized."

For more information about Live Donor Liver Transplant Surgery visit: www.jeffersonhospital.org/LDLT

Resident Update



University of Pennsylvania, Dr. Grabo will likely return to a Naval hospital and then be deployed to Afghanistan or Iraq. "That's what I want to do," he says, "to give five years of my training back to the Navy. They've been very good to me."