

## Overview



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## 1968—Fifty years on....

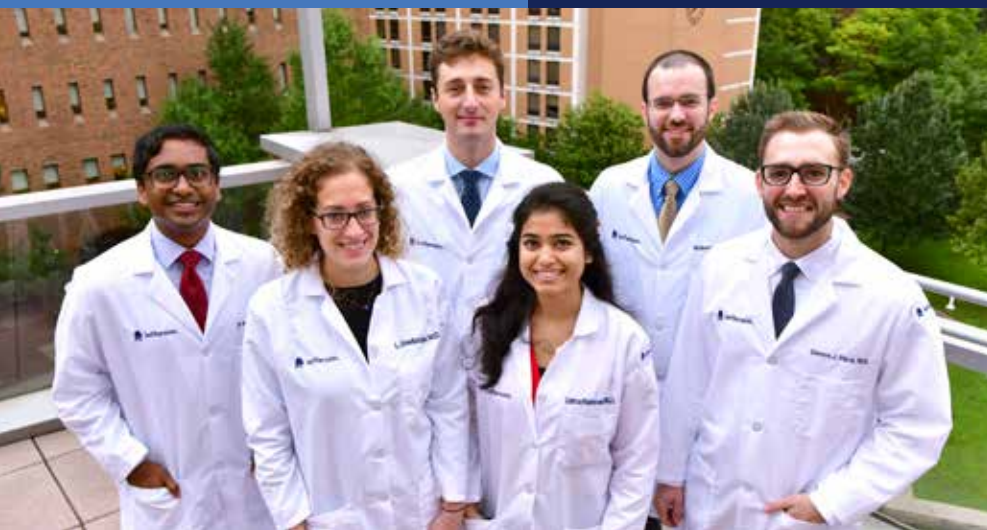
As a senior member of the surgical community here at Jefferson, I have immense faith in our future. It is worth underscoring the famous quote of George Santayana, "Those who cannot remember the past are condemned to repeat it."

Events this year have prompted me to recall the crucial events of my teenage years, specifically the year 1968. Three sources have served to underscore my memories: a CNN special, the Jan/Feb issue of *Smithsonian* entitled "The Year that Shattered America," and an exhibit at the Minnesota History Center in St. Paul, MN. Seismic events occurred in 1968: (1) in January, the Tet offensive, (2) in March, President Johnson announced he would not run for reelection, (3) on April 4, Martin Luther King Jr. was assassinated in Memphis, (4) on June 4, Robert F. Kennedy was murdered in Los Angeles, (5) in August, there was mayhem at the Democratic National Committee in Chicago, and (6) the year ended in December with the historic Apollo 8 mission, the first manned spacecraft to orbit the moon. Movements such as civil rights, human rights and youth culture "exploded with force in 1968." Rock and roll music was there, on the airwaves, and on LPs, annotating the journey.

In speaking to my two sons and our Jefferson medical students, graduate students and residents, I have an eerie sense of *deja-vu* in 2018, as I see parallels between the two years, separated by 50 trips around the sun. The news cycles are filled with stories of political turmoil, human rights violations, civil disorder, and unending wars accompanied by tensions (military, economic and trade) between the world's superpowers. Many young adults are now worried, anxious, threatened and concerned – as were we in 1968.

The year 2018 will pass. We here at Jefferson will continue to do wonderful, amazing things for the good (and health) of our patients. Our clinical trials will continue to be successful and important. We will continue to educate, operate with great skill, innovate and teach. Enjoy this issue, which presents some of our exciting news and initiatives. Will history repeat? Let's hope so... at least for the sake of the Philadelphia Eagles!

## Meet the Interns



## Clinical Integration



In August 2018, the Department of Surgery rolled out an Opioid Toolkit (on screen) with recommendations for responsible post-operative pain management. The development team includes, (standing) Christine Schleider, RN, BSN, CNOR, Adrienne Christopher, MD (PGY2), Kathleen Shindle, RN, BSN, CCDS, CDIP, and (seated) Scott Cowan, MD, Megan Lundgren, MD (PGY4), and Christopher Kustera (MS2).

## Department of Surgery Launches Opioid Reduction Initiative

Fourth year general surgery resident Megan Lundgren, MD, and a team of researchers led by Scott Cowan, MD, FACS, Vice Chair for Quality for the Department of Surgery, initiated a project aimed at examining Jefferson's opioid prescribing practices in the perioperative period. The team surveyed more than 400 patients who had undergone general surgery procedures at Thomas Jefferson University Hospital. After identifying how many opioids each had been prescribed, they interviewed patients to understand how many they actually took, how many pills were left over and how the leftover pills were being stored and/or disposed of.

"The results of that initial process revealed that about **65 percent of the prescribed pills went unused**, making them vulnerable to diversion and abuse," Dr. Lundgren says. "When we determined why patients didn't take all of their pills, we found that many patients did not like the side effects. Also, they simply didn't need the opioids, as their pain was well controlled with NSAIDs or acetaminophen."

Using this data, Dr. Lundgren and the team performed an analysis to determine the ideal number of pills

to prescribe in the postoperative period. The output of that analysis is the Opioid Toolkit for the Department of Surgery. Rolled out in August 2018, this online resource educates providers by explaining the reasons why surgeons play a role in the crisis. Importantly, providers are encouraged to set expectations during preop appointments in terms of number of postoperative opioids that will be prescribed and the use of non-opioid alternatives to control pain.

The Toolkit promotes a pain management spectrum that supports the use of acetaminophen, NSAIDs and Gabapentin as first and second line options. Oral opioids and IV opioids are positioned as last-resort options, with specific dosing instructions for each type of procedure.

"Studies have shown that about 7 percent of patients are still taking opioids three months after even minor surgeries," Dr. Cowan says. "In addition to preventing diversion of these drugs, we want to help reduce the potential for chronic use."

The Toolkit was introduced to the Department of Surgery by Dr. Lundgren at a recent mini-Grand Rounds presentation and is currently available on the Jefferson Intranet.

The Department has welcomed an impressive group of categorical interns selected from over 1350 applicants to our program. These doctors, who matched with Jefferson, started on June 20, 2018. Please welcome (from left to right):

**Prashanth Palvannan, MD**  
Rutgers New Jersey Medical School

**Lisa Bevilaqua, MD**  
Stony Brook University School of Medicine

**Brian Till, MD**  
College of Medicine at University of Vermont

**Uzma Rahman, MD**  
Stony Brook University School of Medicine

**Walker Lyons, MD**  
Lewis Katz School of Medicine  
at Temple University

**Devon Pace, MD**  
University of Illinois College of Medicine

We are also pleased to welcome the following preliminary interns (not pictured) in general surgery: **Drs. Leila Driansky, Anthony Hage, Gregory Hanson, Daniel Taylor, and Alexander Vraa.**