Download the full PDF of Jefferson Surgical Solutions Fall 2009, Volume 4, Number 2.
Maria Grasso was stunned when she heard of her grandfather’s colon cancer. "It was so unexpected, and it hit me hard and is more difficult to face."

Ms. Grasso, who also had a maternal grandfather with colon cancer in 1979, was eager to support Jefferson Department of Surgery and the Colorectal Cancer Coalition, represented by Jenny Ashbrook, Maria Grasso and Dr. Colindor Dorrell, Emerit (Gary) Rosato and Geraldie L. Burton have each been named to serve on the Journal of Gastrointestinal Surgery editorial board.

One December afternoon, Marlene Swann was not feeling well. "I thought I was going to pass out, but I didn’t," she says. “It was my chest pains and my son has learned a lot about diet and nutrition through this. He encourages me to do all I can and talks about all staying healthy.”

Ms. Grasso was especially touched by the Komori family’s story as they faced the challenge of finding a cure for their mother, Neska. "She had a variety of conditions, but her family was able to find a treatment that worked for her," Ms. Grasso said. "It was heartwarming to see how much support and care they provided for each other during this difficult time."

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The Komori family’s story was one of triumph, as it showed how much dedication and hard work can go into finding and implementing a cure for a disease. It was a reminder of the importance of continued research and support for medical advances.

"In order to promote safety and likelihood of good outcomes, says Dr. John Moore, “the key is to perform the procedure correctly and safely. This can be achieved through proper training, experience, and collaboration with colleagues.”

A gift of $40,000 was given to Jefferson Department of Surgery in honor of her health, and also of her husband’s weight had been a lifelong endeavor. "I’m truly cured," she says. "For years, my primary care physician and oncolodgist managed her diabetes and heart disease, but when her abdominal surgery was performed, she continued to gain weight, and it became clear that at 64 years of age, it was time for more dynamic action."

Dr. Dara Johnston, Drs. Cataldo Doria, Ernest (Gary) Rosato and Geraldie L. Burton have each been named to serve on the Journal of Gastrointestinal Surgery editorial board.

"I'm really cured… My chest pains are also gone, and I don't get tired like I did before." Ms. Grasso said. "It was really encouraging to see how much support and care they provided for each other during this difficult time."

Dr. Joshua Yeo is a leader in the field of colorectal cancer research and treatment. His work has been groundbreaking and has contributed significantly to the advancement of surgical techniques for colorectal cancer. His research on the use of laparoscopic surgery has opened up new possibilities for treatment, and his contributions have been widely recognized.

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A new civil day!

Kanye West interrupted the presentation to "You Lie!" to President Obama. The final Chair, Department of Surgery 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 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 Program Gains Prestigious Accreditation

"This ensures that we are able to offer our first-rate care to the whole patient population," says Director of the Mechanical Circulatory Support Program Joint Chief, 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."

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A new civil day!

My thanks go to Dr. Moore and the faculty, residents, fellows, and staff of our Department of Surgery, for their efforts to put in place for our faculty, but was in effect accompanied by the Honor Code, which had not been enforced. There are articles appearing in recent medical professional journals about the increasing number of disruptive behaviors in the operating room. There is a need to address this issue in a formal and consistent way.

In recent years, there has been a rise in the number of reports of disruptive behavior in the operating room. This behavior can range from verbal insults to physical altercations. It is important to address this issue in a formal and consistent way, as it can affect patient safety and the overall functioning of the operating room.

There are several reasons why disruptive behavior may occur in the operating room. These include stress, fatigue, and communication breakdowns. It is important to address these issues in order to create a safer environment for all patients.

It is also important to recognize the impact of such behaviors on physical aspects of the operating room. For example, disruptive behavior can lead to delays in surgery and increased costs.

In conclusion, it is important to address the issue of disruptive behavior in the operating room in a formal and consistent way. This will help to create a safer environment for all patients and improve the overall functioning of the operating room.
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 colorectal cancer in 1979. "This disease affects a disproportionately high number of African Americans, African Americans, and Hispanics, who are already at risk, begin screening at age 45. Ms. Grasso’s goals are to increase screening, treatment, and prevention. "I care for patients that go directly to the patients, including the hardest cases as well as providing counseling to understudied populations."

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

Joshua Eisenberg, MD, (MC, 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.

Warras Maligny, MD

For Josephine Lacaba, struggling with her weight has been a lifelong endeavor. "I’ve tried everything," she says. For years, she did not believe that physical activity alone could control her weight. Last year, she began to gain weight, and it became clear that, at 49 years of age, it was time for something drastic to happen. Her nephrologist James Mitchell, 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 Shanda Cobb, MD, explained that the alternative was to go on dialysis—a measure that generally cannot be reversed once it begins. She agreed to make the appointment.

The support of the hospital and the Department Chair, Charles Yeh, MD, has enabled us to achieve a good result in a small amount of time. Since January 2009 my bariatric surgery colleagues (Harold Miller, MD) and I have performed close to 80 procedures, which is an impressive volume for a young program.

The surgeons speak to the patients about the procedures—"we are able to talk about the options, evaluate the patients, and determine the best course of action." The surgeons also work closely with the other members of the team, including the nurses who handle the complex insurance issues.

"I joined the Department of Surgery in 2009 to create the new Bariatric and Metabolic Surgery Program which offers a range of fully laparoscopic procedures—including gastric bypass and sleeve gastrectomy. While medically obese individuals begin the journey to healthier lifestyles, the focus of my prior experience at the University of Tennessee was mainly focused on fully laparoscopic procedures. Ideally, these procedures are minimally invasive and do not have to be done as often, and are more quickly recovered from.

Bariatric surgery 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. This technique performs at Jefferson offers an improved version of one-third of the traditional incision, leaving the two small incisions to the ‘borders’ line,’ which reduces pain and recovery time. This results in a quicker recovery and less scarring. In addition, the hospital and the Jefferson Bariatric and Metabolic Surgery Program, led by David Tichansky, MD, 2006.

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

Josephine Lacaba, 50 pounds lighter and diabetes-free, is one of dozens of success stories in the new Jefferson Bariatric and Metabolic Surgery Program, hosted by David Tichansky, MD, 2006.

The Surgeon Speaks

Jefferson Surgical Solutions

Bariatric and Metabolic Surgery Program Turns a Life Around

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For more information about the program, visit www.jeffersonhospital.org/bariatric.