

WINTER 2014

Volume 4, No. 1

THIS NEWSLETTER IS INTERACTIVE

The table of contents, web addresses, and e-mail addresses in this newsletter are interactive.

News from the Roberta and Stephen R. Weiner Department of Surgery
at Beth Israel Deaconess Medical Center

INSIDE SURGERY

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Making People Whole Again

Plastic and Reconstructive Surgery: A Leader in Patient Care, Research, and Training

Two years ago, life for Tricia Andron seemed just about perfect. At 36, the Southboro, Mass. resident was happily married, had a great job in marketing, and a beautiful one-year-old daughter.

Suddenly that illusion of perfection was shattered: Ms. Andron discovered a lump in her breast that was diagnosed as cancer. Soon she was being cared



Patient Tricia Andron and her son, Dean, visit with members of her "dream team": plastic surgery nurse Maria Semnack, RN, and plastic and reconstructive surgeon Bernard Lee, MD, MBA.

for by what she calls "a dream team" of BIDMC doctors that included breast surgeon Mary Jane Houlihan, MD, plastic and reconstructive surgeon Bernard Lee, MD, MBA, plastic surgery nurse Maria Semnack, RN, and medical oncologist Nadine Tung, MD.

Because of Ms. Andron's age and family history of breast cancer, she decided to undergo genetic testing. There was more bad news: She learned she carries abnormal copies of the BRCA 1 gene, which significantly increase her risk of both breast and ovarian cancer.

After considerable soul-searching, Ms. Andron decided to have both of her breasts removed and reconstructed. Following chemotherapy, she underwent a

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Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Message from the Chairman

In those quiet moments between the passing of one year and the dawn of the next, it is appropriate to reflect and learn from all that transpired, and to dream and plan for tomorrow.

With little doubt the past year has been one that will not be soon forgotten — by our department and medical center, by Boston, and by the entire nation, as we collectively confronted the challenge of the Boston Marathon bombings. As you read in our last issue, many of our surgeons, residents, nurses, and staff cared for those who were injured, whose lives were forever changed, and who, in turn, touched our own. In the service of something larger than ourselves, we are reminded that we make a difference — one patient and family at a time.

It is sometimes easy to deceive ourselves into believing that since we have been given the privilege of saving a life or a limb or receiving a hug from a grateful patient or family members, that we have somehow fulfilled our duty — that in our compact with society, we have done all we need to do. While a commitment to uncompromising excellence to all those who come through our doors is our first priority, as a department and as individuals we recognize that this alone is not enough. We believe in a shared social responsibility to reach out to improve the lives of others in all of its dimensions.

In this issue, two articles convey how this belief defines our values and actions. “Food is Medicine” is but one of many initiatives conceived of and pursued by the department’s Committee on Social Responsibility, which is led by Dr. Allen Hamdan. More than \$35,000 was raised through this event to provide 105,000 meals for our neighbors in distress.

For many years, Dr. David Campbell has given of his time and expertise to teach surgeons and nurses in Vietnam how to provide better care for their patients suffering from diabetes. As a result of his efforts, many medical communities have been empowered to save limbs and change lives.

As we look back on 2013, we are grateful for the opportunities we have had to make a difference. Empathy drives both our commitment to care and the innovation needed to close the gaps in care that continue to exist. As we look forward to the coming year, we do so with a spirit of optimism and a determination to continue working together to improve health both at home and abroad.



Elliot Chaikof, MD, PhD



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The mission of the
Department of Surgery:

- Provide care of the very highest quality
- Improve health through innovation and discovery
- Prepare future leaders in American surgery
- Serve our communities with sensitivity and compassion

Chairman, Surgery

Elliot Chaikof, MD, PhD

Vice Chairman, Surgery (Communications)

Allen Hamdan, MD

Director of Surgery Communications Editor

Hilary Bennett

Writers/Contributors

Hilary Bennett
Kaitlyn Dmyterko
Christie Roy

Principal Photography

Bruce R. Wahl

Please forward comments, news items, and requests to be added to or removed from the mailing list to:
Editor, *Inside Surgery*, Beth Israel Deaconess Medical Center, Department of Surgery, LMOB-9C, 110 Francis St., Boston, MA 02215.

E-mail: hbennett@bidmc.harvard.edu

Tel: 617-632-9913

bidmc.org/surgery

New Faculty



Christina S. Moon, MD

Director of Cornea and Refractive Surgery

Director of Ophthalmology Inpatient Consultation Services

Division: Ophthalmology

Medical School: Dartmouth Medical School/Brown Medical School Joint Program, Providence, RI, and Hanover, NH

Residency: Ophthalmology, Wilmer Eye Institute, Johns Hopkins University School of Medicine, Baltimore, MD

Fellowship: Cornea and Refractive Surgery, Bascom Palmer Eye Institute, University of Miami Health System, Miami, FL

Clinical Interests: disorders of the cornea; cornea, cataract, and refractive surgery

Research Interests: surgical education, corneal infections, and surgical outcomes

Phone: 617-667-3391



Christopher Ogilvy, MD

Director, Endovascular and Operative Neurovascular Surgery

Director, BIDMC Brain Aneurysm Institute

Division: Neurosurgery

Medical School: Dartmouth Medical School, Hanover, NH

Residency: Neurosurgery, Massachusetts General Hospital, Boston, MA

Fellowship: Research Fellowship, Surgery, Dartmouth Medical School, Hanover, NH; Research Fellowship, Neuroscience, Dana Foundation, New York, NY; Clinical Fellowship, Endovascular Neurosurgery, University of Buffalo, Buffalo, NY

Clinical Interests: intracranial aneurysms, intracranial and spinal arteriovenous malformations (AVMs), extracranial and intracranial (carotid and vertebral) atherosclerotic disease, cavernous malformations (brain and spinal cord), Moya-Moya disease, acute stroke, brain hemorrhage, other brain vascular malformations

Research Interests: *Clinical research:* outcome measures for patients undergoing procedures for cerebrovascular disease, development of combined modality management of endovascular and surgical techniques for cerebrovascular disease, techniques to minimize ischemic injury during neurovascular procedures; *Laboratory research:* tissue-engineering techniques to treat saccular intracranial aneurysms, biologic response to placement of endovascular devices

Phone: 617-632-7246

Save the Date

February 5 Surgical Grand Rounds

Silen Visiting Professor of Surgery: Julie A. Freischlag, MD

Johns Hopkins Hospital; Johns Hopkins University

"Clinical and Personal Comparative Effectiveness"

March 5 Surgical Grand Rounds

Distinguished Visiting Professor of Surgery: Ikenna Okereke, MD

Warren Alpert School of Medicine, Brown University

"Minimally Invasive Thoracic Surgery: Thinking Outside the Box"

March 19 Surgical Grand Rounds

Distinguished Visiting Professor of Hepatobiliary and Pancreatic Surgery: Ugo Boggi, MD

University of Pisa, Italy

"Robotic Hepatobiliary Surgery"

March 26 Surgical Grand Rounds

Capper-Hermanson Visiting Professor of Surgery:

Michael W. Mulholland, MD, PhD

University of Michigan Health Systems, University of Michigan

"Surgical Research in the Wiki World"

April 5 4th Annual IDEAS™ Symposium on Surgical Robotics

Location: The Inn at Longwood Medical, 342 Longwood Ave., Boston

For information, visit our website. To register, contact: Emily Hunter, ehunter@bidmc.harvard.edu; 617-632-8377.

April 23 Surgical Grand Rounds

Starkey Visiting Professor of Surgery: Timothy J. Eberlein, MD

Barnes-Jewish Hospital; Washington University

"Surgical Education: A New Paradigm"

May 7 Surgical Grand Rounds

Distinguished Visiting Professor of Cardiac Surgery:

Joseph A. Dearani, MD

Mayo Clinic; Mayo College of Medicine

"Hypertrophic Obstructive Cardiomyopathy"

May 14 Surgical Grand Rounds

Ellis Visiting Professor of Thoracic Surgery:

Ara Vaporciyan, MD, MHPE

MD Anderson Cancer Center; University of Texas

"Surgical Education"

May 21 Surgical Grand Rounds

Distinguished Visiting Professor of Surgery: Sanjiv Chopra, MD

Harvard Medical School

"Leadership By Example: The Ten Key Principles of All Great Leaders"

Surgical Grand Rounds are held from 8 to 9 a.m. in the Joslin Diabetes Center Auditorium, One Joslin Place, Boston, MA. For a listing of all 2013-2014 Surgical Grand Rounds, visit our [website](#).

[< Continued from page 1](#)

double mastectomy with tissue-expander placement, radiation therapy, and, finally, breast reconstruction. “The decision to remove both breasts was a very difficult one, but I know it was right for me,” she says.

DIEP flap expertise

According to Dr. Lee, the two main options for reconstructing breasts are implants (saline or silicone) or using the patient’s own tissue, usually taken from the abdomen.

Ms. Andron opted for the latter — she preferred using her own tissue, thought the results looked more natural, and knew women who had experienced problems with implants. “And it certainly didn’t hurt that I’d also get a tummy tuck,” she jokes.

Ms. Andron specifically wanted to have a relatively new procedure called the DIEP (deep inferior epigastric perforator) flap procedure which, because it preserves the

underlying abdominal muscle, offers the best long-term functional outcomes. Alternative surgical approaches require the removal of one or — in cases where both breasts are reconstructed — both abdominal muscles. The DIEP flap procedure is especially appealing to active women, like Ms. Andron, who are undergoing a double mastectomy and do not want to have implants.

Because it requires specialized surgical expertise as well as institutional support, the DIEP flap procedure is not widely available, even across New England, says Dr. Lee. In the past 10 years, however, the BIDMC Division of Plastic and Reconstructive Surgery has performed more than 1,000 DIEP flaps, making it one of the most experienced, sought-after DIEP-flap providers in the nation.

In November 2012, Ms. Andron underwent 15 hours of surgery to have her breasts

reconstructed by Dr. Lee and fellow plastic and reconstructive surgeon **Adam Tobias, MD**. After five days at BIDMC and eight weeks of recovery, she was back at work.

She is thrilled with the care she received from Dr. Lee and her entire dream team, and most especially with the results of her surgery. “My body looks very natural and my abs are strong. I actually look better than I did before the operation! Dr. Lee is an amazing plastic surgeon,” she says.

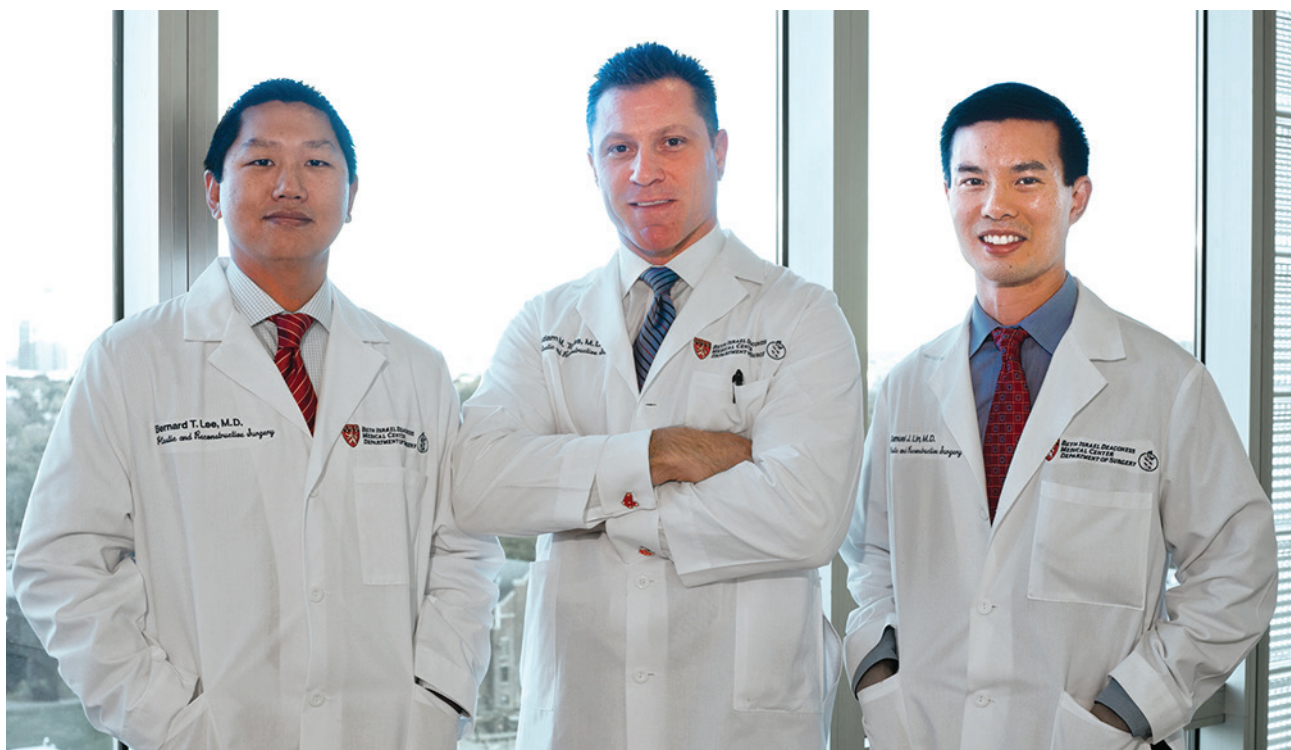
Ms. Andron jokes that the excellent aesthetic results might even be partly responsible for an unplanned pregnancy, which she learned about just eight weeks after her operation. She gave birth to her second child, a son, at BIDMC in September 2013. Soon she will have further enhancements to her breasts to recreate nipples, and also have her ovaries removed to eliminate the risk of ovarian cancer — procedures that were postponed due to her pregnancy.

BIDMC Plastic and Reconstructive Surgery has performed more than 1,000 DIEP flaps for breast reconstruction, making it one of the most experienced, sought-after DIEP-flap providers in the nation.

Entire breadth of services

In addition to breast reconstruction, the Division of Plastic and Reconstructive Surgery also provides the entire breadth of cosmetic and reconstructive surgical services, including hand surgery.

Cosmetic surgery to improve the appearance of virtually any part of the body is provided, as well as nonsurgical options, such as Botox and fillers. Reconstructive surgery using the latest microsurgical techniques is available to patients who have or had cancer; have suffered traumatic injuries; or



(From left): Plastic and Reconstructive Surgery faculty members Bernard Lee, MD, MBA, Adam Tobias, MD, and Samuel Lin, MD.

require surgery to improve function — for example, people who have difficulty breathing because of the shape of their nose.

In all cases, patient care is highly personalized and multidisciplinary, involving the appropriate subspecialists within the division, including **Samuel Lin, MD**, who is board-certified in both otolaryngology and plastic surgery, and BIDMC doctors from other surgical and medical specialties, such as oncology, breast surgery, orthopaedic surgery, otolaryngology, podiatry, and others.

“We work as a team to provide the full spectrum of care,” says Dr. Lee, noting that the division is continually analyzing and improving its processes to ensure the best possible outcomes and

patient satisfaction. “Our goal is to offer the best functional and aesthetic outcomes, while focusing on the needs and preferences of each individual patient.”

Basic and clinical research

In addition to comprehensive patient-care services, the division also conducts an active, diverse program of basic and clinical research. For example, Dr. Lee is co-principal investigator of a large National Institutes of Health grant that supports research of a new imaging technology to determine the viability of transplanted tissue, such as in face transplantation.

Dr. Lin is collaborating with scientists at Massachusetts Institute of Technology on research that has the potential to help people with

nerve disorders. He is also working with collaborators at Tufts University to use silk-based technology to create new biomaterials.

Other research projects focus on patient outcomes and satisfaction following surgical procedures such as the DIEP flap. Members of the division publish and present their work widely, disseminating their findings to peers both nationally and internationally.

Training future leaders

The division is also very actively engaged in training future leaders in plastic and reconstructive surgery. For example, the division trains residents in the renowned Harvard Plastic Surgery Combined Residency Program, which is led at BIDMC by Dr. Lin.

The division also offers three highly competitive, one-year clinical fellowships: Hand Surgery, led by **Joseph Upton, MD**; Aesthetic Plastic Surgery, led by Drs. Lin and **Sumner Slavin, MD**; and Breast/Microsurgery, led by Drs. Tobias and Lee. All members of the division,

including its affiliated faculty members (see “Meet Our Team”), are active participants in these training programs.

“Plastic surgery is a unique surgical specialty in that one has to be comfortable working on all areas of the body,” says Dr. Lee. “Whether

it is rebuilding a face disfigured by an accident or cancer, reconstructing a breast, or reshaping a nose so a patient can breathe easier, this is a challenging and very rewarding profession that allows us to help make people whole again so they can carry on with their lives.”

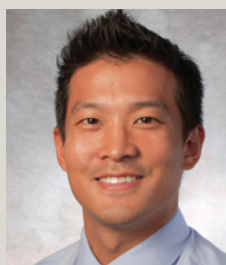
For more information about the Division of Plastic and Reconstructive Surgery, including patient-care services, research, and education, please visit: bidmc.org/surgery and click on [Plastic and Reconstructive Surgery](#).

REFERRALS AND APPOINTMENTS: 617-632-7827

MEET OUR TEAM: PLASTIC AND RECONSTRUCTIVE SURGERY



*Bernard Lee, MD, MBA
Acting Chief*



*Peter Kim, MD**



*Donald Morris, MD**



Adam Tobias, MD



*Richard Bartlett, MD**



Samuel Lin, MD



*Sumner Slavin, MD**



*Joseph Upton, MD**



*Terri Halperin, MD**



*Leonard Miller, MD**



*Michael Tantillo, MD**

**Affiliated faculty*

NEWS BRIEFS



Ajith Thomas, MD, Neurosurgery, and his collaborating team of engineers from Harvard School

of Engineering and Applied Sciences were selected by the American Society of Mechanical Engineers (ASME) as the recipients of the 2013 Freudenstein/General Motors Young Investigator Award for their paper, "Assured safety drill with bi-stable bit retraction mechanism." The award is presented to a young investigator/investigators whose paper makes a significant original contribution to the theory or practice of mechanisms and has the potential to enhance the public good. Dr. Thomas received the award in August at the 2013 ASME Mechanism and Robotics Conference in Portland, OR. In the paper, Dr. Thomas and his co-authors describe the cranial drill they designed, which is a safer alternative to existing drills.



Kamal Khabbaz, MD, Chief of Cardiac Surgery, was captain of a Beth Israel Deaconess/Red Sox

Heart Walk team that participated in the American Heart Association (AHA) Boston Heart Walk in September. Cardiac Surgery was among the top fundraising BIDMC teams, raising more than \$9,000 for the AHA. This year, 786 BIDMC walkers raised more than \$154,600 for the Boston Heart Walk, which was chaired by BIDMC President and CEO Kevin Tabb, MD.



This year, the Departments of Surgery of BIDMC, Massachusetts General Hospital, and Brigham and Women's Hospital held a joint cocktail reception at the American College of Surgeons meeting in Washington, D.C. in October. Pictured here are Surgery Chairmen (from left): Michael Zinner, MD, Brigham and Women's Hospital; Elliot Chaikof, MD, PhD, BIDMC; and Keith Lillemoe, MD, Massachusetts General Hospital.



Resident Ashraf A. Sabe, MD, was selected as one of four finalists for the American Heart

Association (AHA) Vivien Thomas Young Investigator Award, which is sponsored by the Council on Cardiovascular Surgery and Anesthesia. Dr. Sabe, currently a research fellow in the Cardiovascular Research Center at the Warren Alpert Medical School of Brown University, presented his work and was honored at the AHA conference in Dallas in November. The Vivien Thomas Young Investigator Award acknowledges the accomplishments of early career investigators who are focusing on fundamental and applied surgical research. Earlier this year, Dr. Sabe received a similar honor when he was selected as a finalist for the C. Walton Lillehei Forum, where he presented at the American Association of Thoracic Surgery conference in April.

The following residents and faculty were recently confirmed as members of the BIDMC Academy of Medical Educators, which enhances and fosters the development of physicians and scientists as educators throughout the BIDMC community: Faculty member **Amy Evenson, MD,** Transplantation, is an Academy member; residents **Rodney Bensley, MD, Martin Dib, MD, Stephen Gondek, MD, Tovy Kamine, MD, Kiran Lagisetty, MD,** and **Laura Mazer, MD,** are Associate Academy members.



George L. Blackburn, MD, PhD, General Surgery/Center for the Study of Nutrition Medicine,

is the first recipient of the Master of the American Board of Obesity Medicine recognition award. The award recognizes physicians who have made significant contributions to the science, practice, and/or

advancement of obesity medicine and obesity treatment. In November, Dr. Blackburn accepted the award at The Obesity Society awards ceremony in Atlanta, GA.



Resident **Mariam Eskander, MD**, received third prize for best paper at the New England

Surgical Society. The paper, “Impact of Insurance Type on Pancreatic Cancer Outcomes: A Decade-Long Review,” was the outgrowth of a Department of Surgery Clinical Scholarship Program project. The co-authors are: Zeling Chau, Sing Chau Ng, **Tara Kent, MD, MS**, and **Jennifer Tseng, MD, MPH**.



Jim Rodrigue, PhD, Transplantation, accepted a role on the editorial board of the newly

established *Journal of Surgery and Transplantation Science*. He also was appointed to the Executive Committee of the Psychosocial Community of Practice (CoP) within the American Society of Transplantation.



Faculty of the second annual New England Urology Training Course in Robotic Surgery were (from left): Peter Steinberg, MD, BIDMC; Mohamed Allaf, MD, Johns Hopkins Hospital; Andrew Wagner, MD, BIDMC; Alireza Moinzadeh, MD, Lahey Hospital and Medical Center; Peter Chang, MD, BIDMC; and Daniel Welchons, MD, BIDMC, Chief Resident. Not pictured is Thomas Schwaab, MD, PhD, Roswell Park Cancer Institute.

The Division of Urology presented its second annual New England Urology Training Course in Robotic Surgery in the fall. The two-day program provided attendees with instruction in robotic approaches to kidney, prostate, and bladder surgery and practical knowledge of the latest approaches to safe and reproducible robotic urologic surgery. This year the course featured a moderated live robotic surgery case. The course director was **Andrew Wagner, MD**, Director of Minimally Invasive Urologic Surgery.



Russell Nauta, MD, Chief of Surgery at Mount Auburn Hospital, was elected as a Governor of the

American College of Surgeons (ACS). Dr. Nauta will serve a three-year term. The Board of Governors is integral to the

administration of the ACS, representing the Fellows of the College and serving as the official liaison between the Fellows and the ACS's Board of Regents. Mount Auburn Hospital's Surgery Department is affiliated with BIDMC.



At the November ribbon cutting for the BID-Needham Center for Wound Care and Hyperbaric Medicine were (from left): John Fogarty, President and CEO of Beth Israel Deaconess Hospital-Needham; Co-Medical Directors John Giurini, DPM, and Daniel Rutowicz, DPM; and William Sullivan, MD, Endocrinology, Joslin Center for Diabetes and Endocrinology.

BID-Needham recently opened its new Center for Wound Care and Hyperbaric Medicine, sharing space with the Joslin Center for Diabetes and Endocrinology to provide comprehensive diabetes care. According to **John Giurini, DPM**, Chief of Podiatry and Co-Medical Director of the center, the multidisciplinary clinic offers patients a high-tech facility for treating chronic, non-healing wounds, as well as comprehensive evaluation and treatment of endocrine disorders, including diabetes and thyroid, adrenal, and pituitary diseases. For appointments, call 781-453-8500.



Adnan Majid, MD,
Thoracic Surgery
and Interventional
Pulmonology,
received honorable

mention from the American Association for Bronchology and Interventional Pulmonology (IP) for his important contributions to IP medicine. Dr. Majid was nominated by his national peers for the Geoffrey McLennan Memorial Award for Advances in Interventional Pulmonology. In October, he and another nominee were presented with certificates at the Chest 2013 meeting in Chicago.

The winners of the 2013 annual Surgery Research Symposium were **Prathima Nandivada, MD** (clinical topic), and **Ana Tellechea, PharmD**, a PhD student (basic science topic). The symposium is held in conjunction with the Clowes Distinguished Visiting Professorship in Surgical Research (see page 11). Other trainees who were invited to present their abstracts were (clinical topic): **Christopher Barrett, MD**, **Dominique Buck, MD**, **Eliza Lee, MD**, and **Omair Shakil, MD**; and (basic science): **Denis Gilmore, MD**, **Gab Seok Kim, PhD**, **Nicola Sandler, MBBS**, and **Nils Schallner, MD**.

In September, the department's Podiatric Surgical Residency was re-accredited by the Council on Podiatric Medical Education for the maximum of five years. In addition, it received added accreditation in Reconstructive Rearfoot/Ankle Surgery. The three-year residency



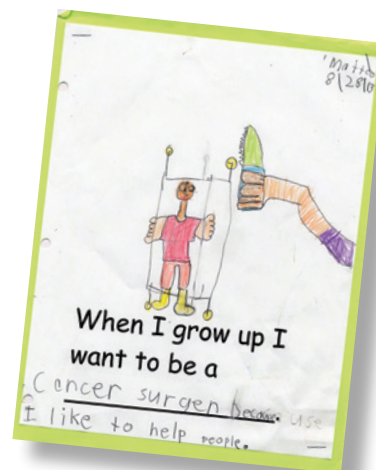
*Thanh Dinh, DPM
(left) and John
Giurini, DPM*

program, which has graduated over 50 residents since its establishment in 1973, accepts two residents a year. **Thanh Dinh, DPM**, played a leadership role in the accreditation process, says Podiatry Chief **John Giurini, DPM**.



An IDEAS™ workshop on virtual surgery was held on November 23 in the Carl J. Shapiro Simulation and Skills Center at BIDMC. Chaired by **Daniel Jones, MD**, Vice Chair of Technology and Innovation, and **Suvranu De, ScD**, of Rensselaer Polytechnic Institute (RPI), the daylong workshop provided the 75 attendees from around the United States with a comprehensive update on the state-of-the-art in virtual surgery and discussions of challenges and opportunities. The workshop was sponsored by the Department of Surgery, the BIDMC Center for Education, and RPI.

When second-grader Matthew (“Matteo”) Sabatine, the son of Chief of Surgical Oncology **Jennifer Tseng, MD, MPH**, was asked by his teacher to share what he wants



to be when he grows up, he didn't hesitate. As his delightful drawing shows, Matteo wants to be a cancer “surgen” because, like his Mom (and Dad, Marc Sabatine, MD), he likes to help people.



Andrew Wagner, MD, Director of Minimally Invasive Urologic Surgery, was honored at Fenway Park as a Boston Red Sox “Medical All Star” in August.

ALUMNI SPOTLIGHT

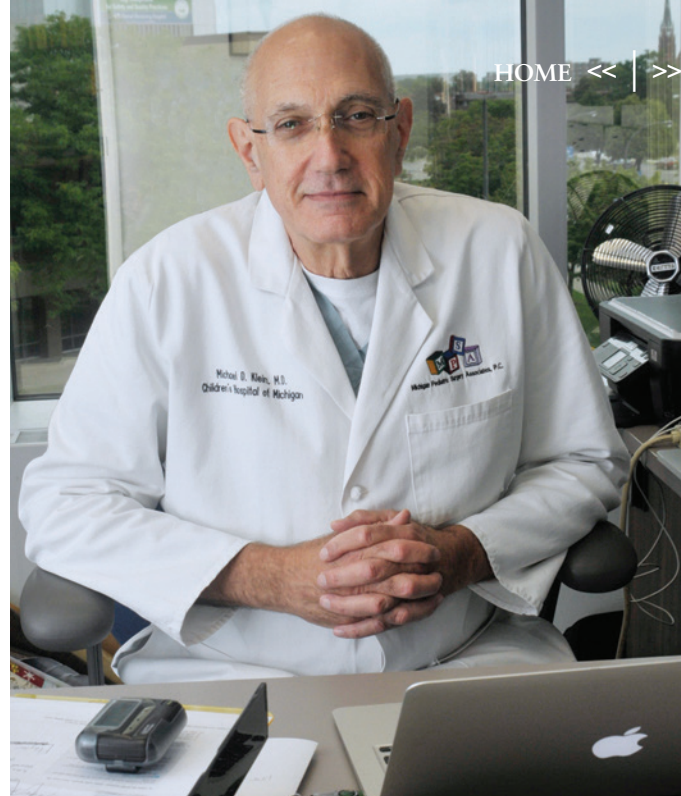
Michael Klein, MD

Pediatric surgeon Michael Klein, MD, has plenty to boast about — if he were the type to brag. He is the Arvin I. Philippart, MD, Endowed Chair in Pediatric Surgical Research at Wayne State University and Children's Hospital of Michigan, where he formerly served as surgeon-in-chief and director of two surgical training programs. Recognized nationally for his work, Dr. Klein is also president-elect of the American Pediatric Surgical Association. And in 2012 he became the first pediatric surgeon ever to be nominated for the presidency of the American Academy of Pediatrics, eventually becoming the runner up.

But what Dr. Klein is most proud of is making a difference in the lives of children. “When I was training as a surgeon, pediatrics was just emerging as a subspecialty,” Dr. Klein says. “I like to think I’ve helped advance the field in some small way.”

Dr. Klein didn’t set out to become a surgeon. He majored in medieval history at the University of Chicago and began graduate studies in the field at Princeton University. “Like a lot of people who came of age in the 1960s, I experienced a relevance crisis,” he says. “As much as I enjoyed studying medieval history, it didn’t seem to help anyone.”

So he decided to apply to medical school. First, he bolstered his academic credentials by attending graduate school in chemistry at Case Western Reserve University in Cleveland. He did so well he was awarded a scholarship to attend Case Western’s medical



time at Children’s proved pivotal: Dr. Klein decided to become a pediatric surgeon. “Children are more than ‘little adults,’” Dr. Klein points out. “My career-long interest in adapting surgical techniques to the pediatric population began then.”

Dr. Klein resumed his residency just as William V. McDermott, MD, then its director, relocated the Fifth (Harvard) Surgical Service to New England Deaconess Hospital. As a result, Dr. Klein finished his training as chief resident at the Deaconess — where he met a surgeon who remains a lifelong influence — Frank C. Wheelock Jr., MD.

“Frank Wheelock was my foster father in surgery,” Dr. Klein says. “He was an elegant surgeon with meticulous technique. From Frank, I learned not only about surgery but also the responsibility of taking care of patients.”

After holding positions at the University of New Mexico and the University of Michigan, in 1983 Dr. Klein joined the Children’s Hospital of Michigan and Wayne State University, where he has been ever since. In addition to his clinical work and teaching, Dr. Klein is a prolific researcher, with nearly 250 papers published in peer-reviewed journals. He has also authored or collaborated on chapters in 24 textbooks.

In his rare free time, Dr. Klein likes to take adventure vacations with his wife, Peggy, and the couple’s children. Dr. Klein has explored Machu Picchu, climbed Mount Kilimanjaro, and hiked across Wales. “I like a challenge,” he says.

And that, of course, would be an understatement.

“My career-long interest in adapting surgical techniques to the pediatric population began during my residency.”

Michael Klein, MD

school. “The faculty at the medical school who most impressed me were the surgeons,” Dr. Klein says, “and I discovered I liked doing procedures.”

After an internship at the University of Washington, Dr. Klein began his residency at the Fifth (Harvard) Surgical Service (the predecessor to BIDMC’s Department of Surgery), then based at Boston City Hospital. Ever eager for new challenges, Dr. Klein decided to take two years to do laboratory research and perform surgery at Boston Children’s Hospital. The

Distinguished Visiting Professors Share Their Knowledge

The Department of Surgery's Distinguished Visiting Professors Series brings surgical leaders in numerous specialties to BIDMC to share their knowledge and expertise with faculty and trainees in a variety of settings — at Surgical Grand Rounds, in small group discussions, and at social events, including black-tie dinners in their honor. In academic year 2013-2014, BIDMC will host 15 visiting professors from leading academic medical centers throughout the United States.

In October, David L. Larson, MD, was the Goldwyn Visiting Professor of Plastic Surgery, which is named in honor of the late Robert M. Goldwyn, MD, former Chief of Plastic Surgery at Beth Israel Hospital. Dr. Larson, currently an Accreditation Field Representative of the Accreditation Council of Graduate Medical Education, was formerly Chair of Plastic Surgery at the Medical College of Wisconsin and the George J. Korkos Professor in Plastic Surgery. Dr. Larson's presentation at Grand Rounds was "Reflections on a 35-Year Career: The Contributions of Plastic Surgery to the Cancer Patient."

In early November, Peter Lawrence, MD, came to BIDMC as the Salzman Visiting Professor of Vascular Surgery. Dr. Lawrence is Director of the University of California, Los Angeles Gonda (Goldschmied) Vascular Center, and Bergman Chair of Research. He also is the 2012-2013 president-elect of the Society for Vascular Surgery. In addition to listening to presentations by vascular surgery residents and fellows, Dr. Lawrence spoke on "The Use of Simulation in the Training of Surgical Residents and



Acting Chief of Plastic and Reconstructive Surgery Bernard Lee, MD, MBA (left), with David L. Larson, MD, the Goldwyn Visiting Professor of Plastic Surgery.

Fellows" at Surgical Grand Rounds. The Salzman visiting professorship is named in honor of the late Edwin William Salzman, MD, who served as Chief of Vascular Surgery and Associate Director of the Surgical Service at Beth Israel Hospital.

In mid-November, B. Mark Evers, MD, came to BIDMC as the Clowes Visiting Professor of Surgical Research. Dr. Evers is Director of the Lucille P. Markey Cancer Center, Professor and Vice Chair of the Department of Surgery, and Director of the Oncology Service Line for UK HealthCare at the University of Kentucky. At Grand Rounds Dr. Evers spoke on "Surgical Research Accomplishments: A Tribute to the Greatest Generation and Training the Next Generation." Dr. Evers also helped judge surgery trainees' oral abstracts in basic and clinical research at the department's annual Surgery Research Symposium (see page 9). The Clowes professorship is named in honor of the late George H. A. Clowes Jr., MD, a New England Deaconess Hospital surgical innovator.

For information about the 2013-2014 Distinguished Visiting Professors Series, including the schedule for Spring 2014, please visit our [website](http://bidmc.org/surgery).



B. Mark Evers, MD, the Clowes Visiting Professor of Surgical Research (left), speaks with a faculty member at Grand Rounds.



Chief of Vascular and Endovascular Surgery Marc Schermerhorn, MD (left), with Peter Lawrence, MD, the Salzman Visiting Professor of Vascular Surgery.

Global Medicine: Vietnam

by David Campbell, MD
Vascular and Endovascular Surgery

In 1997, a Vietnamese surgeon named Cao Van Thinh visited BIDMC and, as I was the only surgeon who spoke French at the time, he hung out with me. A few months later, I received an invitation to give a lecture at a conference in Ho Chi Minh, Vietnam, to celebrate the 300th anniversary of the founding of the city. There was no financial support but I could not resist the opportunity to visit such an exotic place.

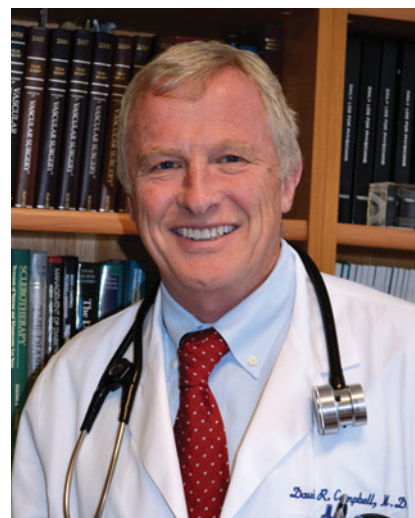
So in November 1998, I made the trip to Vietnam, where Dr. Thinh and his wife met me at the airport. They showed me around the city, university, and major hospitals. At that time, the people of Ho Chi Minh were very poor; major health issues included malnutrition, infectious diseases, injury from traffic accidents, and HIV.

I gave my lecture on the management of diabetic foot problems and my translator, Dr. Khue, invited me to visit her department at Cho Ray Hospital. I was amazed to find a number

of patients with type 2 diabetes and normal circulation who had lost their limbs due to diabetic foot infections. Dr. Khue said that nearly all patients admitted with foot infections ended up with a leg amputation. In Boston, I knew it was rare for a patient with good circulation to lose his or her leg.

Education could save limbs

It was clear to me that patients' limbs could be saved with some education — both for the physicians



incision and drainage was to treating diabetic foot infections. At Dr. Kahn's request, we treated a few patients to demonstrate the techniques.

When we returned to Vietnam the following year, we were delighted with what we found.

Dr. Kahn presented a series of

"Before our team started visiting the hospitals in Vietnam, the various services and departments never talked to one another. They have gained tremendous strides in the team approach we use so often here at BIDMC."

David Campbell, MD

and the patients. I asked Dr. Khue if she thought it would be helpful for me to visit again with a team consisting of myself, a podiatrist, and a diabetologist to put on a seminar for local doctors. She thought it was a good idea, and I returned to the U.S. determined to make it happen.

In July 2000, I returned to Vietnam with Dr. Chan Coopan, a diabetologist from Joslin Diabetes Center, and Dr. Hau Pham, a Vietnamese podiatrist on staff at the time here at BIDMC. We put on a seminar and toured units in a number of hospitals. We met Dr. Kahn, a physician who had been at our seminar and understood immediately how important early

patients who avoided amputation because of incision and drainage. We felt we had made an impact on the care of the diabetic in Ho Chi Minh.

In 2003, we returned once more, expecting this to be our last visit. As we greeted staff at the hospital where Dr. Kahn worked, we were shocked to find they had reverted to their old ways.

Dr. Kahn was no longer working there for political reasons and it was a real reminder of the communist dictatorship. It had become clear that free care was, indeed, not free.

Boston training leads to success

A little saddened by this, we had a conference with Drs. Thinh and



From left: Drs. Ahn, Campbell, and Ngoc at SePa, 2013. Dr. Ngoc came to BIDMC in 2011 to learn from surgeons here, and will return in 2014.

Khue, who had been so responsive to us in the past. We found out that Dr. Thinh had just been made chief at a different hospital and that Dr. Nam, an associate of Dr. Khue's, would run the diabetes department. We decided to bring both of them to Boston for a few months so that they could return fully trained to set up a diabetic foot center.

This proved to be a great success. I was able to get a lot of vascular equipment for Dr. Thinh, and every time we visited Ho Chi Minh after their trip to Boston, we put on educational seminars and would review recent vascular cases.

In 2004, I was honored to appear on the front cover of the *Bulletin of the American College of Surgeons* with an accompanying article about the work in Vietnam. In 2009, I had the privilege of being appointed a visiting professor to the University of Ho Chi Minh City, an honor they have bestowed only half a dozen times in the past.

We expanded our journeys and started visiting Hanoi, Vietnam, discovering the need to be just as great, though they appeared less receptive to our message. In 2009, Dr. Thinh presented the experience at his hospital as part of a seminar at Bach Mai Hospital, and they took this close-to-home story to heart.

Tom Lyons, DPM, formerly of our Division of Podiatry, who had also joined our team, gave a wonderful demonstration to teach endocrinologists how to perform debridements, or the removal of dead, damaged, or infected tissue, at the patient's bedside. We were making progress and they were pleased.

In 2011, we returned to put on



In 2009, Dr. Campbell was appointed a Visiting Professor to the University of Ho Chi Minh City, a rare honor.

a daylong seminar at the South East Asian Endocrine Meeting in Saigon, South Vietnam. Local physicians shared success stories of their new diabetic foot treatment techniques, which further encouraged the Hanoi physicians to do something similar. By then, we were very well received in Hanoi at major hospitals, where we also had the opportunity to support and treat some patients.

Shortly after this trip, Dr. Ngoc from Bach Mai Hospital traveled to the U.S. to visit and learn from physicians at BIDMC. He stayed for a couple of months and had a great time. We are looking forward to returning to Bach Mai Hospital this year* to see what progress has been made.

Tremendous strides

So what exactly did we accomplish?

Before our team started visiting the hospitals in Vietnam, the various services and departments never talked to one another. They have gained tremendous strides in the team approach we use so often here at BIDMC.

Additionally, those patients who had diabetic foot problems often suffered amputation. There was no distal bypass surgery to salvage ischemic limbs. We helped Dr. Thinh, our friend and colleague, who now has the equipment he needs and has established some credibility. Lack of staff and resources pose ongoing problems, but units such as ones where

endocrinologists do debridements, consulting with orthopedics and vascular surgery, have made patient outcomes much more successful.

Politically speaking, all of this would have been nearly impossible without the continued support of the group from BIDMC and Harvard, and the training our Vietnamese colleagues received here in Boston.

** Just before Inside Surgery went to press, Dr. Campbell returned from his latest trip to Vietnam.*



Surgical rounds at Hanoi Heart Hospital, 2013.



Dr. Campbell lecturing at the University of Ho Chi Minh City, 2011.

MAKING A DIFFERENCE

Weiners Host 'Behind the Headlines' Event

On October 3, Roberta and Stephen R. Weiner, after whom the Department of Surgery is named, hosted a “Marathon Monday-Behind the Headlines” event at the Four Seasons Hotel in Boston. Nearly 100 guests and friends of the Weiners and members of the Department of Surgery attended the event, which included hors d’oeuvres, cocktails, and remarks from BIDMC residents and surgeons who treated victims of the Boston Marathon bombings, as well as a patient.

Following an introduction by Mrs. Weiner and Chairman of Surgery **Elliot Chaikof, MD, PhD**, the following faculty and residents shared heartfelt personal stories of caring for the Marathon bombing patients: **Alok Gupta, MD**, and **Michael Yaffe, MD, PhD**, Acute Care Surgery, Trauma, and Surgical Critical Care; **Robert Frankenthaler, MD**, and **Selena Heman-Ackah, MD, MBA**, Otolaryngology-Head and Neck Surgery; **Jorge Arroyo, MD, MPH**, Ophthalmology; **Peter Kim, MD**, Plastic and Reconstructive Surgery; and surgical residents **Stephen Gondek, MD, MPH**, and **Jennifer Zhang, MD**.

A highlight of the evening was the presentation by former patient Michele Mahoney, who was seriously injured in the bombings. “Thank you could never feel like enough,” she said, after recounting examples of the outstanding care she received during her month-long hospitalization. “How do you thank an entire group of people for saving your legs and for literally and figuratively holding your hand through it all? I’m not really sure you can.”



Former patient Michele Mahoney with surgeon Alok Gupta, MD.



Host Roberta Weiner and Carl Sloane, a BIDMC Trustee Emeritus and former Chair of the Board of Directors at BIDMC.



Host Roberta Weiner with BIDMC President and CEO Kevin Tabb, MD.



Surgeon Michael Yaffe, MD, PhD, and surgical resident Jennifer Zhang, MD.



(From left:) Allen Hamdan, MD, George Blackburn, MD, PhD, Deborah Frank, MD, Catherine D'Amato, and Elliot Chaikof, MD, PhD, spoke at the Food is Medicine gala.

'Food is Medicine' Event Raises \$35,000 for Hungry Families

The Department of Surgery's Committee on Social Responsibility raised \$35,000 for the Greater Boston Food Bank (GBFB) at the inaugural "Food is Medicine" gala on September 19. The event was co-chaired by Department of Surgery Vice Chairman (Communications) Allen Hamdan, MD, the primary force behind the successful fundraiser. Fellow co-chairs were department Chairman **Elliot Chaikof, MD, PhD**, and former Chief Administrative Officer Debra Rogers; the honorary chair was BIDMC CEO Kevin Tabb, MD.

Held at the GBFB in Boston, the gala raised money for and awareness of the GBFB and the many hungry families it serves. The money raised through ticket sales, a silent auction, and donations will provide nearly 105,000 meals to those in need, says Dr. Hamdan, who launched and leads the Department of Surgery's Committee on Social Responsibility.

Attended by 115 guests from throughout BIDMC, other hospitals, and industry, the evening featured GBFB tours, hors d'oeuvres, and cocktails. Silent auction items, which included restaurant gift certificates, Red Sox tickets, golf outings, and framed photographs, fetched \$2,500 of the total raised.

Currently, one in nine people in eastern Massachusetts is food insecure. The donations, meals, and awareness raised by the Food is Medicine event will put the GBFB one step closer to meeting its goal of providing at least one meal per day to every person in need in eastern Massachusetts.

"Food truly is medicine, and this event highlights the important role that food has in people's health and well-being every day," said Catherine D'Amato, President and CEO of the GBFB, in remarks to those in attendance. Drs. Hamdan and Chaikof, and **George**

Blackburn, MD, PhD, Director of BIDMC's Center for the Study of Nutrition Medicine, also spoke briefly, touching on the essential role doctors and others can play in hunger-relief efforts across the state. "I can't imagine how it must feel to not be able to put food on the table for your children," Dr. Chaikof said. "We all should be doing more to help those who, often for reasons outside their control, are unable to provide proper nutrition to their families."

Deborah Frank, MD, Director of the Grow Clinic at Boston Medical Center, spoke about how hunger is often the root cause of growth failure in children.

"Food truly is medicine, and this event highlighted the important role that food has in people's health and well-being every day."

Catherine D'Amato, Greater Boston Food Bank

Providing proper nutrition to young children is essential for growth and development and can help prevent future hospital visits, she said.

In addition to the Food is Medicine gala, Boston Volunteers, in partnership with BIDMC, hosted two related events that helped raise funds that will enable the GBFB to provide more than 1,300 meals for needy families.

"The Food is Medicine gala was a great evening that allowed people to come together to support an organization that helps feed hungry families in eastern Massachusetts," says **John Tumolo**, Director of Quality Programs in the Department of Surgery. "It inspired all of us to do more."

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Selena Heman-Ackah, MD, MBA (left and inset below), has performed more than 175 cochlear implants in both adults and children during her career.

BIDMC Performs First Cochlear Implantation

Early this fall, Selena Heman-Ackah, MD, MBA, performed the first cochlear implantation at Beth Israel Deaconess Medical Center. Dr. Heman-Ackah, the Medical Director of Otology, Neurotology, and Audiology in the Division of Otolaryngology/Head and Neck Surgery, has performed more than 175 cochlear implants in both adults and children during her career.

A cochlear implant is a small, complex electronic device that can help provide a sense of sound to a person who is profoundly deaf or severely hard of hearing. The device is very different from a hearing aid, which amplifies sounds so they can be detected. Instead, a cochlear implant bypasses damaged areas of the ear and directly stimulates the auditory nerve. Signals generated by the implant are sent along the auditory nerve to the brain, which recognizes the signals as sound.

While hearing via a cochlear implant differs from normal hearing, the device allows people to understand sounds in their environment and to have a conversation in person or, in many cases, over the phone. “For properly selected patients, the procedure is safe and the outcomes are usually very good,” says Dr. Heman-Ackah, noting that for most of the patients

she has treated the results are “life changing.” As of 2011, approximately 42,600 adults and 28,400 children in the United States have received cochlear implants, according to the U.S. Food and Drug Administration.

Implants benefit all ages

At BIDMC, Dr. Heman-Ackah treats adult patients of all ages who are candidates for the procedure. (She also treats infants and children in collaboration with Dennis Poe, MD, at Boston Children’s Hospital.) Dr. Heman-Ackah emphasizes that there is no age limit to having a cochlear implant in adults and that even very elderly people can benefit from this treatment; in fact, patients as old as 99 have been treated with good results.

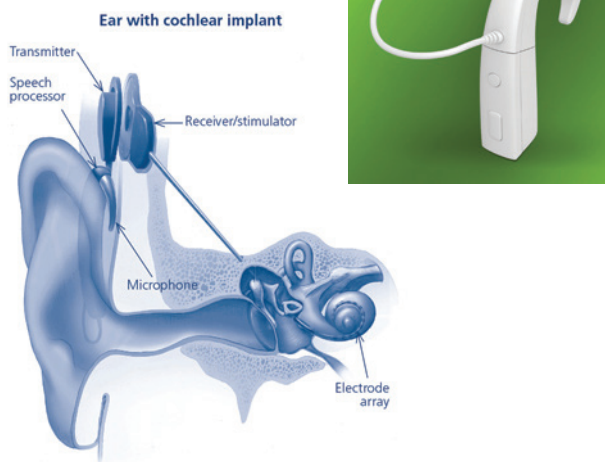
In addition to helping people with age-related hearing loss, cochlear implants can help adults with acquired profound hearing loss as a result of inner-ear disorders, long-term exposure to loud noises, autoimmune disease, infection, or traumatic injury. For many adults, a cochlear implant can greatly improve their quality of life by extending their productive work lives and preventing the social isolation that acquired severe hearing loss or deafness often engenders.

Cochlear implantation is an outpatient surgical procedure. Once implanted, the device is tested in the operating room to ensure it is functioning properly. However, the patient does not experience the results until healing is completed several weeks later, when the device is activated in an office setting by an audiologist. At BIDMC, two experienced audiologists — **Lydia Colón, AuD**, and **Lydia Gregoret, PhD, AuD** — work closely with Dr. Heman-Ackah to ensure that patients receive the most benefit from their implants (see “Two Patients’ Stories”). After activation, further programming visits are required with Drs. Colón or Gregoret to optimize hearing results.

Dr. Heman-Ackah recommends that adults of all ages have their hearing evaluated every three to five years, just as they have regular vision exams, noting that this is an objective of the U.S. Department of Health and Human Services Healthy People 2020 initiative. Anyone who is concerned about his or her hearing should be evaluated promptly, as the early detection and treatment of hearing loss, just as with many other conditions, offers the most options. The Department of Surgery’s Otology, Neurotology, and Audiology Service provides a full complement of hearing-related services, from evaluation through all forms of treatment, including cochlear implants and the latest generation of hearing aids.

To make an appointment for a hearing evaluation, call 617-632-7500.

A cochlear implant bypasses damaged areas of the ear and directly stimulates the auditory nerve.



Two Patients’ Stories

Although she used a hearing aid in her left ear, Margaret Fitzgerald had never had a problem with her right ear — until one morning she woke up and couldn’t hear a thing in that ear. This sudden hearing loss led her to seek an evaluation with Dr. Heman-Ackah and to undergo cochlear implantation surgery.

A week after Ms. Fitzgerald’s implant was activated, testing showed a marked improvement in the hearing capacity of her left ear. “Before the implant, her ability to hear words was just four percent in the left ear, and now it’s up to 66 percent [without a hearing aid],” says audiologist Dr. Colón, adding that this is an excellent outcome, especially at just one month post-activation.

Dr. Colón checked Ms. Fitzgerald’s ability to hear and repeat single words as well as random sentences, using only the implant and then both the implant and a hearing aid. The audiologist then worked with Ms. Fitzgerald to adjust the volume level on the implant. “We slowly increase the stimulation to help increase clarity,” Dr. Colón explains. “This way, the brain is slowly learning and training itself again to hear things better.”

Ann Lingos, another of Dr. Heman-Ackah’s recent implant patients, has also experienced notable improvement since her implant was activated. Unlike Ms. Fitzgerald, however, Ms. Lingos has had trouble hearing in both ears for many years.

“It was hard for her at first because she was really hearing her own voice for the first time,” says Ms. Lingos’s daughter, Debbie, who spoke on her mother’s behalf. “But it’s been a huge improvement for her.”

Ms. Lingos’s hearing is now at 42 percent in the ear with the implant. She and her family have been so pleased with the outcome that Ms. Lingos hopes to soon have an implant placed in her other ear, as well.

“It was getting difficult to communicate with my mother, and it’s amazing how much of an improvement there was in just a few weeks,” Debbie says. “Now she can understand every word in a sentence.”

Department Welcomes Ron Jones as CAO

In December, Ron Jones, CMPE, CPA, joined the Department of Surgery as Chief Administrative Officer (CAO). Since 2009, Mr. Jones served as the CAO for Surgery, Otolaryngology, Ophthalmology, Neurosurgery, and Urology at the University of Massachusetts Medical Center. His responsibilities included overseeing combined activities in clinical care, finance, research, and education of more than 100 faculty/surgeons, and budgets exceeding \$120 million.

Mr. Jones has considerable experience in both private and academic medical sectors. He

served as Chief Operating Officer for Boston IVF, the nation's largest private infertility practice and ambulatory surgery center, and as Chief Financial Officer for Spaulding Rehabilitation Hospital in Boston, the United Healthcare System in Newark, N.J., and Howard University Hospital in Washington, D.C.

Mr. Jones has a Bachelor of Science in accounting and finance, is a Certified Public Accountant, and a Certified Medical Practice Executive. Following graduation, he was a consultant with Ernst and Young in Washington, D.C.



Mr. Jones lives in Beverly, Mass., where he is a member of the Chamber of Commerce and is active in a variety of charitable and community activities.



The annual *Boston Magazine* “Top Docs” listing published in December included 14 Department of Surgery faculty members: Kamal Khabbaz, MD, Cardiac Surgery; Deborah Nagle, MD, Colon and Rectal Surgery; Michael Cahalane, MD, Mark Callery, MD, Daniel Jones, MD, and Benjamin Schneider, MD, General Surgery; Peter A.D. Rubin, MD, Ophthalmology; Sumner Slavin, MD, Plastic and Reconstructive Surgery; Richard Whyte, MD, MBA, Thoracic Surgery/Interventional Pulmonology; Andy Das, MD, and Abraham Morgentaler, MD, Urology; Elliot Chaikof, MD, PhD, Allen Hamdan, MD, and Marc Schermerhorn, MD, Vascular and Endovascular Surgery.