

UNIVERSITY OF KENTUCKY DEPARTMENT OF SURGERY

SURGERY SCOPE



Heart Transplants:
UK HealthCare
sets new record in Kentucky

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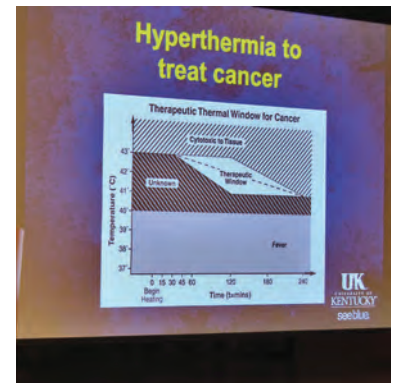
UK research into new cancer
treatments show promise

UK Vascular Surgery
introduces new
Vascular Medicine Clinic

New Department of Surgery
faculty expand services and
surgical education

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Presley Collins was treated at Kentucky Children's Hospital in 2014.

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Second Look Leads to Miraculous Turnaround for NICU Baby

By ELIZABETH ADAMS

Presley Collins spent the first 12 hours of her life like most newborns — swaddled in blankets and fawned over by family members in a hospital room.

On the outside, Presley appeared healthy and normal. But on the inside, Presley's small intestines, the portion of the gastrointestinal system responsible for absorbing nutrition, were cut off from blood flow and oxygen. Only a couple inches of viable tissue remained in the small intestines of the 2-day-old baby.

After Presley was born in August 2014, a pediatrician at Baptist Health in Richmond suspected a serious problem with her gastrointestinal tract. She was sent to the neonatal intensive care unit at Kentucky Children's Hospital where pediatric surgeon Dr. Sean Skinner received the family's permission to perform emergency surgery to diagnose the condition. The operation revealed tissue death in most of Presley's small intestines, with only 1-centimeter sections at opposite ends of the intestinal tract viable.

Skinner diagnosed Presley with ischemic bowel, a condition in which diminished blood flow prevents oxygen from getting to the cells in the digestive system. During development in the womb, a

blockage in the vessels prevented blood flow to the intestines, and the damage to the baby's vital organ was irreversible.

"We got a call from (Dr. Skinner) pretty much saying we needed to get to UK as soon as we could because chances were slim our daughter would live," Derrick Collins, Presley's dad, said. "He explained what he found and told us she had a 10 percent chance of living."

Presley would likely need a bowel transplant, but even as a full-term newborn, she was too small and vulnerable for the procedure. Skinner obtained second opinions from colleagues at Cincinnati Children's Hospital, who confirmed his conclusion that Presley was not yet a candidate for bowel transplant. He held a teleconference with the family, the KCH medical team and specialists at Cincinnati Children's Hospital. The medical teams offered two possible courses of action for Presley: take her off her breathing ventilator and go home or put her through an additional surgery to remove the dead bowel and begin the long and risky wait for a transplant.

Neither action seemed desirable for the parents. The parents didn't want the memory of their daughter dying at home. And removing the dead bowel was a

temporary intervention to protect Presley from infection while awaiting a transplant. To receive the transplant, she needed to survive without small intestine until she gained 20 pounds and turned 1-year old.

NICU nurse Mary Smith, who was Presley's primary nurse, gained the family's trust and empathized with their struggle. While caring for Presley, she talked to the parents about their options. Even after receiving consultation from the pediatric palliative care team, Jessie Roney, Presley's mom, believed her daughter was going to survive. During casual conversation in their NICU room, Collins and Raney asked Smith what she would do in their position.

"I had this gut feeling, and as a nurse you always follow your gut," Smith said. "I just wondered if it would be different if Dr. Skinner went back in? I couldn't live with myself wondering, 'What if?'"



Sean Skinner, MD

Smith's advice encouraged the parents to allow Skinner to perform the second procedure and remove the dead bowel in preparation for transplant. The next day, Skinner took Presley into a second surgery to remove the dead bowel.

SERVICE

When he opened Presley's abdomen, he found only two-thirds of the original portion of dead bowel measured during the first procedure. He couldn't explain why, but Presley's body rejuvenated a portion of the intestines enough, Skinner determined, to salvage the entire organ.

"That was letting the body sort out what it could," Skinner said. "Kids' bodies are more resilient than adults."

Skinner extracted 75 centimeters of dead bowel and left 50 centimeters of viable bowel. After two hours of surgery, Skinner reported the news of a medical "miracle" to the family.

"I fell down and started crying like a baby," Collins said of hearing the outcome of the surgery. "But her mom didn't even budge — she knew the whole time her baby was going to be fine."

The surgery signified a turnaround in Presley's treatment. Skinner's ability to keep several centimeters of Presley's bowel negated a transplant, and subsequent procedures performed by Skinner enabled the baby to eventually go home with a feeding tube. Presley transitioned from breast feeding to formula within a year of her treatment at KCH, and now eats regular food. Collins said he wouldn't have trusted anyone but Skinner to work on his daughter.

"Even though he gave us all the bad news, there was just this trust there that I felt like she was in good hands every time she went into surgery with him," Collins said of Skinner.

The family also praised Smith for the support she provided during an uncertain time. They felt Smith was the best person to parse down complex and overwhelming medical information when they were facing decisions concerning their daughter's fate. Smith became an advocate for their daughter's care.

"We owe everything to Mary and the support that she gave us," Collins said. "She treated us like we'd known each other our whole lives."

Smith has heard of dramatic recoveries and unexplained phenomena in the NICU, but Presley was the first miracle baby under her care. She won't ever forget the resilience of Presley, who is now a toddler and recently visited Mary in the NICU.

"She is why I love my job," Smith said. "I've never felt this way about a patient — I've never seen a miracle like this."

Nurse Mary Smith helped care for Presley and advised a second surgery, which ended up saving Presley's life.



RESIDENTS - FELLOWS

Surgery residents earn teaching awards

Two residents from the UK Department of Surgery received teaching awards from the College of Medicine during the 2015 Academic Convocation and Awards Day on Wednesday afternoon, October 14.



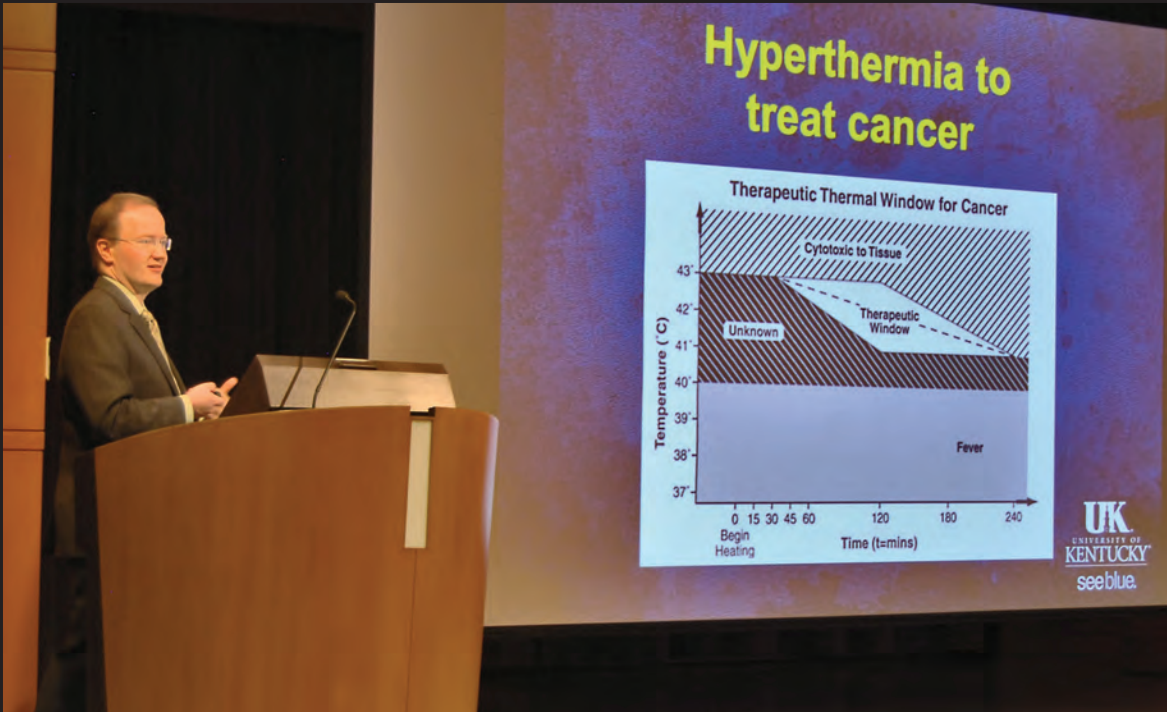
Zach Warriner, MD

Zach Warriner, MD, a PG-4 General Surgery resident, was honored with the Resident Teaching Award.



Heather Frohman, MD

Heather Frohman, MD, PG-2 General Surgery, received the Surgery Teaching Award for residents.



Dr. Jeremiah Martin introduces the hyperthermia treatment to peers and colleagues at the annual CT Research Symposium last September.

RESEARCH

Cancer treatment developed at UK approved for clinical trials

In July, the Food and Drug Administration (FDA) approved an investigational system for the treatment of late stage lung cancer, pioneered by researchers at University of Kentucky (UK), for clinical trials. UK is the only site in the country approved to test this new treatment on advanced lung cancer patients.

UK developed the Exatherm Total Body Hyperthermia System (Exatherm-TBH) in a public-private partnership with Exatherm, Inc. Grant funding from the National Institutes of Health supported the project, explained medical researcher Cherry Ballard-Croft, Ph.D.

Dr. Croft is a member of a Cardiothoracic Surgery research team at UK who developed this approach. The research team includes Dr. Jeremiah Martin, surgical director of the

UK Markey Cancer Center's Multidisciplinary Lung Cancer Clinic; Dr. Dongfang Wang, UK Artificial Organ Laboratory Director; Dr. Jay Zwischenberger, UK Department of Surgery Chair, and Dr. Kevin Hatton, chief of anesthesiology critical care at UK.

The Exatherm-TBH system elevates blood temperature throughout the body, said Dr. Martin, who will be conducting the clinical trials alongside Dr. Hatton. Research has shown that heat can damage or even destroy specific types



Cherry Ballard-Croft, Ph.D.

of cancer cells, leaving them more susceptible to radiation treatments and chemotherapy. Normal cells can withstand the heat insult because of their evolved heat protective mechanisms.

"Cancer cells are more susceptible to damage from heat than normal tissue, so the development of a safe method to deliver heat throughout the body may be a key step forward in the treatment for advanced lung cancer patients," explains Dr. Martin.

Whereas most thermal treatments are specific to the area of the body where a tumor is located, total body hyperthermia utilizes a perfusion system using a minimally invasive procedure that circulates the blood through the patient's vascular system at a specific, targeted temperature.

"The effectiveness of this type of system-wide hyperthermia has never been examined before," commented Zwischen-

The Exatherm Total Body Hyperthermia System uses the circulatory system to attack cancer cells. UK is the only site in the country approved to test this treatment in advanced lung cancer patients.

berger.

Preliminary safety studies on animals have shown that a gradual rise in blood temperature has no adverse effects on healthy cells or brain activity, which, according to Croft, is a key concern when dealing with thermal treatments on the circulatory system.

After the procedure was deemed safe, the

RESEARCH

FDA and University of Kentucky regulatory bodies gave approval for researchers to design a Phase 1 clinical trial for patients. Drs. Martin and Hatton will lead those trials.



Jeremiah Martin, MD

“Patients with advanced lung cancer, who have completed standard therapy and for whom there are no

additional conventional options, are invited to learn more about this trial,” Martin said. “This initial safety trial will lay important groundwork for patients with other tumor types in the future.”

The goal in any cancer treatment is to attack the diseased cells and leave the healthy cells alone. Healthy cells have a signaling mechanism that protects them from increases in body temperature. This mechanism is defective in cancer cells, which the potential new treatment aims to exploit.

The treatment, which lasts approximately four hours under a general anesthetic, uses the Exatherm-TBH System to heat and

circulate the blood throughout the body. The device heats the patient’s blood to a temperature of 42 degrees Celsius, or about 107 degrees Fahrenheit.

Because systemic hyperthermia attacks cancer cells throughout the body all at once, the research team hopes the project will lead to a new and safe method for treating patients whose cancer has metastasized through the body.

“If results meet our expectations, the approach could present an advantage over other methods of thermal treatment, particularly in later stages of the disease,” said Martin.

New research faculty member talks about her work



Sabine Brouxhon, MD

Sabine Brouxhon, MD, a new member of the UK Department of Surgery research faculty, presented an overview of her research into a promising cancer treatment strategy at the inaugural “Hangin’ With Zwisch” 2015 research colloquium in October.

Since 2009, Dr. Brouxhon’s research has focused on the function of soluble E-cadherin (sEcad) on certain receptors that promote the growth and spread of cancer cells.

Soluble E-cadherin, Brouxhon explained, occurs when the glycoprotein E-cadherin, which plays an important function in the binding of normal epithelial cells and, ironically, in cancer suppression, is “clipped” by a type of protease.

Related studies have shown that eCad is a marker for breast cancer, but Brouxhon has taken that observation further. She has developed a possible cancer treatment pathway involving the use of antibodies against S-eCad which has been observed to kill several types of cancer cells while leaving normal cells unharmed.

Though the increased presence of sEcad throughout extant groups of differing tumor cells was recognized in previous oncolog-

ical studies, Brouxhon’s research takes a closer look at sEcad as a possible ligand to various receptors within a cancer cell, stimulating growth and promoting eventual metastasis. The process was demonstrated in early stage research she conducted on breast tumors and forms of skin squamous cell cancers.

While studies have demonstrated eCad’s role in tumor growth, Brouxhon’s work has shown a possible pathway where antibodies targeted to a specific region of the eCad fragment can specifically target and kill certain types of epithelial cancer cells. To this point, she said, the therapy has shown consistent, replicable results.

Yet, the strategy is only in the first stage of research, she said. Within the last year, Brouxhon wrestled with a decision to launch a start-up to expand her research

further or partner with a larger pharmaceutical research firm. She opted for the partnership which carries with it a whole host of new experiences, Brouxhon said, as well as resources to push her research forward and manage the details associated with medical research and clinical trials.

The therapy has thus far shown consistent, replicable results, she commented.

Dr. Brouxhon holds several domestic and international patents including those involved with her proposed form of cancer therapy (Stony Brook University, New York), and detection of a diagnostic marker in neurodegeneration (University of Rochester, New York). She is also involved with several business start-ups outside of her present research.



Dr. Mary Sheppard reviews the images and latest findings on a post-surgical patient in need of additional treatment to manage chronic COPD

the University of Kentucky and completed a residency in family medicine at the University of Virginia. While in training, Sheppard was a co-investigator on several National Institutes of Health-funded research studies into connective tissue and vascular disorders which play a significant factor in

aortic pathology.

In addition to follow-up and support, the clinic will provide access to advanced vascular diagnostics including genetic screening and familial counseling. Focus will also be applied to mental health and psychosocial factors that contribute to the failure of patients to follow a prescribed health plan, said Dr. Sheppard.



Joseph Bobadilla, MD

Dr. Joseph Bobadilla, medical director of the surgical clinics at UK Healthcare and one of six specialists in vascular surgery at the university, described the UK Vascular Medicine Clinic as an integrated, interdisciplinary unit in which primary care specialists work alongside UK's vascular surgeons to provide real-time, point-of-care consultation, management, and advanced vascular profiling.

Kentucky has a high incidence of

UK establishes Vascular Medicine Clinic to Address Chronic Disease

BY JOSH SHEPHERD

In response to the prevalence of cardiovascular disease in the Commonwealth, UK Healthcare announced the creation of the UK Vascular Medicine Clinic in the Kentucky Clinic.

The Vascular Medicine Clinic, a service sponsored jointly by the UK Departments of Surgery and Family & Community Medicine (FMC), provides comprehensive, patient-centered care for people with complex vascular diseases. Dr. Mary Sheppard, a family medicine physician with an extensive background in vascular disease and

treatment, was recruited by UK Healthcare to staff the clinic.

““We want to provide a service that helps primary care physicians and providers manage their patients with chronic vascular diseases,” Dr. Sheppard explained. She plans to work in partnership with providers throughout the region to aggressively monitor and treat patients suffering medical co-morbidities that affect vascular outcomes, including hypertension, hyperlipidemia, diabetes, and smoking.

Sheppard earned her medical degree at

SERVICE

complex vascular co-morbidity mostly due to excessive tobacco use and diet, Dr. Bobadilla commented. Unfortunately, despite treatment, most vascular diseases persist over time and require long term management for patients to improve.

Those facts are key reasons why UK created the Vascular Medicine Clinic and recruited Dr. Sheppard, said Dr. Bobadilla. The clinic fosters the development of regional medical teams of physicians and vascular surgeons to maintain longitudinal follow-ups on patients to improve their health and reduce the need for hospital stays.

The clinic is also a significant component to UK Healthcare's progress toward becoming a national Aortic Center of Excellence, Bobadilla added.

Over the last decade, UK has progressed to be among

the dominant national institutions in the study and treatment of cardiovascular illness. Only a handful of hospitals across the country have established vascular medical clinics like the one UK has created, he said.

In addition to providing a high level of clinical care, the Vascular Medicine Clinic will also serve as a portal for patients into clinical studies working to translate basic science discoveries into therapies that will improve the care of all people with vascular disease.

To schedule an appointment at the Vascular Medicine Clinic, contact the UK Healthcare Patient Access Center at 859-257-3253.

UKHealthCare

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- Care for patients with complex vascular disease and genetic syndromes affecting the vascular system;
- Monitor and treat the medical co-morbidities that affect vascular outcomes, including hypertension, hyperlipidemia, diabetes, and smoking;
- Provide access to advanced vascular diagnostics, including genetic screening and familial counseling;
- Serve as a portal for patients into clinical studies working to translate basic science discoveries into therapies that will improve the care of all people with vascular disease.

**Call the UK Patient
Access Center
859-257-3253
for an appointment**

A service of the UK Department of Surgery and
The UK Department of Family and Community Medicine

RICHARD W. SCHWARTZ MEMORIAL LECTURE & SYMPOSIUM

THURS. OCTOBER 22



Best surgical education programs adapt to the needs of generational cultures

One of the key issues facing surgical training programs is appreciating the generational culture of its residents and fellows, said John Weigelt, MD, FACS, editor-in-chief of the Journal of Surgical Education.

Dr. Weigelt was the special guest lecturer at the Richard W. Schwartz Memorial Lecture and Surgical Symposium in October, 2015.

“Surgery faculty need to ask themselves if their residency program fits the distinctive characteristics and preferred learning approaches of the outgoing Gen-X and incoming Millennial generation?” he commented.

During his slide presentation, Weigelt posted a list contrasting the academic approaches of the so-called Gen-X population to that of Millennials. Among the various differences between the generations, he pointed to the fact most Millennials have grown up surrounded by technology while Gen-Xers witnessed technology come of age from computers to internet. Most Millennials take access to advanced technology as a given in the work environment.

Millennials generally prefer a structured work environment and tend toward team-oriented approaches to learning. By contrast, Gen-Xers tend toward being self-reflective and self-directed.

In addition to the contrast between these groups of learners, Weigelt also touched on an overview of new ideas for evaluating general competencies of residents. He finds that programs are being judged more on outcomes than on processes, which he regards as “a good thing.”

The history of surgical education is a “Never-Ending Story” of reflection, critical evaluation, and constant improvement, he said.

“The heritage of surgical education should not be forgotten, but ‘change is in the wind,’” Weigelt said.



Andrew Bernard (left), and David Sloan welcome the 2015 Schwartz Memorial lecturer John Weigelt, MD, FACS, Editor-In-Chief of The Journal of Surgical Education.



David Sloan, MD, and KaraBeth Moore, MD, at the post-lecture reception in the Boone Center.



Tom Connally, MD, FACS, a UK Department of Surgery alum, shared his experiences in General Surgery private practice in Oklahoma. His was the final presentation during the Schwartz Memorial Surgical Symposium.



Mrs. Janet (Schwartz) Evans, center, celebrates the second annual Richard symposium established in her late husband's memory, With her are Eric and Debbie Edean (left) and David and Ruth Sloan.



The second annual Richard W. Schwartz Memorial Lecture on Academic Surgery was followed by a reception at the Hilary J. Boone Faculty Center. Back row: Ana Ruzic, William Cavatassi, Chelsea Wallace, Danielle Kay. Front row: Richard Gibson, Callie Dowdy, Stacey Gutman, and Shyanie Kumar

Sam Carmichael, Justin Peterson, and Callie Dowdy enjoy the refreshments during a break from the Schwartz Symposium.



Dr. Phillip Chang, Chief of Trauma and Acute Surgery at UK, and Dr. Weigelt, chief of Trauma and Critical Care at the Medical College of Wisconsin, share ideas and experiences during the post-lecture reception at the Boone Center.

**Visit The UK
Department of Surgery
Website:
surgery.med.uky.edu
for information about
The 2016 Schwartz
Memorial Lecture
& Symposium**

Vascular Medical Clinic plays critical role in aortic dissection case

Local hospital collaborates with UK in post-surgical treatment

By JOSH SHEPHERD



Ishmael Hibbard, 56, was just reaching for the television remote control when sharp pains across his shoulder blades drove him down to one knee. He bit his lip so hard, it drew blood. Hibbard didn't think it was a heart attack, but the Manchester, Kentucky native knew he needed to get to the emergency room right away.

His wife, Judy, was at work so it fell to his teenage son, Ben, to drive him to the Manchester Memorial Hospital emergency room for treatment.

The physician on-call, noting the symptoms and Hibbard's history of chronic high blood pressure, suspected that his patient had suffered an aortic dissection. A subsequent CT scan confirmed the result and within minutes, Hibbard was in an ambulance bound for the Lon-

don-Corbin airport where an emergency helicopter waited to transport him to the UK Hospital for evaluation and treatment. The physician assigned to his care was Dr. Amy Lipscomb, a UK vascular surgeon.

An aortic dissection, Dr. Lipscomb explained, occurs when a tear in the inner wall of the aorta, the intima, allows blood to flow down a "false channel" within the middle layer of the blood vessel, the media, rather than within the intima where blood is meant to circulate.

The tear usually starts in the portion of the aorta within the chest and can continue down to the arteries of the legs, kidneys and intestines, Lipscomb continued. Acutely, this is a condition that needs urgent treatment as it can result in life-threatening problems such as abrupt loss of circulation to vital organs and possible rupture of the aorta.



Amy Lipscomb, M.D.

An examination into Hibbard's condition showed that he had suffered a Type B aortic dissection in which the tear is located beyond the aortic arch.

Hibbard was admitted to UK hospital and underwent aggressive measures to medically control his blood pressure. When he was discharged, Dr. Lipscomb referred the patient to see Dr. Mary Sheppard with the UK Vascular Medicine Clinic.

"If it's possible, surgeons prefer to avoid invasive procedures with a type B aortic dissection. Our first effort is

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to treat it medically through aggressive management of high blood pressure,” commented Dr. Sheppard. Regarding Hibbard’s case, Sheppard reviewed his recent history and began close outpatient monitoring. The first day Dr. Sheppard saw Mr. Hibbard in clinic, labs revealed that the patient had developed an acute kidney injury. She called Hibbard and asked him to return to UK for further evaluation of the cause.

Upon returning to UK, imaging revealed that the dissection had progressed and the aortic aneurysm had grown. Dr. Lipscomb advised to proceed with surgical repair.

The goal of the surgical procedure is to allow blood circulation to preferentially flow within the natural channel of the aorta rather than within its wall, said Dr. Lipscomb. The surgical team placed a stent-graft within the aorta from the chest to the upper abdomen. The stent-graft was placed through the femoral artery through a small incision in the groin, she continued.

“In order to provide full coverage of the injured aorta, it was necessary to place the stent graft through the artery to the left arm, so the patient also underwent a bypass from his left carotid artery to the left subclavian artery, maintaining blood flow to the left arm,” Lipscomb explained.

After a Tuesday surgery and time spent in observation and recovery, Hibbard returned home the following weekend.

“It’s unbelievable the amount of attention and care I got all week long,” said Hibbard. “There were so many people checking on me, I wondered if they ever went home to sleep. That attention continued even after I got back home.”

For the better part of the next month, Dr. Sheppard maintained regular contact with the Hibbards at their home in Clay County and sent lab orders to Manchester Memorial Hospital. She received regular reports on his blood pressure and made fine adjustments to Hibbard’s medications.



Judy and Ishmael Hibbard

“I got all my blood work done at my home hospital. The lab sent Dr. Sheppard the results and then she called the house in the evening to check on me. Doing that, she saved us from making a bunch of trips back and forth to Lexington, which would have been hard on me and expensive for the family,” Hibbard said.

In early December, Hibbard and his wife, Judy, visited the Vascular Medicine Clinic at Lexington Clinic for dual appointments with Dr. Sheppard and Dr. Lipscomb. He was given a comprehensive review of his progress and new adjustments to his chronic blood pressure medicines. After meeting with the physician team, Hibbard was told he was improved enough that Dr. Sheppard wouldn’t have to call on him as often to keep tabs on maintenance of a healthy blood pressure.

Ishmael and his wife expressed mixed feelings about the news.

“I can’t say enough about how well we’ve been treated these last few months. I’d rather not have had the problem, but I can’t say one bad thing about the people who cared for me. I may be better off now than I was two months ago, but we’re all going to miss her [Dr. Sheppard’s] regular calls,” Hibbard said.

RESIDENTS - FELLOWS

Plastic Surgery resident wins prestigious research award a second time

A University of Kentucky plastic surgery resident won the coveted Glancy Award for an unprecedented second time at the 58th annual scientific meeting of the Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS) at Amelia Island, Florida earlier in June. The win is the fourth time the Glancy Cup gets to reside at the University of Kentucky since the award’s inception in 1977.



Michael Lynch, MD and Henry Vasconez, MD

Michael P. Lynch, MD, a sixth-year chief resident in Plastic Surgery, first won the Glancy Award at the SESPRS scientific meeting in 2013. It was an honor simply to be selected to compete for the award this year, Lynch said.

The last thing he expected was to win it again.

“Competition for the award is extremely intense. Several dozen abstracts are submitted from colleagues representing resident programs all across the southeast,” Lynch commented. From those abstracts, a

committee selected eight as finalists for full presentations at the scientific meeting.

Lynch was the lead author of the study, “The Effects of Body Mass Index on Adipose-Derived Stem Cells,” in which he collaborated with Dr. Krishna Vyas and Dr. Henry Vasconez, chief of the UK Department of Plastic Surgery.

The residency competition and Glancy Award are presented annually to the resident judged to have presented the best paper in the competition. The award comes in the form of the The Glancy Cup which is etched with the winning physician’s name and displayed at the physician’s resident institution for the next year.

Preparing for the competition was complicated by the fact he and Vyas were still compiling data a few days before the annual meeting, Lynch said.

“There is just no way to understate Dr. Vyas’ contribution to the study. He was huge in getting the data organized for the presentation,” Lynch commented.

“I am especially happy and proud of this most recent award since it was a joint project with me and happened during my Presidency of SESPRS,” Vasconez commented. “Winning the award once is remarkable. Dr. Lynch won it from the society twice – a veritable feat.”

Residency programs that have won the Glancy Cup include Vanderbilt University, Wake Forest, and Duke University.

At the conclusion of his residency, Lynch joined a private practice in Lexington last fall.

UK HealthCare Transplants Record Number of New Hearts in Kentucky



2015 numbers place the UK Transplant Center in elite company

BY ALLISON PERRY

The University of Kentucky Transplant Center recently performed its 38th adult heart transplant for 2015, setting a record for the most heart transplants performed by a Kentucky medical center in a single year and easily eclipsing the previous state record of 27 heart transplants performed in a single year.

With roughly one month to go in the calendar year, that number may increase as appropriate organs become available for transplant.

The 2015 numbers place the UK Transplant Center in elite company – historically, only 20-25 medical centers in the country perform more than 30 heart transplants in a single year. With a heart transplant team

comprised of multiple cardiothoracic surgeons, cardiologists and nursing staff working together, UK has adeptly managed to handle the ever-increasing demand of patients who require transplantation.

“This has truly been a banner year for the UK Transplant Center and the UK Gill Heart Institute,” said Dr. Navin Rajagopalan, medical director of heart transplantation at UK HealthCare. “Never before has a transplant center in Kentucky performed more than 30 heart transplants in one year. Our outcomes remain good, a testament to the strong team we have assembled at the University of Kentucky.”

Additionally, more heart transplants could not be performed without a corresponding increase in the number of organ donors. Kentucky Organ Donor Affiliates (KODA) have worked tirelessly in recent years to encourage more Kentuckians to sign up for the organ donor registry, enabling more patients to receive the gift of life.

The surgical transplant team works in conjunction with UK Gill Heart Institute’s Advanced Heart Failure Program, offering a comprehensive and multidisciplinary approach to treating heart disease. While some patients will receive a left ventricular assist device (LVAD) as a destination treatment, some patients with advanced heart failure will receive a ventricular assist support device to serve as a “bridge” to transplant, enabling them to be more mobile – and thus healthier and stronger – by the time a matching donor heart becomes available. UK has implanted 29 durable LVADs this calendar year, maintaining a balanced program between circulatory assist devices and transplants.

“At UK, we’re able to offer a wide range of services for heart problems, from the very common heart bypass procedures for blockages to the more difficult, intricate procedures like VADs or transplants for advanced heart failure,” said Dr. Michael Sekela, surgical director of the UK Gill Heart Institute. “But our focus has always been to provide the most complex care for the most acutely ill citizens of the state, and our increased VAD and transplant numbers reflect that.”

UK HealthCare’s ability to provide these complex, specialized services for patients reinforces the medical center’s mission of ensuring no Kentuckian will have to leave the state to get access to top-of-the-line health care.

“Our program fulfills a need in Kentucky for many patients who otherwise may not have had the opportunity to receive a life-saving transplant,” said Dr. Michael Karpf, UK executive vice president for health affairs. “The commitment UK HealthCare has made to the program over the years has made a difference in the lives of many patients and their families and exemplifies the complex advanced subspecialty care it is important for our academic medical center to provide.”

“The Michigan Experience” presented at UK HealthCare

Dr. Richard Prager, project director of the Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative (MSTCVS QC), was a special guest of UK HealthCare and the Department of Surgery from Monday, Dec. 14 – Tuesday, Dec. 15.

During his visit, Prager talked with UK physicians and administration about creating a surgical program collaborative and the subsequent improvements in the quality ratings Michigan experienced in its adult cardiac surgery programs.

“Michigan, Virginia, and New England are among several states to use these collaboratives to share research and patient data, information, and ideas. Dr. Prager is a big part of the Michigan collaborative’s success. We were fortunate to have his insight as we try to develop a similar arrangement in Kentucky,” commented Dr. Sibü Saha, chair of the division of Cardiothoracic Surgery in the UK Department of Surgery.



Dr. Richard Prager spent a portion of his day collaborating with Cardiothoracic Surgery fellows on case reviews in the CT Surgery Conference Room. Joining Dr. Prager, front left, were the following: Sibü Saha, MD, MBA, front right. Back row: Erinn Ogburn, MD, Hetal Patel, MD, Marion Hochstetler, MD, and Hassan Reda, MD

RESIDENTS - FELLOWS

CT Surgery fellows compete in the finals of national “Jeopardy” competition

A fellow and resident duo from the UK division of CT Surgery were named one of the top six two-person teams in the annual North American Cardiothoracic Surgery Resident “Jeopardy” competition sponsored by the Joint Council on Thoracic Surgery Education (JCTSE).

The UK team made it to the Jeopardy finals during the annual meeting of the Southern Thoracic Surgical Association (STSA) in November.

Marion Hochstetler, MD, PG-7, and Michael Bolanos, MD, PG-3, were notified of their selection as a top six team earlier in September and immediately confirmed their intent to compete.

The doctors qualified by taking an online exam individually. Selection of the top teams was based on their respective scores. They also received a letter of support from the program’s director, Bolanos said.

As one of the top six teams, Bolanos and Hochstetler earned reimbursement of their round trip airfare to the STSA annual meeting as well as hotel accommodations for two nights. Of course, they will be busy preparing for the competition and the meetings over the weekend.

The competition took place on the first weekend of November in Lake Buena Vista, Florida in the exhibit hall of one of Disney’s Yacht and Beach Club Resorts.

The first two rounds on Friday afternoon determined who among the six teams would face off in the finals later that day.

The traditional Final Jeopardy question will happen on Saturday morning in general session.

Bolanos and Hochstetler qualified for the finals, but came up just a bit short of the championship.



Marion Hochstetler, MD, PG-7, and Michael Bolanos, MD, PG-3

CT Surgery expands lung transplantation and services with new faculty

The division of Cardiothoracic surgery added several new faculty members to its roster of providers. The new surgeons brought to UK new expertise in lung transplantation, lung cancer, ECMO, esophageal cancer, and minimally-invasive surgery

Alexis Shafii, MD

Dr. Alexis Shafii comes to UK Healthcare from the Cardiothoracic surgery faculty at Baylor University Medical Center at Dallas, Texas.

He was named director of the Adult



Alexis Shafii, M.D.

ECMO Program in December 2012 and a UNOS/OPTN primary lung transplant surgeon beginning in May 2013.

At the same time, Shafii served as interim surgical director of the Baylor Dallas lung transplantation program. He also served as a clinical assistant professor in the Department of Surgery at the Texas A&M College of Medicine.

Though only having just arrived at UK, Shafii noted that Lexington already presented a welcome change of pace from Dallas,

particularly in the comparison of downtown rush hour traffic and the absence of residual Gulf Coast hurricanes.

However, a big reason behind his decision to relocate to UK is the clinical and research opportunities that UK Healthcare presents, particularly in his areas of interest: transplant surgery and ECMO.

Shafii completed a three-year fellowship in thoracic surgery at the Cleveland Clinic followed by a two-year advanced cardiac fellowship in heart failure and transplantation. His general surgery residency was at the University of South Florida.

Maheer Baz, MD

Dr. Maheer Baz was formerly on faculty with Indiana University Health in Indianapolis as a transplant pulmonologist and professor of clinical medicine. The bulk of his practice and academic career to date was spent at the University of Florida (UF) in the division of pulmonary and critical care medicine.

In addition to being a UNOS lung transplant physician, Baz served as medical director of the UF adult, pediatric and heart-lung transplant programs. As a specialist in lung transplantation, Baz' research interests are focused largely in two areas:

- Mechanisms and treatment
- Frailty and outcomes after transplantation.

"I look forward to the challenges of caring for lung transplant patients and helping grow the UK Healthcare Transplant Center," Baz said.

He completed a fellowship in critical care and pulmonary med-



Maheer Baz, M.D.

icine and an internal medicine residency at Duke University Medical Center.

Baz and his wife enjoyed visiting Lexington so much that they and their three children, twin boys and a younger girl, wasted no time setting up housekeeping in the eastern section of the city once an agreement was reached.

Though having IU and UF in his back-



Alexis Shafii with CT Surgery colleagues Sib Saha and Jeremiah Martin during a welcome reception.

FACULTY

ground, Baz confesses to having been an avid Wildcats basketball fan before even considering a practice at UK. Commenting on his anticipation of starting his UK practice, he regrets only one thing. “Try as I might, I could not negotiate season tickets into my recruitment package,” he said.

Alberto de Hoyos, MD

Dr. Alberto de Hoyos, the third physician to join the UK Division of Cardiothoracic Surgery in 2015, brings to the University of Kentucky a passion for teaching as well as extensive experience and research into robotics and minimally invasive Thoracic surgery. During his term as a faculty member with the Feinberg School of Medicine at Northwestern University in Chicago, de Hoyos also exercised a keen interest in the development of future interventional technologies. The



In addition to his skills as a cardiothoracic surgeon, Dr. de Hoyos is an accomplished guitarist and bassist. He performed frequently in Chicago as bassist for the Rib Lickers

UK Department of Surgery officially welcomed Dr. Alberto de Hoyos into its faculty on December 1.

In addition to his considerable knowledge and skills in CT Surgery, Dr. Jay Zwischenberger, chair of the UK Department of Surgery and resident blues harp jam master, added that de Hoyos is also “the real deal” on guitar and electric bass.

Originally from the city of Monterrey, Mexico, de Hoyos is the youngest of seven siblings, consisting of three older brothers and three older sisters, all of whom were

quite happy to lend a hand in his upbringing, he said. It was an advantage having older siblings. He was always accompanying one or more of them to the local swimming pool or, later on, to the clubs.

As he grew older, though, he and his brother Ricardo, the second youngest of the family, both developed an interest in medicine. It’s a profession that runs through his family. His father, Enrique de Hoyos, was a practicing general surgeon in Monterrey and his uncle, Guillermo, was a plastic surgeon. His brother went into surgery as well and is currently in practice as a Pediatric Otolaryngologist at a University Hospital in Monterrey.

“There were always textbooks and medical journals lying around the house, which was how I first got interested in medicine. When I was older, I spent time with my father at his office or at the hospital. It was a natural development for me to go into medicine from there,” de Hoyos said.

He did not, however, follow his father’s path into surgery. At least not right away.

After earning his medical degree from the University of Nuevo Leon in his home city, de Hoyos was accepted into a residency in internal medicine at University Hospital, then continued to specialize in pulmonary and critical care medicine. His interests in the field led to two years in research at Massachusetts General Hospital, Harvard Medical School followed by a residency in Respiriology at the University of Toronto.

After working as Respiriologist with the Toronto Lung Transplant Group, and observing world class Thoracic surgeons perform lung transplants and general thoracic surgery, de Hoyos made a decision that could not have been easy. In 1993, instead of continuing his path in pulmonary medicine, he embarked on a journey into surgery. That choice extended his medical training another 10 years and led him to residency programs in General Surgery and Cardiothoracic Surgery in three different states. After completion of a fellowship in Robotic and Minimally Invasive Foregut and Thoracic Surgery



Alberto de Hoyos, M.D.

in 2004 at the University of Pittsburgh, he accepted a position at Northwestern University in Chicago, where, he served as director of Robotic and Minimally Invasive Thoracic Surgery and became Associate Professor of Surgery.

The environment for academic medicine in Chicago offers many rewards, he commented, but the city also allowed him to engage in another of his life’s passion. Music.

Being an accomplished bassist with a love for the blues, de Hoyos has enjoyed the privilege of playing alongside some of the finest professional blues musicians in the country or with his own band, The Rib Lickers. Chances were good if he was not in a surgical suite, he was on stage somewhere – Buddy Guy’s Legends, Rosa’s Lounge or other venue.

It was his connection with music and his friendship with Zwischenberger that has led him to UK. In addition, his passion for riding horses and motorcycles also attracted him to Kentucky.

“I’ve known Dr. Zwisch for a number of years because of our shared interests in music and his prominent role in surgery. UK is academically very strong, so it is an honor to accept an offer to come to UK. In addition to mentoring and training future generations of surgeons, UK will enable me to continue to working at the leading edge of minimally invasive surgery, both in thoracoscopic applications and robotics,” de Hoyos said.

Nor is it likely to be too long before music fans will get a chance to enjoy his skills as a musician. Look for an impromptu date with the blues in the lobby of UK Chandler Hospital before long. Alberto lives in Nicholasville with his girlfriend Terri and their miniature Schnauzer Sophie.

New Dermatologist at UK relocates from Wake Forest

After well over two decades into practice, it's sometimes difficult for physicians to recall what led them to their particular specialty. Dr. Alan Fleischer, Jr., however, can recall the exact moment when he decided to specialize in Dermatology.

It was during a rotation in the field while a medical student at the University of Missouri-Columbia. His professor and another visiting dermatologist examined a patient suffering from a condition that no one had yet correctly diagnosed.

"These two men examined his skin and within two minutes, they confirmed that the patient had lupus. That was the moment I decided to specialize in Dermatology," Fleischer said.

He found the idea that one could diagnose diseases from clues revealed in the skin to be fascinating. And since that moment, he has dedicated himself professionally to the study of skin disease in practice, teaching, and research.

Last December, Dr. Fleischer joined Dr. Stuart Tobin and Kate I. White, APRN, as the third member of UK HealthCare's Dermatology Clinic. As a clinical practitioner and researcher, Dr. Fleischer brings to Kentucky over two decades worth of experience in the study and treatment of skin disease.

Born and raised in St. Louis, Missouri, Fleischer is the middle child of three siblings and the only member of his family to pursue a career in medicine. His father trained as an aeronautical engineer, but at present is working as an engineer in marine pollution control. His mother is a retired real estate agent. His older sister is a retired teacher and his brother is in business in Georgia.

After medical school in Missouri, Fleischer completed his residency in Dermatology at the University of North Carolina - Chapel Hill. Afterward, he accepted an offer to join



Dr. Alan Fleischer (left) joined providers Dr. Stuart Tobin and Kate I. White, APRN, (not pictured) at the UK Dermatology Clinic in December, 2015. The UK Dermatology clinic will open at its new location in the Turfland Mall area along Harrodsburg Road in early 2016.

the medical faculty at Wake Forest University in Winston-Salem. He was made a full professor in 2001 and served as chair of the Dermatology Department from 2003 through 2011.

During his tenure at Wake Forest, Fleischer received numerous sponsored research grants and published extensively on a wide range of topics, including updates on various clinical procedures, assessment of skin disease medications, cautionary articles on the prevention of skin disease, and observations of business trends in Dermatology practices.

He is a founding member and officer of the International Forum for the Study of the Itch (IFSI). In 2000, Fleischer authored a book on the subject, *The Clinical Management of Itching*, published by Parthenon Publishers in New York.

"There have been numerous studies on management of chronic pain. In contrast, there is relatively little research into chronic itch, though it can be as much a problem for patients," Dr. Fleischer commented. Cases of severe itching can affect a person's sleep and have a profoundly detrimental impact on quality of life, he continued. Sometimes these cases of chronic itch are related to increased stresses in a person's everyday life. Anxiety can trigger a heightened awareness of itch, but there is always a possibility too



Alan and Anne Fleischer at a St. Louis Cardinals baseball game. Anne, an occupational therapist, accepted an appointment with the College of Health Sciences at Eastern Kentucky University. Her appointment led directly to her husband finding an opportunity to continue his practice and research in Dermatology at the University of Kentucky.

that the sensation could be related to a more serious illness.

"Itch can be a symptom of a common skin infection or indicative of a more serious internal problem, such as liver or kidney impairments," he said. "If patients are scratching bad enough to create a rash or draw blood, a more direct intervention with a dermatologist is in order."

Fleischer considers the opportunity to continue his practice and academic endeavors at the University of Kentucky a fortunate circumstance. The reason he and his wife, Anne, an occupational therapist, relocated to the bluegrass is because she accepted an offer to teach at Eastern Kentucky University. Knowing they would be relocating, Fleischer contacted Dr. Tobin and Dr. Jay Zwischenberger and was pleased to discover that UK was searching for new Dermatolo-

gists to expand its service. Finding someone of Fleischer’s skill and experience was a huge bonus.

“The next thing I know, I’m on faculty at UK. It worked out very smoothly,” Fleischer said.

UK HealthCare Dermatology provides treatments for various skin conditions such as psoriasis, skin cancer, parasitic and bacterial infections, and rashes. Drs. Tobin and Fleischer also provide surgical dermatology services including treatments for benign, precancerous, and malignant skin lesions; surgical removal of moles and skin growths; and examination of surgically removed growths to aid in diagnoses.

UK Dermatology to move to Turfland clinic in February

The Dermatology Clinic at the University of Kentucky will soon relocate to the first floor of UK HealthCare Clinics at Turfland on Harrodsburg Road. The clinic will open on February 15, 2016.

Jennifer Lackey, RN, Ambulatory Services Director for UK HealthCare’s Department of Surgery clinics, said that relocating the Dermatology clinic to Turfland from its space in the Good Samaritan medical office building on Maxwell Street will allow for department growth and improved access for patients.

Turfland provides improved parking and the clinic’s ground floor location will make services much more convenient for our patients, Lackey said. With the addition of Dr. Fleischer to the staff of providers, that includes Dr. Stuart Tobin and Kate White, APRN-DNP, the UK HealthCare Dermatology clinic also needed expanded clinical space. The Turfland clinic will accommodate the division’s growth.

Furthermore, patients and providers will appreciate that a pharmacy and laboratory will be located on-site as well, she said.

UK DEPARTMENT OF SURGERY

New Faculty and Providers

CT SURGERY



MAHER BAZ, MD



ALEXIS SHAFII, MD



ALBERTO DE HOYOS, MD, FCCP, FACS

TRANSPLANT



JONATHAN BERGER, MD, MHS



FRANCESC MARTI, PhD

GENERAL SURGERY



SABINE BROUXHON, MD (RESEARCH)



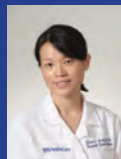
SEAN DINEEN, MD



MARLENE STARR, MD



JESSE GODDARD, MD



CHERRY SONG, DO

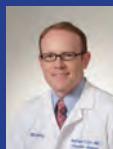


CRYSTAL TOTTON, MD

VASCULAR SURGERY



AMY LIPSCOMB, MD



NATHAN ORR, MD



MARY SHEPPARD, MD (Primary Care for Vascular Medicine Clinic)

DERMATOLOGY



ALAN FLEISCHER, JR., MD

Ending the Way She Began

Margret Kates looks back at 30 years.

BY JOSH SHEPHERD

You don't have to know Margret Kates too long to appreciate her subtle sense of humor. Whether that playfulness is a result of her upbringing or a byproduct of almost three decades as a health education coordinator in the UK Department of Surgery is anyone's guess. The work can have that effect, as many of her colleagues can testify.

For example: Margret celebrated her official retirement from the UK Department of Surgery by taking a three-day weekend. On Monday morning she was back in her office putting in hours as a STEPS employee. This means that when she finally decides to hang up her work shoes for good, she will do it in exactly the same way that she began – as a STEPS person.

She rather likes the symmetry of ending her career as she began it. She also likes the semi-ambiguity of the actual number of years that Margret has given to UK. Is it 29 years? She accepted a full time position in the Department of Surgery in April of 1986. But one could argue that she has actually put in an even 30 years, give or take a few months. Margret began her association with the University when she signed on to the STEPS program in 1985.

Time has softened the edges a little on that period in her life, but 1985 was still pretty rough, she said. Margret was a single mother with three school age children. She had recently earned her degree as a certified medical assistant (CMA) and was anxious to find full time work in a medical practice somewhere, anywhere.

"I hoped to find a position in a doctor's or pediatrician's office

because I liked working with patients and helping people. I had several interviews, but was getting passed over because I didn't have the work experience. It was frustrating," Margret said. During those lean years, the UK STEPS program helped provide her children with the small things – like food, clothing, and shelter.

"It was just me and I needed the money. So I was happy to take on the temporary jobs." She worked in the family medicine department, in Patterson Office Tower, in pediatrics, and for the hospital administration. "My last temp job turned into my full time work."

Margret was brought on to manage resident recruitment. When she took the job on with STEPS, it only meant to be a bridge between the former coordinator and a new person that the department planned to hire "any day now." Not long afterward, Margret was offered the job full time.

Working on the academic side of health care was not what she had envisioned for herself, but it was regular full time paycheck. It helped that she liked the staff and she enjoyed the work. A few



Margret Kates, center, officially retired after 30 years in the UK Department of Surgery's education office. She is flanked by Dr. Andrew Pulito, left, former Director of Surgical Education and Joseph Iocono, the current director, and her colleagues, Jamie Ward and Joyce Orlov.

months later, she was asked to take on student education

There have been many changes in the way things are done since she started, but the one constant about the Department of Surgery has been its staff.

"I've worked with a bunch of really great people. They bring with them such a wonderful diversity of beliefs, hobbies, and personalities. Just when you think you have someone pigeon-holed, you learn something new about them."

It's impossible to compile a list of all the people that became so important to her, who led the department and have since gone on. She would end up leaving someone out.

Margret started out as a coordinator for resident recruitment

and support services. She also provided administrative assistance to Dr. Sally Mattingly, acting chief of General Surgery, Dr. Patrick Hagihara and Dr. Ram.

“I can’t recall Dr. Ram’s first name, but he was a very quiet and dignified person,” Margret said.

In addition to the three physicians, Margret also shared office space with Frances McGovern, the lead staff administrator for General Surgery. “All five of us were crammed into one office in the MS corridor next to the Anatomy lab,” she added. “That’s another thing that hasn’t changed. We’ve always had space problems.”

If everyone was in the office, there was just enough room to answer a phone and swing a chair from side-to-side, Margret joked. Being the mid-1980s, there was also a lot of work done by typewriter and those machines were space eaters.

“We were just getting used to computers with the 5-inch floppy disks to key in patient notes,” Margret said.

It may be difficult for new people to appreciate how much technology has impacted the processes of surgical academics, but it’s not lost on Margret.

Consider resident recruitment.

Before the advent of web pages, on-line forms, email communications and ERAS, there was only one way to conduct resident recruitment. It was a massive undertaking and it involved everyone in the department.

Thank goodness the process was outlined in a manual in perfect detail by her predecessor, she exclaimed. “There is no way I could have done the job without this manual. Every step in the process was explained in minute detail.”

The way it was handled, fourth-year students sent their application materials to the department by mail. The post office sorted the applications from the rest of the department’s mail. Twice a day, Margret went to the basement and collected white baskets full of applications. She opened them all, answered them with acknowledgement letters, and organized them for interviews.

All of that process was handled through the mail. There was no instant messaging, no electronic forms, and no “SEND” button.

“At that time we interviewed everybody who wanted to come,” she said.

Just like the present day, five Saturdays were scheduled to interview all applying fourth years for a handful of available resident spots. Staff and physicians conducted between 50-60 interviews each Saturday. “They were long, hard days.”

Margret obviously had the right temperament to handle details of the effort, but she quickly points out that recruitment required every staff member to get on board. Its success depended on everyone. And the cooperation is one of the key reasons she has such fond memories of the department and why she has remained



Photo by Jim Burgett

Margret Kates early in her career at the Department of Surgery

while her position evolved.

So many memories and, now that she retired, so little to worry about revealing them, such as:

- The boxing match between Dr. Kearney and one of the chief residents.
- Getting into trouble with Dr. Hagihara for clearing and organizing his desk. “That was a big No No.”
- The roasts and recognition dinners for the graduating residents.
- Christmas parties that were loud, over-the-top, and reeked of cigar smoke.
- The inter-office gossip that went along with all the work.
- And the students, of course.

“The students made the whole process different every year. There were always a different mix of type A personalities, demanding ones, rising stars, and the quiet ones that were sometimes so quiet, you were often surprised to find that they were on the list of fourth years.”

For the moment, though, there are still new memories to make in her STEPS position. Following the example of her predecessor, she plans to stay on while newer members of the surgical education staff settle in.

“By the time I really do leave work, I suspect I’ll find that there is just nothing more for me to do but let the new people take over,” Margret said.

She is already experiencing some of that feeling now as Jamie Ward assumes more and more responsibility as a health education coordinator. Meanwhile, the department seeks out another candidate or two to replace Margret. As to what happens afterward, Margret is reluctant to make plans beyond spend more time with her grandchildren and watch the sun rise in her pajamas over a leisurely breakfast on a weekday morning.

She plans to make a “To Do” list at some point, but it’s at the bottom of the list of things she needs to do right now.

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Research (Sponsored and Investigator-Initiated) GENERAL SURGERY

ANDREW BERNARD, MD

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LEVI PROCTER, MD

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J. SCOTT ROTH, MD

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MARGARET PLYMALE, RN

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Patient centered outcomes following gastric fundoplication.

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PHILLIP CHANG, MD

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The role of visceral adipose tissue in age-related vulnerability to sepsis.

DAVID MINION, MD

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Clinical outcomes of aortic aneurysms.

Clinical outcomes of parallel endografts to treat complex aortic aneurysms.

ELEFATHERIOS XENOS, MD

Retrospective review of the rate, risk factors, and financial impact of re-admissions in a university based practice of vascular surgery.

HeRo (hemodialysis reliant outflow) graft using inside-out central venous access: An analysis of outcomes.

ERIC ENDEAN, MD

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Impact of resident schedule on patient outcomes.

Predicting academic and clinical success in surgical training.

Mesenteric Ischemia: outcomes of open revascularization.

Allowing flexibility in surgical resident duty hours trial.

PATRICK MCGRATH, MD

Analysis of modifiable risk factors with DGE after PD using ISPGS definition.

CORTNEY LEE, MD

Efficacy of preoperative ultrasound in detecting incidental thyroid cancer in patients undergoing parathyroidectomy.

Efficacy of preoperative laryngoscopy for patients undergoing thyroid surgery.

CINDY TALLEY, MD

Management and prevention of ascites leak after laparotomy.

Evaluation of team simulation training.

Comparison of EMR usage and operative experience among categorical surgical interns.

Trauma resuscitation team program evaluation.

KODA ethics.

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The effect of the use of proximal vs. distal intravenous access devices for power injection of iodinated contrast media on the safety, quality, and rapidity of computed tomography angiography.

Resident operating room supervision in a university hospital.

An analysis of the accuracy of general surgery resident case logs.

An efficacy comparison of PCA, EA, and PO pain medications in patients with blunt thoracic trauma.

KRISTIN LONG, MD

Implementation of a low-cost laparoscopic skills curriculum in a third world setting.

Nonthyroid Malignancy: A 5-year retrospective case series examining metastatic disease to the thyroid.

CHING-WEI TZENG, MD

Chart review and analysis of clinical factors influencing short-term surgical outcomes and long term oncological outcomes in gastrointestinal cancer patients after resection.

Factors influencing disparities in colorectal cancer survival rates in Kentucky.

A multi-center chart review and analysis of clinical factors influencing short-term surgical outcomes and long-term oncological outcomes in gastrointestinal cancer patients after resection.

SANDRA BECK, MD

Post chemoradiation, pre-operative Magnetic Resonance Imaging (MRI) to predict final pathology in rectal cancer.

CARDIOTHORACIC SURGERY

SIBU SAHA, MD, MBA

Barostim neo® - baroreflex activation therapy® for heart failure.

Vascular outcomes study of ASA along with rivaroxaban in endovascular or surgical limb revascularization for PAD.

A randomized, open label, parallel-group, multi-center trial to compare efficacy and safety of TachoSil® versus Surgicel® original for the secondary hemostatic treatment of needle hole bleeding in vascular surgery.

Barostim neo® Legacy System – HUD #13-0307.

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Retrospective review of esophageal stents at the University of Kentucky.

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A retrospective review of common femoral endarterectomy and profundoplasty at the University of Kentucky.

A retrospective review of surgical outcomes of aortic root reconstruction.

With Dr. Yu
Diffuse optical assessment of Peripheral Arterial Disease (PAD) and revascularization.

With Dr. Gelfand
dsRNA cloning and visualization in human atherosclerosis.

With Dr. Daugherty
Impacts of Citrulline and Lycopene on cardiovascular health.

MICHAEL SEKELA, MD

CytoSorb reduction of free hemoglobin during cardiac surgery.

Intramyocardial application of stem cells in combination with Transmyocardial Laser Revascularisation (TMLR)

VICTOR FERRARIS, MD

Effectiveness and safety of CELSTAT as an adjunct to hemostasis for tissue bleeding in CT, general, and vascular surgery.

Platelet function in early stage lung cancer- A pilot study.

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The impact of blood transfusion in blunt and penetrating trauma.

JEREMIAH MARTIN, MD

An early feasibility study of perfusion-induced hyperthermia for metastatic non-small cell lung carcinoma.

HASSAN REDA, MD

A prospective, multicenter, randomized, double-blind, placebo-controlled study to evaluate the safety and efficacy of preoperative Antithrombin supplementation in patients undergoing high-risk cardiac surgery with cardiopulmonary bypass.

TIMOTHY MULLETT, MD

Safety and effectiveness of the Spiration Valve system in air leaks VAST (Valves Against Standard Therapy).

Spiration IBV valve system-humanitarian use device.

PAUL TESSMANN, MD, Pharm D.

INTERMACS-VAD Therapy Database.

PLASTIC SURGERY

JAMES LIAU, MD and LESLEY WONG, MD

The use of Integra for the reconstruction of scalp defects following oncologic resection: a retrospective, comparative study and systematic review.

BRIAN RINKER, MD

Effect of cigarette smoking on breast ptosis.

Risk factors in the development of MRSA infections associated with breast

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Can use of the ShotBlocker™ reduce pain from injections in adults?

A multicenter, prospective, randomized, subject and evaluator blinded comparative study of nerve cuffs and Avance® nerve graft evaluating recovery outcomes for the repair of nerve discontinuities.

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Style 410 Anatomic Implants: A comparison of outcomes and aesthetic results of compared to smooth round implants.

Evaluation of elective plastic surgery as motivation for smoking cessation.

Treatment of hand ischemia after infection of sub-lingual formulation suboxone.

A retrospective comparison of methods to determine regional cutaneous ischemia following skin sparing mastectomy.

HENRY VASCONEZ, MD

The effects of obesity on adipose derived stromal cells.

Cleft lip and palate epidemiology.

Cleft lip and palate speech.

Free flap outcomes associated with the use of statins, inhalation anesthetics, and vasodilators.

Using Epicel in the treatment of severe burns.

Factors affecting residency rank listing: a national survey of current and matched plastic surgery residents.

Fat grafting in aesthetic and reconstructive surgery: ideal donor sites and longevity in different body regions.

Trends in lower extremity trauma.

LESLEY WONG, MD

Retrospective review of surgically removed massive localized lymphedema.

Nipple sparing mastectomy incisions and delays.

In vivo evaluation of tantalum conduit in peripheral nerve surgery.

Non-contact diffuse optical assessment of mastectomy skin flaps.

Randomized clinical trial comparing 1-port and 2-port tissue expanders for breast reconstruction.

Skin grafting in the immunosuppressed.

JAMES LIAU, MD

Comparing free anterolateral thigh flap to free muscle flap for lower extremity salvage.

Multiple treatment modalities for vascular anomalies.

The use of bilayer matrix wound dressing in the staged closure of a large myelomeningocele defect.

DANIEL STEWART, MD

Microsurgery teaching protocol.

Prospective review of breast ptosis as it contributes to the symptoms of breast hypertrophy.

WILLIAM NORTH, MD

The evaluation of elective plastic surgery as motivation for smoking cessation.



In 2015, the UK Department of Surgery continued to build upon and expand its range of advanced surgical services. The department also forged new collaborative partnerships with many hospitals and health systems across our Commonwealth.

As department chair, it has been my privilege to welcome several outstanding new clinical and research faculty to the University of Kentucky. Furthermore, I remain constantly impressed by the accomplishments of our residents and fellows as they prepare for a lifetime of service in their chosen surgical specialty.

Joseph "Jay" Zwischenberger, MD
Chair, UK Department of Surgery

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