Creating the Future of Medicine with:

Patient Care and Service Excellence

Education Pre-eminence

New Knowledge and Innovation

National and International Leadership
A MESSAGE FROM the Chairman

Since 1877, when Dr. D. Hayes Agnew served as the first John Rhea Barton Professor of Surgery, this department has been recognized worldwide for pioneering clinical and scientific discoveries and for educating great leaders who have in turn saved and improved the lives of countless people. I have now had the honor and privilege to serve as the Chairman of this great Department of Surgery for one year. Not a day goes by that I do not think of the twelve great men who have served before me, of the profound foundation they created for us to build upon and of the tremendous precedents that they established. I am particularly grateful to Dr. Clyde Barker, my mentor, role model and friend who provided this department with 18 years of growth and excellence and who has continued to provide me tremendous support.

The Department of Surgery is fortunate to include an exceptional group of faculty and staff, residents, students, and grateful families and donors all dedicated to enabling a strategic vision that promotes the overall mission of this world class health system of which we are a part. Patient care and service excellence, Educational pre-eminence, New knowledge and innovation, and National and international leadership are the mission at the University of Pennsylvania Health System. As a department, we plan to build a surgical clinical enterprise throughout the University of Pennsylvania Health System that is recognized as the best in the Delaware Valley and among the top five academic Medical Centers within the nation. It is our goal to rank among the top five Departments of Surgery nationally in terms of extramural funding by establishing an environment that is conducive to high-quality basic research and by strengthening the infrastructure for clinical investigation.

We are in the process of developing a sound financial and organizational framework based on individual and divisional accountability and responsibility, which allows faculty, staff and trainees to achieve personal and departmental objectives. We are enhancing the department’s educational excellence for surgeons at all levels to advance its leadership position intramurally, regionally and globally.

Finally and perhaps most importantly, we are committed to achieving excellent and innovative customer service. We have been extremely fortunate during the past year to have had the opportunity to work closely with Dr. Greg Shea, a leading authority in the area of organizational and individual change, particularly in health care settings. Dr. Shea is a senior consultant at the Center for Applied Research, a member of the faculty of the Wharton School and its Aresty Institute of Executive Education, and an adjunct senior fellow at the Leonard Davis Institute of Health Economics at Wharton. Dr. Shea has guided us through the “business” of healthcare, meeting often with the Executive Committee and leading invaluable retreats with the Council of Chiefs and the faculty.

The issues facing us in the healthcare profession today are intimidating. We have serious challenges that require innovative solutions. Declining healthcare reimbursements, rising malpractice rates, fewer and fewer people interested in surgery as a profession, concern for patient safety in a time of personnel shortages and an increased awareness of the demand for enhanced customer service are just a few of the obstacles. At Penn, we realize that we must develop creative solutions to continue our standing as one of the premier Departments of Surgery in the country. To this end, we are creating a clinical enterprise endowment to assist in addressing these and other issues. No longer are we willing to say we cannot do what we know is in the best interest of our patients and our residents. Rather, we are taking the stance that we will find a way.

Benjamin Mays once said “the tragedy in life doesn’t lie in not reaching your goal. The tragedy lies in having no goal to reach.” We have goals and with your continued support, we will reach them. It is with great pride that I share with you this, our annual report from the Department of Surgery of the University of Pennsylvania Health System. With this report, I hope you will see what together we accomplished in the last year and what we intend to accomplish in the future.
A hundred times everyday I remind myself that my inner and outer life depend on the labors of other men living and dead and that I must exert myself in order to give in the same measure as I have received and am still receiving—Albert Einstein

“Exploration is really the essence of the human spirit” —Ray Bradbury

2002 Annual Report

TABLE OF CONTENTS

I. TRIBUTE TO DR. JONATHAN E. RHOADS ...........4

II. DIVISION REPORTS
Cardiothoracic Surgery ..................................6
  Dr. Timothy J. Gardner
Gastrointestinal Surgery ................................10
  Dr. Ernest F. Rosato
Plastic Surgery ............................................14
  Dr. Linton A. Whitaker
Surgical Oncology ........................................18
  Dr. Douglas L. Fraker
Transplant Surgery .........................................22
  Dr. Abraham Shaked
Traumatology and Surgical Critical Care ....26
  Dr. C. William Schwab
Urology ....................................................30
  Dr. Alan J. Wein
Vascular Surgery .........................................34
  Dr. Ronald M. Fairman

III. REPORTS BY HOSPITAL CHIEFS .................38
Children's Hospital of Philadelphia ............40
  Dr. N. Scott Adzick
Pennsylvania Hospital ..................................42
  Dr. Peter M. McCombs
Presbyterian Medical Center .....................45
  Dr. Jo Buyske
Veteran Affairs Medical Center .................47
  Dr. Marc E. Mitchell
Phoebeuville Hospital .................................49
  Dr. Robert L. Yoxtheimer

IV. REPORTS FROM EXECUTIVE COMMITTEE ........50
Chief Operating Officer ...............................52
  Daniel J. Cooper
Vice Chairman Administration ..................54
  Dr. James L. Mullin
Vice Chairman Research ..............................60
  Dr. Ali Naji

V. DEVELOPMENT INITIATIVES .......................62
  Angela B. Wurster

VI. SELECT PUBLICATIONS ..............................76

VII. LIST OF FACULTY AND PROFESSIONAL STAFF ...90
In Remembrance of
Jonathan E. Rhoads, MD, DSc
1907 - 2002
Chairman, University of Pennsylvania Health System
Department of Surgery 1960-1972

Jonathan Evans Rhoads was born in Philadelphia in 1907 to a Quaker family with deeply rooted intellectual and religious convictions. He grew to be a man of great personal commitments to clinical surgery, research, to his colleagues and students and to his family.

After completing his formal education with an MD from Johns Hopkins University and a DSc in Medicine from the University of Pennsylvania, he was appointed to the faculty of the University of Pennsylvania where he served actively for 62 years. He continued to operate until the age of 80 and even a few weeks before his death, was still attending and participating actively in local, national and international meetings.

At the time of his death in January 2002, he was likely the world's most honored surgeon. He was a pioneer in the study of shock, burns, coagulation defects, renal dialysis, wound healing and inflammatory bowel disease. His lifelong interest in perioperative nutrition culminated in the demonstration in 1966 that growth could be sustained by intravenous nutrition alone, which ultimately saved the lives of many thousands of patients. His honorary recognitions for these accomplishments extend beyond the scope of what can be listed here. Many of his important activities and honors occurred in the later years of his life such as his six years of presidency of the American Philosophical Society, election to membership in the Institute of Medicine of the National Academy of Sciences and the highest awards of the American Surgical Association...the first honorary Doctorate of Medical Sciences ever to be awarded at Yale. The citation read “Jonathan E. Rhoads, Physician, Scientist, Educator, Editor, Civic Leader, Statesman and President of the American Philosophical Society, you are considered by your Philadelphia colleagues to be a clone of Benjamin Franklin, the Founder of the University of Pennsylvania 250 years ago.”

Benjamin Franklin was once quoted as saying “a wise man will desire no more than what he may get justly, use soberly, distribute cheerfully and leave contentedly.” This epitomized Jonathan Rhoads.

In an effort to continue the work of this great leader, the Jonathan Rhoads Memorial Fund was established. Contributions may be made to:

The University of Pennsylvania Medical Center
Jonathan Rhoads Memorial Fund
c/o Dr. Kaiser’s office
3400 Spruce Street
4 Silverstein
Philadelphia, PA 19104
Timothy J. Gardner, MD
William M. Measey Professor of Surgery
Chief, Division of Cardiothoracic Surgery
Phone: 215-662-2022
gardnert@uphs.upenn.edu

The University of Pennsylvania Health System Division of Cardiothoracic Surgery is the busiest Cardiothoracic Surgery Program in the region. Currently, we perform over 1,000 general thoracic surgery cases annually, in addition to over 1,700 adult cardiac surgical cases. More than 600 cardiothoracic surgery procedures were performed at the Children’s Hospital of Philadelphia by members of our faculty. The Heart Transplantation program at the University of Pennsylvania Medical Center performed nearly 50 heart transplants and many additional patients were placed on mechanical heart assist devices as a temporary bridge to transplantation. University of Pennsylvania Medical Center surgeons participated in the initial clinical trial of the fully implantable left ventricular assist device, the so-called “Lion Heart” device developed at Penn State and studied in clinical trials in Europe and in the United States. The heart failure team also participated in the first surgical procedures with the ACORN ventricular assist constraint device for treating patients with progressive heart failure. The very active Thoracic Aortic Surgical Program continues to be a regional and national center for these challenging patients with many of our patients being referred to us from hospitals with their own cardiac surgery programs.

The Lung Transplantation Program at the University of Pennsylvania Medical Center and Children’s Hospital of Philadelphia continue to be active and are the leading Lung Transplantation Programs in the region. To date, over 300 lung transplants have now been performed at the University of Pennsylvania Medical Center.

The Pennsylvania Health Care Cost Containment Council’s Guide to Coronary Bypass Surgery, which reported on...
coronary artery surgery performed during the year 2000, showed that all three University of Pennsylvania Health System Cardiac Surgery Programs have excellent outcomes.

Academic and research activities within the Division were robust during the past year, with several faculty members, including Dr. Robert Gorman and Dr. Bruce Rosengard. Receiving NIH funding for the RO1 project, in addition, Dr. Joseph Gorman, Dr. William Gaynor, and Dr. Joseph Shargor continued their externally-funded research projects and all three have submitted research proposals to NIH or other additional external funding agencies for review and support.

Mentoring and educational activities in the Division prospered during the past year, with four Penn General Surgery Residents applying for Thoracic Surgery Residency training and three additional Penn General Surgery Residents working in Cardiac Surgery Research laboratories.

**Our Faculty and Fellows**

I served as the President of the American Association for Thoracic Surgery (AATS) during the past year and am the new chairman of the American Heart Association Program committee. I am also the current vice-chairman of the American Board of Thoracic Surgery and most importantly to having the time to see patients and continue to perform surgery at Penn for many years to come. I am delighted to have had the opportunity to serve as the Chief of Thoracic Surgery and quite proud of our accomplishments.

Dr. Peter Koutetsas completed his two-year Thoracic Surgery residency in June and has accepted a position as a Transplant Fellow in the Cardiothoracic Surgery Department at Stanford University. Dr. Thomas Gleeson, the other Thoracic Surgery Resident finishing this year, will stay on at the University of Pennsylvania Medical Center as a Senior Fellow, concentrating primarily on the surgical treatment for cardiac failure and advanced thoracic aortic surgical work.

The five current faculty members with active lab-based research projects and our two new faculty members, Drs. Woo and Gruber, will continue to maintain research funding support.

Mentoring activities will continue with special attention to General Surgery House Staff and continuing to those Surgery Residents interested in cardiothoracic oriented research. We plan to continue to attract the most talented general surgery residents into careers in Cardiothoracic Surgery.

The University of Pennsylvania Health System Cardiothoracic Surgery Division has achieved a regional leadership role in all three specialty areas: General Thoracic Surgery, Congenital Heart Surgery, and Adult Cardiac Surgery.

Our goals:

The University of Pennsylvania Health System Cardiothoracic Surgery Division has achieved a regional leadership role in all three specialty areas: General Thoracic Surgery, Congenital Heart Surgery, and Adult Cardiac Surgery. All three programs continue to grow based on the adoption of new technology as well as on the basis of outstanding clinical service to patients and referring doctors in the region. A major initiative planned for the Adult Cardiac program at the University of Pennsylvania Medical Center is the institution of a robotic computer assisted surgical device that has recently been approved for clinical trials by the FDA. We plan to join the TECAB, Totally Endoscopic Coronary Artery Bypass Trial, which will allow us to offer integrated revascularization procedures combining minimally invasive CABG surgery with percutaneous catheter intervention, stenting, and other maneuvers for patients with multi-vessel coronary artery disease.

In general, the primary clinical goals for the coming year include solidifying the Division’s status as regional leaders by continuing to provide excellent cardiac and thoracic surgical services with outstanding outcomes. We will continue to offer surgical care for problems that many community-based cardiac and thoracic surgeons are unable to offer or choose not to offer. Our key areas include heart and lung transplantation and other surgical procedures for end-stage heart failure, thoracic aortic surgery for major thoracic aortic disease, limited access cardiac surgery for a variety of conditions including mitral valve disease and coronary artery bypass grafting, and video-assisted thoracic surgery.

The University of Pennsylvania Health System Cardiothoracic Surgery Division has achieved a regional leadership role in all three specialty areas: General Thoracic Surgery, Congenital Heart Surgery, and Adult Cardiac Surgery. All three programs continue to grow based on the adoption of new technology as well as on the basis of outstanding clinical service to patients and referring doctors in the region. A major initiative planned for the Adult Cardiac program at the University of Pennsylvania Medical Center is the institution of a robotic computer assisted surgical device that has recently been approved for clinical trials by the FDA. We plan to join the TECAB, Totally Endoscopic Coronary Artery Bypass Trial, which will allow us to offer integrated revascularization procedures combining minimally invasive CABG surgery with percutaneous catheter intervention, stenting, and other maneuvers for patients with multi-vessel coronary artery disease.

In general, the primary clinical goals for the coming year include solidifying the Division’s status as regional leaders by continuing to provide excellent cardiac and thoracic surgical services with outstanding outcomes. We will continue to offer surgical care for problems that many community-based cardiac and thoracic surgeons are unable to offer or choose not to offer. Our key areas include heart and lung transplantation and other surgical procedures for end-stage heart failure, thoracic aortic surgery for major thoracic aortic disease, limited access cardiac surgery for a variety of conditions including mitral valve disease and coronary artery bypass grafting, and video-assisted thoracic surgery.
Our Accomplishments

The Division of Gastrointestinal Surgery at the University of Pennsylvania Health System includes the faculty at the University of Pennsylvania Medical Center, Pennsylvania Hospital and Presbyterian Medical Center. The goal has been and continues to be to provide diversity and excellence in patient care, education and research. Within the Division there are multiple areas of special interest, including the Nutritional Support Service, Minimally Invasive Surgical Center and the Bariatric Center. Patient care activity remains at a very high level with over 2,700 cases performed for the fiscal year. The current case load is approximately 3,300 cases per year.

Clinical Nutrition Support Service

The Clinical Nutrition Support Service is unique among most nutrition support services in that it is a stand alone clinical department, which is not part of the hospital Food Service. The Clinical Nutrition Support Service has shared a close relationship with Surgery through the Penn Access Center and Penn Infusion Therapy. This organizational structure offers several advantages including consolidation of all nutrition professionals under a single department structure and provision of a seamless transition between all phases of nutrition therapy from NPO, TPN, Enteral nutrition and diet. In addition, this departmental structure offers coordination of quality improvement and clinical effectiveness efforts.


The goal has been and continues to be to provide diversity and excellence in patient care, education and research.
from the University of Pennsylvania Medical Center or Penn Home Infusion Therapy along with a physician provides consultations on home nutrition support to patients. Nutrition care is delivered by the same team across the continuum of care regardless of geographical setting. This results in a total of over 27,800 patient interventions yearly.

This year the program was able to assist over 9,700 new patients. The Clinical Nutrition Support Service Program collaborates with other programs in clinical, research and educational areas throughout the University of Pennsylvania Health System. In addition, the program maintains a professional supportive approach with affiliated hospitals within the Health System.

The Clinical Nutrition Support Service provides comprehensive nutrition support services including:
- General and specialized nutrition assessment
- Advice and management of enteral/parenteral nutrition support regimens
- Recommendations for appropriate diet prescription and oral nutrition supplements
- Management, education and planning for home nutrition services
- Nutrition counseling inpatient and outpatient
- Training and education of students and other health care providers

**Minimally Invasive Surgery**
The University of Pennsylvania Health System continues to be at the forefront of new procedures in minimally invasive surgery. New and established programs in minimally invasive surgery include laparoscopic bariatric surgery; laparoscopic colon and rectal surgery; laparoscopic foregut surgery; and laparoscopic surgery of the retro-peritoneum.

Each of the urban hospitals serves as a regional referral center and dominant provider of different areas of minimally invasive surgery. Pennsylvania Hospital performs over 200 minimally invasive and incisional inguinal hernia operations yearly. Presbyterian Medical Center is a major referral center for laparoscopic anti-reflux surgery, surgery of the GE junction, colorectal surgery and hernia surgery. The University of Pennsylvania Medical Center is the regional referral center for minimally invasive bariatric surgery. In related efforts, surgeons in the Division of GI Surgery contribute to establishing the minimally invasive donor nephrectomy program in the Division of Transplant Surgery, which continues to perform two to four such procedures weekly.

Members of the Department serve nationally in leadership roles in minimally invasive surgery. Dr. J. Bueyke serves on the Board of Governors for the Society of American Gastrointestinal and Endoscopic Surgeons. Dr. Howard Ross sits on the Resident Education Committee for the same society. Dr. Noel Williams is a member of the Steering Committee for the Society for Minimally Invasive Technology.

Partnerships with industry have developed over fiscal year 2001 and will continue into 2002. Karl Storz Corporation in conjunction with Castle Geting partnered with both Presbyterian Medical Center and the University of Pennsylvania Medical Center to develop cutting-edge minimally invasive suites at each hospital. Both suites will serve as test grounds and showcases for newly developing equipment. They provide state of the art ergonometics, touch screen capability, and live interface capability to permit educational broadcast of procedures. Tyco U.S. Surgical continues to support Penn as a Center of Surgical Excellence. Dr. Williams has collaborat-ed with Power Med in the product development. Clinical studies are being performed with colleagues in gastroenterology in the fields of achalasia, gastroesophageal reflux, and the benefits of minimally invasive surgery in the elderly.

**Bariatric Surgery Program**
The Bariatric Surgery Program provides total care for the bariatric patient. This includes the initial consultation, coordination of the nutritional assessment program and psychological evaluation together with follow-up care. A support group provides ongoing psychological and nutritional support for these patients. Internet support group sites have been developed as well as a significant number of other programs for the medically obese. Educational programs have been developed both for the physician as well as for the patient and clinical pathways have helped to streamline the care of these patients.

The Program includes the following:
- **Direct Patient Care**
  - Initial consults
  - Preoperative Nutritional Assessment
  - Preoperative Psychological Evaluation
- **Inpatient visits**
- **Follow-up and Support Groups**
- **Surgical Interventions**
- **Indirect Patient Care**
  - Weight Loss Chart
  - Internet Support Group and Web Site
  - Food Service
  - Patient Correspondence
  - Education Materials
  - Web Site
  - Internet Support Groups

**Inflammatory Bowel Disease and Gastrointestinal Oncology**
The faculty of the Division of GI Surgery actively participates in the Inflammatory Bowel Disease Center. Additionally in cooperation with the Division of Gastroenterology and the Division of Medical Oncology, we have made great strides in caring for patients with gastrointestinal cancer. Ongoing studies have enabled more accurate staging of cancer and correlation of staging procedures with treatment plans and outcomes.

**Our Faculty and Fellows**
In 2002, the University of Pennsylvania Health System and Surgical Center of Excellence initiated the region’s first minimally invasive surgery fellowship. In excess of 50 surgeons applied, and the first fellow began in February of 2002. Penn was identified as a test site for a new, national effort to quantify and improve laparoscopic training. Sponsored by the Society of American Gastrointestinal and Endoscopic Surgeons, the Fundamentals of Laparoscopy course will begin its clinical tests at Penn and seven other centers in 2002.

**Our Goals**
The Division of Gastrointestinal Surgery has made great strides in collegiality and coordination of activity. This year, we expect the armamentarium in minimally invasive surgery at Penn to continue to grow. A new CME course for the area surgeons entitled “Introducing Advanced Laparoscopy to Your Practice” will be offered this spring. Members of the GI Division will also participate in an additional course in conjunction with the Swallowing Center regarding minimally invasive anti-reflux surgery.

The Bariatric Program is likely to double within the next year and new technology, such as endoluminal anti-reflux surgery.

**Our Fiscal Year 2001 Highlights**
Members of the Department of Surgery have been involved in numerous educational and community based educational and outreach activities. These include participation in the national program on Advances in Inflammatory Bowel Disease. Preparations are underway for the third program to be held in March of 2003.
Clinical activities continue to be the centerpiece of our plastic surgery efforts. The Comprehensive Center for Human Appearance, providing integrated consultations in all related areas of appearance, continues with successful educational programs as well as financial support of research and rehabilitation. The Edwin and Fannie Gray Hall Center for rehabilitation focuses on hand, breast and general plastic surgery reconstruction. The clinical scope is well balanced, with approximately 60% reconstructive surgery and 40% cosmetic surgery.

An extension of Division activities was created at Pennsylvania Hospital, where Dr. Louis P. Bucky has opened an office.
Dr. Bucky continues his clinical activities at the University of Pennsylvania Medical Center as well as Pennsylvania Hospital.

The new Penn Cosmetic Services Program has been established to separate its activities for marketing and patient distribution in the expanding arena of cosmetic surgery and medicine with the cooperation of six different departments. The core departments from The Center for Human Appearance are represented, along with Otolaryngology. I serve as the chair of this new board.

Continued expansion into the fields of alternative and complementary medicine as they apply to reconstructive and especially cosmetic surgery continue with expansion of the Skin Care Program, with a fourth person added in that area.

Our Faculty and Fellows

Dr. LaRossa is the President elect of the American Cleft Palate and Craniofacial Association. Dr. David Low is the President of the Pennsylvania Federation of Cleft Palate Clinics. Dr. Scott Bartlett is the immediate past president of the Northeastern Society of Plastic Surgeons. Dr. Barrett Noone is the current Executive Director of the American Board of Plastic Surgery. I serve as the Chief Financial Officer of the International Society of Craniofacial Surgery.

Dr. T. Tayf Jeneby, a junior AOA and President of the chapter at The Medical College of Virginia, has completed his six years at the University of Pennsylvania Medical Center, three in general surgery and three in plastic surgery. He will be going to Hot Springs, Arkansas to pursue a career in private practice.

Dr. Davinder J. Singh, a graduate of Yale and Columbia Medical School, has completed three years of general surgery at Columbia and three years of plastic surgery at Penn. She will be continuing on at Penn as a fellow in craniofacial surgery at the Children’s Hospital of Philadelphia. She plans ultimately to pursue a career in academic plastic surgery.

Dr. Faizi Siddiqi is a graduate of the Vanderbilt program in plastic surgery and the craniofacial fellowship here. He will be going to the University of Utah to be a craniofacial surgeon at Utah Children’s Hospital. He will be joining another of our graduates, Dr. Louis Morales.

This year we will begin the development of the Center for Human Appearance Aging Program, focusing on surgery as well as the medical aspects of aging, and integrating alternative and complementary medicine.

Our Goals

This year we will begin the development of the Center for Human Appearance Aging Program, focusing on surgery as well as the medical aspects of aging, and integrating alternative and complementary medicine. Also, the new facial palsy program expanding on Dr. Bartlett’s active surgical and research activities in this field will continue. The exceptional strengths in craniofacial reconstruction, certain aspects of cosmetic surgery, breast reconstruction and general reconstruction will be continued. A pediatric burn center involving Dr. Kirshner is in the planning phase.
We continue to expand our clinical activities in terms of case number and charges and the referral base for complex cancer cases continues to increase. More than 1,500 cases were performed this year. We had an excellent year in terms of education. I won the Penn Pearls Teaching Award from the medical students and we were one of the highest, if not the highest, ranked division in terms of resident education and experience in our General Surgery Training Program. In terms of research, we’ve made noteworthy funding progress. We are the only site in the world that is using photodynamic therapy for the treatment of peritoneal carcinomatosis. This innovative technique was recognized by the National Cancer Institutes in September of 2001 and is funded for five years. Dr. Francis Spitz has received an outstanding score on an R01 that was well within the funding ranges. We have received confirmation that the grant will be funded. The proposal involves using adenovirus expressing interferon-beta for regional treatment of liver metastases. Dr. Brian Czerniecki has two research grants submitted. The three members of the division have been quite productive as can be seen in the list of manuscripts published in the publications section of this report.

In terms of national prominence, the Division of Surgical Oncology also had a good year. I was elected to the Executive Board of the Society of Surgical Oncology. I was also elected to membership to the American Surgical Association and to a four year term on the Grants Committee for the American Society of Clinical Oncology. I was also invited to join the editorial board of the Annals of Surgical Oncology.
Oncology. All three faculty members have been active both nationally and regionally in terms of presentations, speaking at ten national/international lectures.

Our Faculty and Fellows
We were fortunate to have six outstanding chief residents for two months each on our Surgical Oncology Service. This is always one of the highlight services in terms of training during the chief resident year as reflected by the resident evaluations and comments. Two of the chief residents in particular are going on to Society of Surgical Oncology fellowships for additional training. Dr. Todd Bauer matched for a fellowship at MD Anderson Cancer Center and has completed a research fellowship in my laboratory funded by the T32 grant in the Division of Surgical Oncology. Dr. Mark Faries matched at the outstanding program at the John Wayne Cancer Center in Santa Monica, California. He spent two years in research fellowship in Dr. Czerniecki’s laboratory on the T32 training grant.

Our Goals
The three major goals for the Division of Surgical Oncology in the next year are:
• Recruitment of a breast cancer surgeon
• Expansion of our peer-reviewed grant funding
• Formalization and improvement in our resident and medical student education and training opportunities

One our major goals in the Division of Surgical Oncology is specific to the field of breast surgery. The clinical volume of breast cancer patients seen at the Rena Rowan Breast Center of the Abramson Cancer Center is increasing and both Dr. Spitz and I maintain focus on the treatments of melanoma, endocrine, and liver neoplasms and upper GI malignancies. We would like to recruit an Assistant Professor level faculty member who will limit his or her clinical practice almost exclusively to breast cancer and breast disease. This individual will perform clinical research in the area of breast diseases as well as collaborate with other members of the Rena Rowan Breast Center of the Abramson Cancer Center for clinical and translational research opportunities.

The second priority is to increase our peer-reviewed grant funding. Dr. Spitz has just received an RO1 award and I am planning to submit an RO1 based on my TNF perfusion work. Dr. Czerniecki has two major grants that have received scores but are not at a funding level and he will revise these grants and resubmit them.

The third major goal for the Division of Surgical Oncology over the coming year is to improve and enhance our resident and medical student training opportunities. As noted, the Division of Surgical Oncology receives high marks for resident training. To further raise the bar on our own training, however, we will provide written objectives and expectations for our residents. This material will include didactic training information for those patients residents would encounter as part of the Surgical Oncology/Endocrine Surgery practices. We are going to all participate in weekly resident training conferences as well as make every effort to implement the plans of Dr. Gordon Bukaty to enhance resident participation in the operating room, one of the key advantages of the Division of Surgical Oncology. We will also continue to promote educational sessions for the medical students who are rotating in the Division.
Our Accomplishments

The Transplant Surgery Division of the University of Pennsylvania Health System is considered to be the most experienced Clinical Transplantation Program in the Greater Delaware Valley, as well as a leading academic program in the country. This status is achieved by maintaining state-of-the-art multi-organ transplant activity, providing excellent patient care and outcomes, presenting our trainees with outstanding teaching, and maintaining the latest clinical and basic science research. The Division is successful in setting high standards for our clinical teaching and research activity.

The Transplant Program continues to be dominant with an activity that is stable at 32% of the market share within the Delaware Valley (figure 1). The Division experienced an impressive 59% growth in procedures between 1994 and 2001, with 273 organ transplants performed in calendar year 2001 (figure 2). In addition, surgeons from the Division performed 42 pediatric transplants at Children’s Hospital of Philadelphia, increasing the total number to 315. We anticipate a similar number of transplants for FY03, and an increase in activity in the next three years (figure 3). New initiatives that are contributing to the growth of the program include an increased number of living donor kidney transplants, as well as adult-to-adult living related liver donor transplants. The Clinical Human Islet Cell Transplant Program, under the leadership of Dr. Ali Naji and Dr. James Marksman, performed five successful procedures as a phase I study and it is anticipated to continue to a phase II study.

The Division is participating in the School of Medicine student teaching, providing lectures for the students during their surgical rotation. In addition, the Division has a body of residents, as well as two clinical fellows who are being trained...
Division of Transplant Surgery

in an ASTS approved program for liver and kidney transplantation. The Division teaching activity includes one transplant conference and two weekly hepatology and liver cancer meetings.

The Division provides excellent care that is reflected by outstanding clinical outcomes. Medicare approves all our programs and we are contracted with all the local and national major insurance companies. The short and long term clinical results are reviewed on a yearly basis by UNOS and are reported to be excellent when compared to our local and regional competitors.

Our Goals

Our current aims are to stabilize our market share in cadaveric organ transplantation and to increase our living related donor activity for both the Liver and Kidney Transplant Programs. We anticipate that the clinical islet cell program will capture an increasing number of candidates who are unwilling to undergo whole pancreas transplantation. The increased experience in the management of primary liver cancer is associated with an increase in referrals for liver resection and tumor ablation.

Our Faculty and Fellows

I am the president elect of the American Society of Transplant Surgery (ASTS) this year and will assume the office of president in 2003. Dr. Clyde Barker is the current president of the United Network of Organ Sharing (UNOS).

The Division had two fellows who successfully completed an ASTS approved fellowship in liver and kidney transplantation. Dr. Niraj Desai, a former graduate of the residency program at Penn will be joining the faculty at Washington University in St. Louis as an Assistant Professor of Surgery. Dr. Michael Crawford, a graduate of Sydney University, returned to Australia where he will be joining the faculty at this University as an attending surgeon.

Our current aims are to stabilize our market share in cadaveric organ transplantation and to increase our living related donor activity for both the Liver and Kidney Transplant Programs. We anticipate that the clinical islet cell program will capture an increasing number of candidates who are unwilling to undergo whole pancreas transplantation. The increased experience in the management of primary liver cancer is associated with an increase in referrals for liver resection and tumor ablation.

Our Goals

Our current aims are to stabilize our market share in cadaveric organ transplantation and to increase our living related donor activity for both the Liver and Kidney Transplant Programs. We anticipate that the clinical islet cell program will capture an increasing number of candidates who are unwilling to undergo whole pancreas transplantation. The increased experience in the management of primary liver cancer is associated with an increase in referrals for liver resection and tumor ablation.

Our Faculty and Fellows

I am the president elect of the American Society of Transplant Surgery (ASTS) this year and will assume the office of president in 2003. Dr. Clyde Barker is the current president of the United Network of Organ Sharing (UNOS).

The Division had two fellows who successfully completed an ASTS approved fellowship in liver and kidney transplantation. Dr. Niraj Desai, a former graduate of the residency program at Penn will be joining the faculty at Washington University in St. Louis as an Assistant Professor of Surgery. Dr. Michael Crawford, a graduate of Sydney University, returned to Australia where he will be joining the faculty at this University as an attending surgeon.

Our current aims are to stabilize our market share in cadaveric organ transplantation and to increase our living related donor activity for both the Liver and Kidney Transplant Programs. We anticipate that the clinical islet cell program will capture an increasing number of candidates who are unwilling to undergo whole pancreas transplantation. The increased experience in the management of primary liver cancer is associated with an increase in referrals for liver resection and tumor ablation.

Our Faculty and Fellows

I am the president elect of the American Society of Transplant Surgery (ASTS) this year and will assume the office of president in 2003. Dr. Clyde Barker is the current president of the United Network of Organ Sharing (UNOS).

The Division had two fellows who successfully completed an ASTS approved fellowship in liver and kidney transplantation. Dr. Niraj Desai, a former graduate of the residency program at Penn will be joining the faculty at Washington University in St. Louis as an Assistant Professor of Surgery. Dr. Michael Crawford, a graduate of Sydney University, returned to Australia where he will be joining the faculty at this University as an attending surgeon.

University of Pennsylvania Medical Center
Division of Transplant Surgery – Transplant Growth Goals

<table>
<thead>
<tr>
<th>Organ Transplants</th>
<th>FY2001</th>
<th>FY2002</th>
<th>FY2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>100</td>
<td>96</td>
<td>105</td>
</tr>
<tr>
<td>Kidney</td>
<td>161</td>
<td>150</td>
<td>175</td>
</tr>
<tr>
<td>Pancreas</td>
<td>12</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td><strong>Transplant Total</strong></td>
<td><strong>273</strong></td>
<td><strong>261</strong></td>
<td><strong>296</strong></td>
</tr>
</tbody>
</table>

The Transplant Surgery Division at the University of Pennsylvania Medical Center is considered to be the most experienced clinical transplantation program in the Greater Delaware Valley, as well as a leading academic program in the country.
The Division of Traumatology and Surgical Critical Care has completed its fifteenth year as part of the Department of Surgery at the University of Pennsylvania Health System. The Division, Network and PennSTAR experienced an unprecedented year of clinical growth, research funding and publication. These clinical services and the flight program, all saw a more than 10% increase in admissions and case load, an indication of a continual increase in regional market share. These cases generally reflect an increase in level of severity and afford a continual flow of highly challenging cases for teaching, research and care. In addition, the sustained growth of the Trauma Center at St. Luke’s Hospital in Bethlehem, PA, our northern Level II, has allowed this medical center to meet and surpass the clinical case volume requirements to allow application for a Level I trauma center accreditation.

The Penn Trauma Network has continued to mature at the three accredited trauma centers within the University of Pennsylvania Health System: The Penn Trauma Center, The Brandywine Hospital Trauma Center in Coatesville, PA, and the St. Luke’s Regional Trauma Center in Bethlehem, PA. The University of Pennsylvania Health System Division of Traumatology and Surgical Critical Care continues to oversee the day-to-day operation of both Level II trauma centers in addition to the Trauma Center at Penn. The Penn Trauma Network volume continues to be stable as well as community outreach and research efforts. Total injured patients evaluated throughout the Penn Trauma Network for fiscal year 2001 and 2002 is over 3,500. During that same time period, the division admitted between 2,500 and 2,700 patients to the three trauma centers.

The nucleus of the network is the Penn Trauma Center, serving as the administrative, education, research and clinical...
The clinical mission of the Division includes the Trauma Service, the Surgical Critical Care Service, and a general surgical practice with a special interest in acute/emergent surgical conditions. Other services include the PennSTAR Flight Program, a premier aero medical critical care transport service; the Office of Life Support Education, which provides ongoing educational programs for the University of Pennsylvania Medical Center; as well as the regional medical community (ACLS and ATLS); and the International Trauma Team Training Program, which continues in its fifth year with four to six person teams of surgeons and allied health care professionals from different hospitals in Sweden each spending one month studying at the Penn Trauma Center. The patient care activity at the University of Pennsylvania Medical Center exceeded budget admission by 231 admissions for a total of ... remained stable with respect to patient activity with over 5,800 surgical critical care encounters for two years. PennSTAR volume continued to mature with a total of over 1,666 flights performed for fiscal year 2002. And, 1,094 students were successfully trained in ACLS, ATLS and BLS.

Our Goals
The goals and strategies for the Division of Traumatology and Surgical Critical Care, PennSTAR Flight and the Penn Trauma Network include the following:

• Pennsylvania Trauma Systems Foundation Accreditation
• Residency Review Committee 2003
• Accreditation Council Graduate Medical Education Surgical Critical Care Re-accreditation
• Transition –
  – St. Luke’s hospital expansion: clinical role, research and educational roles
  – SCC: establish infrastructure and support for department wide program
  – Recruit surgical scientist: expansion of critical care related bench research

Our Faculty and Fellows
We are pleased to announce that Dr. John Pryor and Dr. Brian Hoey have both completed their trauma and surgical critical care fellowships at Penn and have accepted faculty appointments here.

Dr. Michael Shapiro left to accept a position at Northwestern School of Medicine as an Associate Professor and Chief of Trauma and Surgical Critical Care at the Northwestern Medical Center in Chicago. Dr. Jim Bily left the faculty of the Trauma Center at St. Luke’s Hospital to become the Director of Trauma at Crozer-Chester Medical Center in Chester, Pennsylvania.

These clinical services and the flight program, all saw a more than 10% increase in admissions and case load, an indication of a continual increase in regional market share.
The Division of Urology is committed to maintaining our highest standing in all areas: clinical practice, clinical and basic research, and academic productivity.

Our Accomplishments

The Division of Urology of the University of Pennsylvania Health System provides the latest in knowledge and technology for all urologic problems. With an admission census of more than 1,275 per year and with more than 5,025 operating room procedures performed yearly, the division remains the busiest in the area.

Urologic Cancer

The Division of Urology offers the latest techniques to evaluate and manage all types of urologic cancer: prostate, kidney, bladder, testicle, ureter, adrenal, urethra and penis. A team approach is adopted for difficult problems that include the expertise of a designated radiation oncologist, Dr. Richard Whittington and a medical oncologist, Dr. David Vaughn. Dr. Bruce Malkowicz and I possess special expertise in the area of nerve sparing prostatectomy; the Division carried out the first interstitial radioactive seed treatment of prostate cancer in the Philadelphia area in the mid 1970s and continues its cooperative program with radiation oncology for this therapy. The University of Pennsylvania Medical Center sees more than 750 new cases of prostate cancer each year. All types of conservative bladder sparing therapies are offered for bladder cancer and, where necessary, more aggressive therapy is offered as well. Dr. Malkowicz was responsible for bringing the procedure of continent urinary diversion to the Philadelphia/Delaware Valley area and has successfully performed more of these procedures in this area than anyone else. Laparoscopic procedures, when indicated, are carried out for a variety of urologic cancers, an effort headed by Dr. Keith Van Andalen and Dr. Malkowicz. Dr. Malkowicz and I participate in three major societies dealing with urologic cancer: The Society of Urologic Oncology, The American Society of Clinical Oncology, and the Society of Surgical Oncology.
Dr. Van Arsdalen has led this area since its Urinary Stone Disease Chairman of the Committee on Geriatrics of the Society of University Urologists and implemented a nationwide residency curriculum for geriatric urology. He is also the Vice-Chairman of the Paul Rodin Leberman Resident Teaching Award Malkowicz is the current President of the Mid-Atlantic Section of the American Urologic Association. Additionally, he is the recipient of the Dr. Geroge Drach and Dr. Philip Hanno bring Male Erectile Dysfunction (Impotence) Dr. Axilrod and Dr. Hanno are experts in this area and bring to the University of Pennsylvania Medical Center the full array of management techniques available for this very common problem. Male Infertility Dr. Van Arsdalen has directed this section since the mid-1980s and brings the latest expertise in all areas of evaluation and management, including assisted reproduction techniques. Our Faculty and Fellows and Chief Residents I was recently named the Editor-in-Chief of the four volume text of Campbell's Urology, the premier urologic text in the world. I previously served as one of the Associate Editors and succeeded Dr. Patrick Welsh as Editor-in-Chief. I continue to Co-Chair the World Health Organization International Consultation on Incontinence, attesting to our expertise in these areas. We are experts in the area of interstitial cystitis, and Penn's Urology Division is one of the members of the National Institutes of Health International Clinical Trials Group. Our Goals The Division of Urology is committed to maintaining our highest standing in all areas: clinical practice, clinical and basic research, and academic productivity. With an admission census of more than 1,275 per year and with more than 5,025 operating room procedures performed yearly, the division remains the busiest in the area. Our three chief residents completed their training in the mid-1980s and bring the latest expertise in all areas of evaluation and management, including assisted reproduction techniques. We have successfully recruited new urologists all at the top of their medical school classes: Dr. Thomas Guzzo from Temple University, Dr. Ricardo Sanchez-Oritz, winner of the Pfizer prize for academic accomplishment, will pursue an oncology fellowship at MD Anderson Hospital and Cancer Center in Houston, Texas. Urology has one fellowship in pediatric urology. This is an intensive three year program consisting of two years of basic research and one year of clinical training. The current fellows in pediatric urology are Dr. Michele Clement from the University of Texas Southwestern Medical School and Dr. Assem Shehata from the University of South Florida College of Medicine. Our Goals The Division of Urology is committed to maintaining our highest standing in all areas: clinical practice, clinical and basic research, and academic productivity. It is our intent to pursue successful renewal of our NIH training and center grants and our NIH Intestinal Cystitis Clinical Trials grant. We will continue to improve and maintain adequate patient satisfaction ratings for both inpatient and outpatient services. We hope to increase our visits, admissions and procedures by 3%. enter private practice in Stroudsburg, PA. Dr. Ricardo Sanchez-Oritz, winner of the Pfizer prize for academic accomplishment, will pursue an oncology fellowship at MD Anderson Hospital and Cancer Center in Houston, Texas. Urology has one fellowship in pediatric urology. This is an intensive three year program consisting of two years of basic research and one year of clinical training. The current fellows in pediatric urology are Dr. Michele Clement from the University of Texas Southwestern Medical School and Dr. Assem Shehata from the University of South Florida College of Medicine. Our Goals The Division of Urology is committed to maintaining our highest standing in all areas: clinical practice, clinical and basic research, and academic productivity. It is our intent to pursue successful renewal of our NIH training and center grants and our NIH Intestinal Cystitis Clinical Trials grant. We will continue to improve and maintain adequate patient satisfaction ratings for both inpatient and outpatient services. We hope to increase our visits, admissions and procedures by 3%.
The most noticeable change in our clinical service line is the volume of endovascular surgery patients treated at the University of Pennsylvania Medical Center. All faculty members have been routinely performing peripheral endovascular procedures including iliac/SFA PTA renal angioplasty and stenting, carotid/brachiocephalic angioplasty. We continue to perform large volumes of open cases and the Division averages at least five to six aortic aneurysm repairs each week. There is a large experience with complex redo surgery as we continue to receive large numbers of inpatient transfers following unsuccessful procedures elsewhere. We are more routinely seeing patients who come for aortic endografting and open surgery from remote geographic sites including out of the state.
We continue to perform large volumes of open cases and the Division averages at least five to six aortic aneurysm repairs each week.

United States. I recently performed conventional open surgery on a patient from Peru who underwent successful repair of a complicated thoracoabdominal aortic aneurysm deemed too high risk to be performed within the native country. We are one of the only centers in the United States currently offering thoracic aortic stent grafting under FDA compassionate use guidelines in collaboration with our Cardiothoracic surgeons. In addition to our two-day aortic endograft course mentioned above, we have initiated a monthly two-day peripheral endovascular course to teach vascular surgeons peripheral vascular skills.

For the first time, we have a senior radiology resident who will spend elective time on the Vascular Surgery service this summer. We have continued to train the Interventional Radiology residents in the techniques of aortic endografting.

As a new clinical initiative, Dr. Omaida Velazquez and I have been appointed to the staff of the Children's Hospital of Philadelphia and have started performing surgery there as well. We recently performed together a successful carotid to subclavian artery transposition on a five year old girl who had a severe cerebrovascular steal causing her to have cerebral ischemic symptoms. Only a few of these children have been successfully treated and described in the literature.

Lastly, we are immensely grateful to Dr. Clyde Barker, the former Chairman of the Department of Surgery and Division Chief of Vascular Surgery. He remains an active participant and guiding force in the day to day divisional activities. His clinical experience and judgment make him an invaluable mentor and resource for the other faculty members, residents and students in the division.

Our Goals

- Formalize and implement educational goals for surgical residents rotating on the vascular surgery service
- Continue to ramp up carotid PTA and stent experience through participation in FDA approved clinical trials
- Continue to advance technology of aortic stent grafting by participation in all new third generational devices approved by FDA
- Implement final plans to convert our Vascular residency to a two-year program as mandated at the recent program directors meeting
- Implement John E. B. Barton Vascular Surgery web site
- Establish angiogenesis basic science research lab in the Stemmler under the direction of Dr. Velazquez with the continued collaboration of Dr. Meenhard Herlyn from the Wistar Institute
- Achieve overall increase in surgical volume by at least 10%, distributed evenly between open and endovascular cases
- Develop and implement a plan for more broad based coverage of the Vascular Service by nurse practitioners
- Continue to promote our Divisional activities on a National and International sphere
- Establish a Vascular Surgery Center of Excellence by partnering with industry

The Division was recently selected to serve as a site for a new FDA approved carotid stent and cerebral protection device, and as such we were the only vascular surgeons nationally who were invited to participate as both Primary Investigators and interventionists.
Reports
by Hospital Chiefs

The Children’s Hospital of Philadelphia

Pennsylvania Hospital

Presbyterian Medical Center

Philadelphia Veterans Affairs Medical Center

Phoenixville Hospital
Our Accomplishments

The Children’s Hospital of Philadelphia is an international leader in pediatric surgical critical care with a rich history and tradition of clinical and academic excellence. The Division of Pediatric General Surgery at the Children’s Hospital was established in 1946 as the first pediatric surgical specialty in the City of Philadelphia and the second such service in North America. We performed more than 3,500 general, thoracic and fetal surgical procedures this year. Our surgical team consists of eight pediatric general surgeons, four pediatric transplant surgeons, two perinatologists and seven advanced practice nurses skilled in the surgical and postoperative care of fetuses, premature babies, neonates, and children and adolescents up to the age of nineteen years. This comprehensive service covers the endocrine disorders, tumors, injuries and various acquired conditions, including surgery and related endoscopy of the head and neck, thorax, abdomen, and extremities, tumors (benign and malignant), at any anatomic site except the central nervous system: gastrointestinal, hepatic and splenic surgery; some urologic and gynecologic surgery; anomalies of the male genital canal including hermia and undescended testes, and kidney and liver transplantation. By collaborating with a multidisciplinary group including anesthesiology and critical care medicine, neonatology, nursing, emergency medicine and various surgical and medical specialties, we can provide integrated care for all patients. Outpatient surgical consultations, diagnostic testing and follow-up visits are also available at four satellite facilities: The Children’s Hospital of Philadelphia Specialty Care Centers in Exton, PA, King of Prussia, PA, Chalfont, PA, and Voorhees, NJ. We have new state of the art ambulatory surgery centers for outpatient procedures at our locations in Exton, Chalfont, and Voorhees.

The Louise Schnaufer Endowed Fellowship in Pediatric General Surgery is the premier pediatric surgery fellowship in the world. The first pediatric surgical fellows completed their training at Children’s Hospital more than 55 years ago. Since that time, more than 70 individuals have been trained. The majority has gone into academic positions either in the United States or abroad.

During fiscal year 2001, the Center for Fetal Diagnosis and Treatment continued to be the premier such program in the world. The first pediatric surgical fellows completed their training at Children’s Hospital more than 55 years ago. Since that time, more than 70 individuals have been trained. The majority has gone into academic positions either in the United States or abroad.

At the Children’s Hospital of Philadelphia in fiscal year 2001, the Level I trauma program, which was initiated in 1986, had nearly 1,000 admissions. A two-year Trauma-Pediatric Critical Care Fellowship initiated in 1996 in collaboration with the program at the University of Pennsylvania Medical Center is an additional educational strength. This program permits graduates to obtain added qualifications in Surgical Critical Care with emphasis on pediatric trauma care and pediatric surgical critical care.

Meanwhile, the decade old ECMO Program has continued to expand and is now one of the two busiest ECMO centers in the United States. There has also been progressive growth in the pediatric minimally invasive surgery program, while the pediatric surgical oncology practice remains the largest in the country. Total operative volume continues to increase as has been the trend for the past five years.

Our Faculty and Fellows

Dr. Doolin came to us from the UMDNJ/Robert Wood Johnson Medical Center in Camden, New Jersey, and sees patients at the Voorhees facility and at Children’s Hospital. He is the Director of the Pediatric Anorectal Continence Evaluation Clinic, and has a strong interest in the education of medical students, residents and fellows. Dr. Holly Hedrick completed her post-doctoral fellowship in pediatric general and thoracic surgery at Children’s Hospital in June 2002. She joined our faculty and is interested in research aspects of fetal lung growth. As such she is also now part of the fetal surgery team. Dr. R. Douglas Wilson is an internationally known perinatologist with great expertise in fetal diagnosis and treatment. He has considerable experience in running large clinical trials, which will be important for the critical assessment of new techniques in fetal diagnosis and treatment.

Dr. Oluyinka Olotayo was our chief surgical resident for fiscal year 2002. He is now an assistant professor of Pediatrics, Section of Leukocyte Biology, at the Baylor College of Medicine and stuff Surgeon, Texas Children’s Hospital, Houston, Texas.
Our Accomplishments
The Department of Surgery at Pennsylvania Hospital is robust both clinically and academically. At Pennsylvania Hospital, the Department of Surgery encompasses the divisions of General Surgery, Cardiac Surgery, Neurosurgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Urology and Rehabilitation Medicine.

The surgical case volume at Pennsylvania Hospital has been rising steadily since fiscal year 1998 and is currently on track to reach about 18,000 cases for fiscal year 2002. This number will represent about a 38% increase since that nadir that followed the departure of some of our marquee surgeons in 1997. Interestingly, our surgical case volume is currently about 15% higher than it was during the Hospital’s “heyday” in the late 1980s and early 1990s. The current case volume is summarized by division as follows:

- Orthopedic Surgery: 34%
- General Surgery: 18%
- Gynecology: 13%
- Urology: 10%
- Plastic Surgery: 6%
- Otolaryngology: 5%
- Vascular Surgery: 5%
- Neurosurgery: 3%
- Cardiac Surgery: 2%

Our accomplishments during my first year include intangibles such as improved attitudes within the department, a more structured conference schedule with better faculty attendance and participation, and more defined accountability and expectations. Additional projects have included the reorganization and streamlining of departmental records and files, the adoption of UPHS style documentation templates for clinical encounters, and attempts to establish a modest departmental endowment for the support of educational initiatives. Recruitment efforts have identified a general surgeon who may join our faculty later this year, bringing further expertise in foregut and advanced laparoscopic surgery.

Our Residency Program
The first resident physician in America began his medical training at Pennsylvania Hospital in 1773. Since then, the Hospital has maintained a nearly continuous education mission. In addition to their experience here, residents also rotate to the Children’s Hospital of Philadelphia and to the University of Pennsylvania Medical Center for experience in transplant surgery and in trauma/critical care. Starting in July 2002, two junior residents from Coe the University of Pennsylvania Medical Center program will rotate to Pennsylvania Hospital for experience in basic general surgery. In addition, another general surgery service is being formed from a consolidation of three plastic surgery practices and one breast disease practice in order to give junior residents operative experience in handling tissue and managing a variety of surgical wounds under exact supervision.

In spite of the declining pool of applicants to surgical residencies, Pennsylvania Hospital has managed to recruit successfully and currently has a talented and motivated roster of residents at all levels. All program graduates have passed the American Board of Surgery Qualifying and Certifying Examinations. The chief residents from the current year have been accepted into fellowships in Vascular Surgery and in Trauma/Critical Care at the University of Pennsylvania Medical Center. We maintain a one-year Fellowship in Vascular Surgery. This year’s fellow is anticipating entering clinical practice in Massachusetts.

Our Goals
I assumed the chair of the Department of Surgery at Pennsylvania Hospital in August of 2001. As a clinician educator with 23 years of experience as a vascular surgeon, I am dedicated to improving the educational environment for residents and medical students, developing new departmental programs at Pennsylvania Hospital and creating a collaborative relationship between Pennsylvania Hospital and the University of Pennsylvania Medical Center, mediated through the Council of Chiefs.
Our Accomplishments

Presbyterian Medical Center continues to evolve as an integral component of the University of Pennsylvania Department of Surgery. Surgical specialists in the fields of Gastrointestinal, General, Colorectal, Vascular, Cardiothoracic, Urologic and Plastic Surgery continue to grow their presence here. In these fields alone, Presbyterian’s operating rooms are on track to do more than 2,200 cases this year. In addition to basic services, we provide advanced minimally invasive skills in gastrointestinal, retroperitoneal, thoracic, vascular and cardiac procedures. In cooperation with Karl Storz and Castle-Getinge a high end laparoscopy suite was developed that continues to evolve, applying the newest technologies to patient care. Other improvements in the operating suite have included the installation of the Navicare System to improve patient tracking and flow, and the installation of two laminar flow rooms to accommodate new orthopedic practices that have been recruited to Presbyterian Medical Center.

Interdisciplinary cooperation is fostered in our division. There is ongoing collaboration with GI medicine in the areas of inflammatory bowel disease, GI and ENT in the arena of upper GI and thoracic surgery, vascular and cardiac procedures. In cooperation with Karl Storz and Castle-Getinge a high end laparoscopy suite was developed that continues to evolve, applying the newest technologies to patient care. Other improvements in the operating suite have included the installation of the Navicare System to improve patient tracking and flow, and the installation of two laminar flow rooms to accommodate new orthopedic practices that have been recruited to Presbyterian Medical Center.

Several educational initiatives are underway at Presbyterian Medical Center. The Transitional Residency program trains 14 residents through a one year rotating residency under the direction of Dr. Howard Ross. This year we acquired 12 of our top 13 match choices and filled the entire residency without difficulty. We are pleased to report that Presbyterian Medical Center consistently receives excellent reviews for its faculty and teaching.

For the coming year, challenges include strengthening our educational program and maintaining our clinical resurgence through efforts aimed at recruitment and retention of faculty. Pennsylvania Hospital remains a desirable venue in which to practice because of its collegiality and high level of professionalism. These values must be maintained in spite of the challenging economic climate. Other challenges have come mainly in trying to provide leadership during difficult financial times for practicing surgeons. The uncertainties related to falling reimbursements and to the cost and availability of malpractice insurance in the private practice arena are deeply troubling to many colleagues. Perhaps as a corollary, competition for access to patients and privileges has increased, particularly in the areas of bariatric surgery and interventional vascular procedures. Our institution is not unique in this respect and resolutions have proven to be as difficult for us as others.

New regulatory requirements constitute another major focus. We are mandated to reduce resident work hours to 80 per week from an average of 105. We also must develop specific goals and objectives for each rotation, together with reliable vehicles to measure the six general competencies as part of a more global and standardized program for the assessment of each resident’s progress. We anticipate achieving full compliance with these evolving regulations by July 2003.

Finally, several new departmental initiatives are in development. The first is a Vascular Center, which would bring together professionals from Vascular Surgery, Cardiology, and Interventional Radiology into a comprehensive program designed to enhance the care of patients with vascular disease. The second is an integrated Fellowship in Advanced Laparoscopic Surgery, together with Presbyterian Medical Center and the University of Pennsylvania Medical Center. This two year program will include education in the repair of inguinal hernias and other abdominal wall defects at Pennsylvania Hospital under the supervision of Dr. Alan Schuricht. The third is a section of colorectal surgery. Satisfying this need would necessitate recruitment of a mature colorectal practice into the Clinical Practices of the University of Pennsylvania. Pennsylvania Hospital has endowment funds earmarked for colorectal surgery and a new GI endoscopy suite in development, which could help propel the project.

Thanks in large measure to assistance from the University of Pennsylvania Health System, Pennsylvania Hospital has rebounded from a difficult period, and has preserved its unique identity. Our department is committed to achieving the University of Pennsylvania Health System Department of Surgery goals of clinical excellence, enhanced revenue generation, individual and departmental accountability and educational supremacy.
Presbyterian Medical Center continues to evolve as an integral component of the University of Pennsylvania Department of Surgery. Surgical specialists in the fields of Gastrointestinal, General, Colorectal, Vascular, Cardiothoracic, Urologic and Plastic Surgery continue to grow their presence here. In 2002, the University of Pennsylvania Health System opened the first Minimally Invasive Surgery Fellowship in the region. The fellowship is system-wide and based at Presbyterian Medical Center under my direction. The first fellow, Dr. Bud Shuler, started in February 2002 and the second full-time fellow began in July 2002 for a two year fellowship, one year in clinical and one year in research.

Our Goals
Presbyterian Medical Center is in the planning stages of building three new operating rooms within our existing space. In addition, we recently purchased the PRCO building that sits on our campus and our proposals include building new outpatient operating rooms within the Schie Eye Institute. Emphasis in growth in surgical volume has been primarily in the area of orthopedic surgery, with several highly visible successful recruitments having taken place in the last year.

In addition to basic services, we provide advanced minimally invasive skills in gastrointestinal, retroperitoneal, thoracic, vascular and cardiac procedures.

Our Accomplishments
I was appointed as the chief of Surgery at the Philadelphia Veterans Affairs Medical Center in October. Within the last year, we have made a number of faculty changes that have and will continue to significantly impact our department. Dr. Paul Dahowski has been recruited as chief of Surgical Critical Care and the director of the Surgical Intensive Care Unit. Dr. Dahowski is a member of the Trauma and Critical Care Division. Dr. Rudi Staroscik returned to the Philadelphia VAMC last October. Dr. Staroscik has been a long time faculty member whose primary interest is resident and medical student education. Dr. John Kucharczuk joined the Philadelphia VAMC staff last summer and is responsible for the thoracic surgery service.

Dr. Joseph Shrager received a VA Career Development Award in July. The award includes salary support and laboratory funding for three years. Dr. Shrager is interested in respiratory mechanics and chronic obstructive pulmonary disease. Dr. Michael Golden also recently received funding for a VA Merit Review Grant.

Under the leadership of Dr. Steven Raper, the gastrointestinal surgery division began a bariatric surgery program. The program has been well received and in a few short months, the Philadelphia VAMC has become a regional referral center for obese patients.

Finally, the Philadelphia VAMC has been selected as a site for the OVERTrial (Open Versus Endovascular Repair of Abdominal Aortic Aneurysms) with Dr. Michael Golden and myself as the principal investigators. The OVERTrial is a prospective, randomized, multicenter VA cooperative study comparing endovascular stent graft repair of abdominal aortic aneurysms with traditional open aneurysm repair. Dr. Golden and I started the endovascular stent graft repair program at the Philadelphia VAMC two years ago. Although endovascular stent graft repair of abdominal aortic aneurysm has recently gained popularity, to date there have been no clinical trials comparing the two techniques. Patients are currently being recruited for the study.
Within the last year, we have made a number of faculty changes that have and will continue to significantly impact our department.

Our Goals

During the 2002-2003 academic year, particular emphasis will be placed on providing additional surgical services at the Philadelphia VAMC. Surgical Critical Care and Cardiac Surgery are the primary areas for development. Currently, there is no Surgical Critical Care service at VAMC. Dr. Dabrowski is in charge of developing a formal Surgical Critical Care service and plans include the recruitment of additional surgeons and/or anesthesiologists to fully staff the division. The local, regional and national VA leadership have all expressed an interest in a cardiac surgery program at the Philadelphia VAMC. A multi-disciplinary work group is in the process of determining the feasibility of such a program which would be developed in conjunction with the Cardiac Surgery Division at the University of Pennsylvania.

During the 2002-2003 academic year, particular emphasis will be placed on providing additional surgical services at the Philadelphia VAMC.

Major changes in the physical plant of the Department of Surgery are planned for next year. Renovation is set to begin on the surgical administrative and faculty offices, including complete remodeling of the surgical conference room and new state of the art audio-visual equipment. The outpatient surgical area is in the final stages of renovation and is scheduled to open in a few months. Plans are being made for a new Outpatient Surgery Clinic and a new Vascular Laboratory. Construction should begin this year.

Report from Phoenixville Hospital

On May 19, 2002 a groundbreaking ceremony was held for the Phoenixville Hospital Surgicenter at Limerick, PA. Located in the rapidly developing “422 corridor” the new facility, scheduled for opening next spring, will help relieve some of the strain on our 33-year-old hospital operating suite.

The University of Pennsylvania Health System is however, planning to add two new operating rooms to our existing OR suite to be used primarily for Cardiac Surgery. When completed, we will the fourth facility in Chester County with cardiac surgery capability.

The hospital continues to show a significant profit, sure in no small part to the Department of Surgery. As with all surgery departments in southeastern Pennsylvania, high malpractice premiums and low reimbursements have driven some of our younger surgeons and gynecologists from our hospital to other states. We can only hope a solution to this crisis will be found.

Robert L. Yoxtheimer, MD
Chairman, Department of Surgery, Phoenixville Hospital
Phone: 610-835-7772

“The greatest triumph of surgery today lies in finding ways for avoiding surgery.”

– Robert Tuttle Morris
Reports
from Executive Committee

Chief Operating Officer

Vice Chairman of Administration

Vice Chairman of Research
Fiscal year 2002 has been a year of change, yet a year of substantial achievement for the clinical and research enterprises within the Department of Surgery. The Department's 123 standing and associated faculty continue to excel, advancing both patient care and academic initiatives. An organizational framework has been established that focuses fiscal and operational responsibility at the division level. The continuing generosity of our benefactors has provided one of the largest endowments for research in the country, and plans are underway to create a similar endowment for our clinical enterprise.

More specifically a few of the highlights for the year include:

- Clinical activity is up 7% year to year and charges are expected to exceed 66 million. The Department's reimbursement rate is holding at 33%, so our net patient revenue will approach $22 million for the current fiscal year.
- Our strong partnership with the hospitals within the University of Pennsylvania Health System continues to thrive, with approximately $6.5 million flowing to the Department to support strategically important services and programs.
- The Department's "bottom line" represents 6% of net patient revenue and is ahead of budget.
- The endowment for the research enterprise (the Harrison Department of Research) now exceeds $90 million after generous gifts from the Emilie deDelenbreth and Elizabeth Miller families. The endowment generates in excess of $3.8 million to support young investigators, proven investigators whose external funding has been interrupted temporarily and academic/clinical leaders who hold endowed professorships.
- The Department currently has $4.9 million of NIH grants, training grants and program project awards. In addition, our faculty has received another $3.5 million in non-federal funding to support basic and clinical research.
- We have established a leadership and financial framework that will allow the Department to respond swiftly and effectively to further challenges.

Mr. Daniel J. Cooper  
Phone: 215-662-2061  
daniel.cooper@uphs.upenn.edu

On a more personal note, I have been extraordinarily pleased with the organization I joined in July of last year. Dr. Kaiser and the Department's senior leadership have identified the vision for how we will conduct our affairs in the coming years. It is an organizational philosophy that is based upon accountability—both individual and collective and setting high standards. After ten months in the position of Chief Operating Officer, I am convinced that we will be among the elite Departments of Surgery by just about any measure.

“No costs have increased more in the last decade than the cost of medical care”  
- John F. Kennedy
medical school's anatomy courses are taught in large part by surgeons. Members of the surgical faculty also spend considerable time teaching students in physical diagnosis course, speaking at Agnew Surgical Society sponsored lectures and serving as section leaders for the University of Pennsylvania's Reading Project for incoming undergraduate freshmen.

Fiscal year 2002 marks the second year since the implementation of Curriculum 2000, the University of Pennsylvania's revised medical school curriculum first implemented at the clerkship level in January of 1999. Dr. Paul Dabrowski, the Department of Surgery's Academic Coordinator, continues to develop and enhance a dynamic program for the Surgery Clerkship. Medical students who complete their ... in surgery is the best of all disciplines, with the mean performance nearly 25% higher than the national mean.

Hand Surgery and Surgical Intensive Care services were added to the list of subspecialty rotations available to students. Increased exposure to surgical subspecialties is now also available as students rotate onto two subspecialty services for two weeks each instead of the previously offered one specialty service for a four week period.

"The safest thing for a patient is to be in the hands of a man engaged in teaching medicine. In order to be a teacher of medicine the doctor must always be a student"
– Charles Mayo
Traveling Fellowships

Traveling fellowships are awarded annually to a limited number of Penn faculty clinicians who are involved in performing minimally invasive therapy. The purpose of this fellowship is to provide the awarded clinician with the opportunity to travel globally in search of new technologies. From the Department of Surgery, Dr. Steven Raper investigated new techniques in videoscopic bariatric surgery at the University of California School of Medicine at San Francisco’s Advanced Videoscopic Surgery Training Course.

New Surgery Executive Management Course-Wharton and the Leonard Davis Institute

For a second year we have collaborated with our colleagues in Wharton and the Leonard Davis Institute to offer a three-day annual interactive program that begins with a session on legal and ethical dilemmas in health care systems. A negotiations workshop is included, in which participants learn a proven systematic approach to negotiations. During this session participants develop new strategies to address current negotiation challenges at work and gain a deeper understanding of personal negotiation styles and their effect on negotiation outcomes.

During the final program day, the participants use a highly complex business simulation model that creates a “practice field” for thinking about the current and future challenges facing academic medical centers. Simulation models allow participants to examine and test their assumptions about the potential affects of changes along a number of dimensions and explore management strategies without the real risk of “crashing and burning.” Skills learned in the negotiations workshop are interwoven into the PENN Center of Surgical Excellence simulation exercises, creating a realistic and powerful learning opportunity.

Our Clinical Effectiveness and Quality Improvement Program

The surgery clinical effectiveness and quality improvement (CEQI) program is responsible for coordinating and monitoring activities related to performance improvement and cost control within the department. The departmental CEQI office was developed in cooperation with the CERQI program at the Health System level and continues to function as part of this Health System wide initiative. A centralized resource for data capture and analysis is available through the Health System CEQI office but the departmental efforts are...
Our Space
A number of building projects have been completed this year:

4 Silverstein Lounge
Complete renovation using a wood motif and new furniture

4 Ravdin APU Lounge
New wooden floor and re-upholstering

2 Dulles Surgical Family Lounge
Complete re-construction with various compartments, satellite TV on big screen monitors, free internet access on three workstations

4 Maloney Fitts Surgery Education Center
Upgrade of all audio visual equipment and computer workstations including individual scanners and three 50-inch plasma screens

4 Silverstein Department of Surgery Conference Room
Upgrade of projection system and control rack obviating the need for slides and overhead projectors

Research Space

Ground White Surgical Seminar Room
Developed architectural plans to renovate this mid-sixties structure expanding it to accommodate 204 wired seats and expose the former hospital White Building stone lobby entrance and its vistas onto 34th Street, state of the art audio/visual equipment including Smart Board will be added.

3 Maloney
Active design to accommodate surgery education, billing and administration

3 Silverstein
Active design to utilize current space occupied by billing and administration for more faculty offices and clinical exam and procedure rooms

Additional Plans
$25 million board approved and funded plan to double the size of the PACU and expand the OR rooms by four large high tech rooms, new locker rooms, staff lounge and new anesthesia offices

In the conceptual design phase is a ten year plan to expand the number of surgical beds by 150 and the number of ORs by an additional nine. Relocate the surgical intensive care units to 4 Rhoads and 4 Maloney.

Faculty Affairs
During the fiscal year 2001-2002, several dramatic initiatives were accomplished signifying the beginning of Dr. Kaiser’s tenure as Chairman. The leadership of the Department was restructured to encompass an Executive Committee and a Council of Chiefs. In order to accomplish this, we consulted Dr. Greg Shea from Wharton and Leonard Davis Institutes. Dr. Shea provided guidance to the Executive Committee using his system of effecting change and engaging the Council of Chiefs and Faculty at several retreats.

Information Systems
The Department of Information Systems underwent several transitions beginning with a major re-organization of the composition and reporting relationships. The staff of the Department of Surgery and those of the HUP Pre-op department are now functionally combined but separately funded. This allows greater scope and depth of services than each had on its own.

The biggest impact was achieved through an extensive upgrade of the Department infrastructure including work stations, networks, peripherals and AV equipment and the implementation of a two-way remote communication system for Departmental leadership. A major departmental change after 20 years was the development of a help desk support function with the University of Pennsylvania Health System IT Department since the Department had outgrown its ability to function with a lone support employee.

The surgical core training program continues to be recognized as one of the top such programs in the United States.

Our Space

4 Silverstein Lounge
Complete renovation using a wood motif and new furniture

3 Ravdin APU Lounge
New wooden floor and re-upholstering

2 Dulles Surgical Family Lounge
Complete re-construction with various compartments, satellite TV on big screen monitors, free internet access on three workstations

4 Maloney Fitts Surgery Education Center
Upgrade of all audio visual equipment and computer workstations including individual scanners and three 50-inch plasma screens

Research Space

Extensive space inventory of all Departmental research space has been conducted as well as the adoption of rules and process for the future allocation of current limited research space

Information Systems

The Department of Information Systems

The biggest impact was achieved through an extensive upgrade of the Department infrastructure including work stations, networks, peripherals and AV equipment and the implementation of a two-way remote communication system for Departmental leadership. A major departmental change after 20 years was the development of a help desk support function with the University of Pennsylvania Health System IT Department since the Department had outgrown its ability to function with a lone support employee.

The surgical core training program continues to be recognized as one of the top such programs in the United States.

The surgical core training program continues to be recognized as one of the top such programs in the United States.

The biggest impact was achieved through an extensive upgrade of the Department infrastructure including work stations, networks, peripherals and AV equipment and the implementation of a two-way remote communication system for Departmental leadership. A major departmental change after 20 years was the development of a help desk support function with the University of Pennsylvania Health System IT Department since the Department had outgrown its ability to function with a lone support employee.

The surgical core training program continues to be recognized as one of the top such programs in the United States.

The biggest impact was achieved through an extensive upgrade of the Department infrastructure including work stations, networks, peripherals and AV equipment and the implementation of a two-way remote communication system for Departmental leadership. A major departmental change after 20 years was the development of a help desk support function with the University of Pennsylvania Health System IT Department since the Department had outgrown its ability to function with a lone support employee.

The surgical core training program continues to be recognized as one of the top such programs in the United States.

The biggest impact was achieved through an extensive upgrade of the Department infrastructure including work stations, networks, peripherals and AV equipment and the implementation of a two-way remote communication system for Departmental leadership. A major departmental change after 20 years was the development of a help desk support function with the University of Pennsylvania Health System IT Department since the Department had outgrown its ability to function with a lone support employee.

The surgical core training program continues to be recognized as one of the top such programs in the United States.

The biggest impact was achieved through an extensive upgrade of the Department infrastructure including work stations, networks, peripherals and AV equipment and the implementation of a two-way remote communication system for Departmental leadership. A major departmental change after 20 years was the development of a help desk support function with the University of Pennsylvania Health System IT Department since the Department had outgrown its ability to function with a lone support employee.
talented faculty and residents. Finally, investigators from the Harrison department have demonstrated an outstanding level of participation in national and international scientific symposia over the past year.

On the translational front, the Harrison Department is home to the Juvenile Diabetes Research Foundation-Penn comprehensive islet transplantation center for the treatment of type I diabetes. Since its inception in the year 2000, the center has been recognized as a leading islet transplantation resource center in the United States. The most notable accomplishment of this center has been the successful transplantation of several type I diabetic patients with isolated pancreatic islets. This effort represents the translational realization within the Harrison Department. This innovative clinical endeavor was initiated within our department through the coordinated, synergistic and specialized efforts of clinicians and basic scientists from diverse departments within the medical center.

During the last academic calendar, significant progress has been made in meeting several important objectives:

- Re-organization of laboratory research space and resource allocation in proportion to the scientific productivity of the personnel and in accordance with the strict guidelines put forth by the school of medicine.
- Recruitment of faculty dedicated to academic endeavors based on their established or promising record of scientific excellence.
- Identification and establishment of a user friendly infrastructure for the conduct of productive clinical research.
- Development of strong collaborations with experts in clinical biostatistics and epidemiology to assure the generation of high-quality data/outcomes and analyses in the clinical research arena.

“...and environmentalist is our fundamental resource.”
—John F. Kennedy
“Love of humankind, usually expressed
by an effort to enhance the
well-being of humanity through
personal acts of kindness
or by financial support of causes...”
It is only natural then, for the surgeons, researchers and staff of the Department of Surgery, who also consider it their mission to relieve human suffering and to improve the quality of life of those they encounter, to consider you a partner in our efforts. With your help thus far, the Department of Surgery is extremely fortunate to have attained a sizeable research endowment of over $90 million. This has been an invaluable source of support for many research initiatives that would not have otherwise been possible. Together, we can accomplish what others may only dream.

Our Goals
Looking ahead, the Department of Surgery faces declining reimbursements rising malpractice insurance rates, in the face of grand goals. Never before has a clinical endowment been more necessary. We recognize that your partnership creates a foundation upon which we can build one of the top five surgical clinical enterprises in the country.

To reach our goals, however, we need your creative input, your invaluable feedback and your financial assistance. The clinical endowment for the Department of Surgery will be used to support educational and clinical activities outside of research activities. The menu of opportunities open to you is extensive and dynamic.

Benjamin Franklin, one of the founding fathers of our country and a founder of Penn, was one of the first people to campaign to raise money. History tells us that Franklin carefully catalogued his prospective donors and suggested that solicitation begin with those who were certain to give. He said, “Do not neglect those whom you are sure will give nothing, for in some of them you may be mistaken.”

We remain indebted to all of you who have amazed us with your contributions to our research endowment. As we move forward in our efforts to provide superior and, where necessary, innovative care for our patients, we are asking you to help us establish a clinical endowment that will enable us to fully support our mission. Contributions may be made to:
The Trustees of the University of Pennsylvania
Office of Medical Center Development
Department of Surgery
Endowment for the Clinical Enterprise
3535 Market Street, Suite 750
Philadelphia, PA 19104-3309
Or online at http://www.uphs.upenn.edu/gifts.

A Select Menu of Opportunities
• The Center for Minimally Invasive Surgery
• The Patient Safety Leadership Academy
• Space Renovations, many with naming opportunities including the new John Rhea Barton (JRB) Surgical Waiting Area
• Contributions to the John Rhea Barton Chair, the first endowed chair of surgery in the U.S.
• Endowed chairs for each Division Chief within the Department of Surgery
• Residency education support – renovation of on call rooms, staffing support to enable compliance with new regulations
• Uncompensated care fund for patient services
• Customer service support
– Beepers for patients, friends and family waiting for surgical appointments or waiting while someone is in the operating room, enabling one to leave the area to get coffee, etc.
– Financial support for creation of business centers in surgical waiting areas and on surgical floors, including phones, faxes and computers so you can continue to work while we do
– Customer service training and support for our faculty and staff
– Concierge services
• Renovation of inpatient private rooms – a naming opportunity

Our Accomplishments
In 2002, charitable giving in the United States reached approximately $212 billion dollars, an increase of 0.5% from 2001, despite the events that occurred on September 11th and a slowing economy. For those of us in healthcare, perhaps the best news is that the highest increase occurred in gifts to human services; an estimated $20.71 billion dollars. It is clear that even in the worst of times, we as caring individuals reach out to one another to enhance and improve the quality of those lives around us.

The Association of Fund Raising Professionals cites two definitions of philanthropy:

1. “Love of mankind, usually expressed by an effort to enhance the well-being of humanity through personal acts of kindness or by financial support of causes…”

2. “Any effort to relieve human misery or suffering, improve the quality of life, encourage aid or assistance, or foster preservation of values through gifts, service or other voluntary activity all of which are external to governmental involvement or marketplace exchange.”

Thoreau

Angela B. Wurster, RN, MSN, CRNP
Director of Program Development
Phone: 215-662-7539  email wurstera@uphs.upenn.edu

Development Initiatives
The following individuals and organizations made contributions to the Department of Surgery during fiscal year 2002. It is with profound gratitude we acknowledge their contributions.
In medicine the scientist-educator and the practitioner have each his own faith. The faith of the physician embraces both.

—Journal of the American Medical Association, 1964
“Human life is but a series of footnotes to a vast obscure unfinished masterpiece”

– Vladimir Nabokov

“The best scientist is open to experience and begins with romance— the idea that anything is possible”

– Lewis M Branscomb
“Bocy and Soul cannot be separated for purposes of treatment for they are one and indivisible”

– C. Jeff Miller
"No knowledge can be more satisfactory to a man than that of his own frame, its parts, their functions and actions."

—Thomas Jefferson
Cardiothoracic Surgery


Robert F. Loeb

The patient should be managed the way the doctor or a member of his family would wish to be treated in that bed at that time.

- Robert F. Loeb

Gastrointestinal Surgery


which there are no spare parts.”


Plastic Surgery


Surgical Oncology


“One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient”

– Francis Walf Peabody
Transplant Surgery


“The purpose of life is to serve and to show compassion and the will to help others.”

-Schweitzer Album


“The human body is the magazine of inventions, the patent office, where are the models from which every hint is taken.

All tools and engines on earth are only extensions of its limbs and senses”

—Ralph Waldo Emerson
University of Pennsylvania Medical Center
Department of Surgery Faculty and Professional Staff

Chairman
Department of Surgery
3400 Spruce St., Philadelphia, PA 19104-4283
Larry R. Kaiser, M.D.
The John Rhea Barton Professor of Surgery and Chairman, Department of Surgery

General Surgeons
A. Shannon Pheasant, M.D.
Julius A. Mackie, M.D.
Professor Emeritus of Surgery
Brooke Roberts, M.D.
Professor Emeritus of Surgery
Cletus W. Schwiegenman, M.D.
Professor Emeritus of Surgery

Cardiothoracic Surgery
A. Shannon Pheasant, M.D.
Timothy J. Gardner, M.D.
William Maul Mossey Professor of Surgery and Chief, Division of Cardiothoracic Surgery
* Immediate past President American Association for Thoracic Surgery, Vice Chair, American Board of Thoracic Surgery
Michael A. Acker, M.D.
Associate Professor of Surgery
Joseph E. Bavaria, M.D.
Associate Professor of Surgery
Charles R. Bridges, M.D.
Assistant Professor of Surgery
L. Henry Edmunds, Jr., M.D.
Julian Johnson Professor of Surgery
Joseph H. Gorman, M.D., M.D.
Robert N. Morris, M.D.
Clinical Associate Professor of Surgery/Health System Physician

Presbyterian Medical Center
(Holden 3, 39th & Market Sts., Philadelphia, PA 19104)
W. Clark Hargrove III, M.D.
Clinical Professor of Surgery/Health System Physician

Clinical Assistant Professor of Surgery/Health System Physician

Nurses and Physician Assistants
Patricia Abbott, PA-C, MHS - Thoracic Surgery
Noel N. Williams, M.D.
John J. Taylor, M.D.
Timothy J. Gardner, M.D.

Plastic Surgery
Linton A. Whitaker, M.D.
Professor of Surgery and Chief, Division of Plastic Surgery
* Board Member and CFO of the International Society of Craniofacial Surgery
Scott P. Bartlett, M.D.

Gastrointestinal Surgery
A. Shannon Pheasant, M.D.
Ernest F. Rosato, M.D.
Professor of Surgery and Chief, Division of Gastrointestinal Surgery
Jo R. Kuykendall, M.D.
Assistant Professor of Surgery and Chief, Division of Thoracic Surgery

Main practice at Presbyterian Medical Center

Main practice at Children’s Hospital of Philadelphia
Donato D. LaRossa, M.D.
Professor of Surgery at HUP
* President elect of the American Cleft Palate & Craniofacial Association
David W. Lee, M.D.
Associate Professor of Surgery
*President of the Pennsylvania Federation of Cleft Palate Clinics

Nurses and Physicians Assistants
Carolee Anderson, LPN
Nancy Pollock, RN, CPNP
Lisa Holloway RN
Linda Monahan, RN, MSN, MEd.

Surgical Oncology
A. Shannon Pheasant, M.D.
Douglas L. Fraker, M.D.
Associate Professor of Surgery and Chief, Division of Surgical Oncology
* Pearl Pearl Teaching Award
Brian J. Czerniecki, M.D., Ph.D.
Assistant Professor of Surgery at HUP

Main practice at Presbyterian Medical Center

Main practice at Children’s Hospital of Philadelphia

Nurses and Physicians Assistants
Sally Fernandez, RN, BSN - National Emphysema Treatment Trial

Nurses and Physicians Assistants
Ann Curran, RN, MN, CPNP
Avis Devine, RN, BSN

Transplant Surgery
A. Shannon Pheasant, M.D.
Abraham Shaked, M.D., Ph.D.
Associate Professor of Surgery and Chief, Division of Transplant Surgery
Clyde F. Barker, M.D.
Donald Guthrie Professor of Surgery

Kenneth L. Brayman, M.D., Ph.D.
Associate Professor of Surgery

James F. Markmann, M.D., Ph.D.
Assistant Professor of Surgery

Ali Naji, M.D., Ph.D.
J. William White Professor of Surgery

Kim M. Olhoff, M.D.
Associate Professor of Surgery

Nurses and Physician Assistants

*Heart Transplant Program
Susan Chambers, RN, MSN, CRNP
Yoosoo Cho, RN, MSN, CRNP
Dusica Chojnowski, RN, BN, CCRNP
Patricia Newhans, RN, MSN, CRNP
Carol Tremain, RN, MSN, CRNP
Karen Weest, RN, MSN, CRNP

*Kidney/Pancreas Transplant Program
Sally Boppente, RN, MSN, CRNP
Judy Eyer, RN, BSN
Terri Holland, RN, BSN, CCRNP
Chris Hooper, RN, BSN, CCRNP
Davic Maffo, RN, BSN
Bita Perry, RN, BSN
Barbann Phillips, RN, MSN, CCRNP

*Liver Transplant Program
Heidi Denker, RN, MSN, CCRNP
Geri Liberti, RN, CCRNP
Citlilina Rinal, RN, MSN, CCRNP
Julie Tebbeff, RN, BSN
Kate Twomlow, RN, MSN, CRNP

*lung Transplant Program
Nancy Hasenport, RN, MSN, CRNP
Megan Caven, RN, MSN, CRNP
Susan Montoya, RN, MSN, CRNP

*Pancreas Islet Coordinators
Ellen Mackows, RN, MSN
Mural Palajama, RN

Traumatology & Surgical Critical Care

Judy Ross, 534A, Market Street
C. William Schwab, M.D.
Professor of Surgery and
Chief, Traumatology & Surgical Critical Care

* Distinguished J. Buckingham Award

Donald R. Kaider, M.D.
Associate Professor of Surgery

G. Paul Furcheswski, M.D.
Assistant Professor of Surgery

*Special Dinner Award for Outstanding Achievement in Medical Education 2002, Penn Physicians Teaching Award 2001, Trauma/Critical Care Fellowship Excellence in Teaching award

Vladislav E. Gracias, M.D.
Assistant Professor of Surgery

*Research Competition 2nd place, Pennsylvania Committee on Trauma

Rajan Gupta, M.D.
Assistant Professor of Surgery

John P. Pryor, M.D.
Assistant Professor of Surgery

Patrick M. Reilly, M.D.
Associate Professor of Surgery

Nurse Practitioner

Bridget, Nephrology, RN, MSN, CRNP

St Luke’s Hospital (801 Outram Street, Philadelphia, PA 19132)

Harry L. Anderson, III, M.D.
Assistant Professor of Surgery

Andrew Axilrod, M.D.
Clinical Assistant Professor of Urology and Health System Physician

Vascular Surgery

A Shamrock Pavilion

Ronald M. Fairman, M.D.
Associate Professor of Surgery at HUP and Chief, Division of Vascular Surgery

Clyde F. Barker, M.D.
Donald Guthrie Professor of Surgery

Jeffrey E. Carpenter, M.D.
Associate Professor of Surgery

Michael A. Golden, M.D.
Associate Professor of Surgery

Mark E. Mitchell, M.D.
Assistant Professor of Surgery

*Young Investigators Award from Eastern Vascular Society

Osama C. Velazquez, M.D.
Assistant Professor of Surgery

Urology

I Rhodes Pavilion

Alan J. Wein, M.D.
Professor of Urology and Chief, Division of Urology

George W. Drach, M.D.
Professor of Urology

Philip C. Hanno, M.D.
Instructor of Urology in Surgery

S. Bruce Malkowicz, M.D.
Associate Professor of Urology

*Paul Robinson Lehmann Resident Teaching Award

Eric S. Rovner, M.D.
Assistant Professor of Urology

Keith N. Van Andel, M.D.
Professor of Urology

Nurses

Ellen Ali, RN, BSN
Amiee Barres, LPN
Julia E. Brown, RN, BSN
Marianne Crossford, RN, BSN
Mary Ann DeCamillo, RN, BSN
Daniel Durrell, RN, BSN
Helene LaRose, RN, BSN
Tracy McGirk, RN
Diane R. Newman, RN-C, MSN, CRNP, PAAN
Nancy S. Pohlin, RN
Susan M. Smiyo, RN, MSN, CRNP-C

Presbyterian Medical Center (MOB Suite 260, 39th & Market Sts., Philadelphia, PA 19104)

Andrew Axilrod, M.D.
Clinical Assistant Professor of Urology and Health System Physician

Children’s Hospital of Philadelphia

34th Street and Civic Center Blvd.

Philadelphia, PA 19104

General and Thoracic Surgery

5th Floor, Wood Center

N. Scott Adzick, M.D.
C. Everett Koop Professor of Surgery and Chief, Division of General and Thoracic Surgery

Timothy M. CroomeBelshme, M.D.
Associate Professor of Surgery

Alan W. Flake, M.D.
Professor of Surgery

Holly L. Hedrick, M.D.
Assistant Professor of Surgery

Michael L. Nance, M.D.
Assistant Professor of Surgery

Louise Schmazer, M.D.
Professor Emeritus of Pediatric Surgery

Perry W. Stafford, M.D.
Professor of Surgery

Daniel von Allmen, M.D.
Assistant Professor of Surgery

Denise Moffa, RN, BSN
Rita Perry, RN, BSN

Children’s Hospital/Health System Physician

Cardiothoracic Surgery

8th Floor, Main Building

Thomas L. Spray, M.D.
Professor of Surgery and Chief, Division of Cardiothoracic Surgery

William M. DeCamp, M.D.
Associate Professor of Surgery

J. William Gaynor, M.D.
Associate Professor of Surgery

Harry L. Anderson, III, M.D.
Clinical Assistant Professor of Surgery and Health System Physician

Holly L. Hedrick, M.D.
Assistant Professor of Surgery

Michael L. Nance, M.D.
Assistant Professor of Surgery

Louise Schmazer, M.D.
Professor Emeritus of Pediatric Surgery

Perry W. Stafford, M.D.
Professor of Surgery
Acknowledgements:
The 2002 Annual Report from the Department of Surgery was produced with contributions by the following people:

- The Chairman of the Department of Surgery
  Dr. Larry R. Kaiser and his assistant Ms. Brenda Cupps

- The Council of Chiefs
  Dr. Scott Adzick and his assistant Ms. Renata Rodgers
  Dr. Jo Empie and her assistant Ms. Crystal Mitchell
  Dr. Ronald Fairman and his assistant Ms. Lisa Basquil
  Dr. Douglas Fraker and his assistant Ms. Carla Panaccio
  Dr. Timothy Gardner and his assistant Ms. Donna McLaughlin
  Dr. Peter Mc Combs and his assistant Ms. Velvet Green
  Dr. Ernest Rosato and his assistant Ms. Libbie Guy
  Dr. C. William Schwab and his assistant Ms. Kim Moore
  Dr. Abraham Shaked and his assistant Ms. Kathy Potter
  Dr. Linton Whitaker and his assistant Mr. Vicki Shores

- Design
  Jelesiewicz Design
  Jill Glodek, Designer

- Development Office
  Kathryn J. Griffo, Executive Director-Development
  Angela B. Wurster, Director of Program Development

- Executive Committee
  Mr. Daniel Cooper and his assistant Ms. Lori Poy
  Dr. James Mullen and his assistant Ms. Pam Quinn
  Dr. Ali Naji and his assistant Ms. Diane McLaughlin

- Marketing Department University of Pennsylvania
  Karen Schwager, Marketing Specialist

- Office of the Curator, University of Pennsylvania Art Collection
  Jacqueline Jacovini

- Photographer
  Kelly and Massa Photography
  Vincent J. Massa, Photographer

- Printer
  Printer's Trade, Inc
  10081 Sandmeyer Lane
  Philadelphia, PA 19116

- Web Administrator, Graphic Artist, Department of Surgery
  Robin Sooi
Creating the Future of Medicine with:

Patient Care and Service Excellence

Education Pre-eminence

New Knowledge and Innovation

National and International Leadership