Increase Access

The Department is committed to increased patient access to our world-class physicians and staff. Once they are here, we are working at every level to improve patient experience and care.

Integrate Knowledge

To treat patients with complex medical conditions and find new cures for disease, we must work across disciplines to integrate knowledge. Surgical Divisions will work collaboratively and build strong networks with departments and hospitals throughout the University of Pennsylvania Health System.

Engage Locally and Globally

The Department will expand research and training collaborations around the world and establish more clinical affiliations and other strategic relationships regionally and nationally. We will continue to serve patients from the region and around the world.

Acknowledgements

The 2005 Annual Report from the University of Pennsylvania Health System Department of Surgery was produced with contributions by the following people:

The Chairman of the Department of Surgery and Chief of Surgery, Hospital of the University of Pennsylvania
Larry R. Kaiser, MD and his executive assistant Ms. Marie Mattera

The Council of Chiefs and Executive Committee
Michael A. Acker, MD and his assistant Ms. Gerri Iannelli
N. Scott Adzick, MD and his assistant Ms. Renata Rodgers
Jo Bayske, MD and her assistant Ms. Crystal Mitchell
Daniel J. Cooper and his executive assistant Ms. Donna Morris
Joel D. Cooper, MD and his assistant Ms. Bernadette Rodriguez
Jeffrey A. Dreibin, MD, PhD and his assistant Ms. Denise Orr
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Douglas L. Fraker, MD and his assistant Ms. Carla Tolino-Panaccio
Robert D. Fry, MD and his assistant Ms. Pamela Quinn
Peter R. McCombs, MD and his assistant Ms. Louise Taylor
Jon B. Morris, MD and his assistant Ms. Judy Fitzpatrick
James L. Mullen, MD
Stephen E. Raper, MD and his assistant Ms. Sarah Smith
Joseph M. Serletti, MD and his assistant Ms. Robin Hartigan
C. William Schwab, MD and his administrator Ms. Sue Auerbach
Abraham Shaked, MD, PhD and his assistant Ms. Kathy Potter
Alan J. Wein, MD and his assistant Ms. Carol Martin
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Thanks to the support of generous donors, the Department of Surgery continues to move forward with important new projects, such as the world-class Perelman Center for Advanced Medicine described on page 40 of this report. Through gifts to our endowment, we have set a goal of establishing at least one endowed professorship in each Division. These professorships, such as the new Barker-Measey Professorship in Surgery announced on page 30, help us recruit and retain outstanding faculty.

**Message from the Chairman**

The University of Pennsylvania Health System’s Department of Surgery embraces the challenge of ascending “from excellence to eminence,” a challenge that infuses our daily work. The complexity of cases, our faculty’s commitment to research, the responsibility of preparing tomorrow’s surgical leaders—each of these demands a higher standard than just excellence.

With the Penn Compact as our guide, we continue to build upon what we have accomplished in these areas. Perhaps, our discontent with status quo best defines our continuing rise from excellence to eminence.

In fiscal year 2004, Penn Surgery moved from eleventh to third nationally among departments of surgery in National Institutes of Health (NIH) research funding. This remarkable accomplishment links directly to this department’s proven surgeon/scientist model. We are fortunate in being able to provide the necessary resources for our faculty to excel as both researchers and clinicians.

The combination benefits young faculty like Omaida C. Velázquez, MD, whose current NIH grant supports her study of new strategies for treating chronic wounds. It works for experienced faculty like Joseph and Robert Gorman, MD, whose work on molecular mechanisms of heart failure and the mechanics of cardiac valvular dysfunction is truly groundbreaking; and for Joseph E. Bavaria, MD, Ron Fairman, MD, and Jeff Carpenter, MD, whose vascular stent graft trials have attracted significant private support.

The theme of this year’s annual report – *From Excellence to Eminence* – raises an intriguing question: How do you know you have ascended from the excellent to join the ranks of the truly eminent?
This year, we welcome outstanding additions to the faculty. Joel D. Cooper, MD, Chief of our new Division of Thoracic Surgery, is a world-renowned surgeon who pioneered lung transplantation and surgery for advanced emphysema. Joseph M. Serletti, MD, our new Chief of Plastic Surgery, brings unique expertise in reconstructive microsurgery from the University of Rochester Medical Center. David I. Lee, MD, is among the world’s pre-eminent clinicians in robotic prostate surgery.

Our training programs’ success in attracting the best possible candidates is a continuing source of pride. When these outstanding young physicians go on to fellowships and positions as chiefs and chairs at other hospitals, they will share the tremendous experience and knowledge they gained here at Penn.

Notwithstanding our many successes, we strive to improve education at all levels. By merging the general surgery residencies of the Hospital of the University of Pennsylvania and Pennsylvania Hospital, we have integrated the best aspects of high-level, community-based practices with academically focused practices, establishing a combined training program that is second to none.

Howard Ross, MD, organized a highly successful summer fellowship program to bolster recruiting, which allowed second-year students to work directly with accomplished faculty. In collaboration with The Wharton School, we also reached out to the Department’s alumni with a popular course on communication and negotiation.

The Department of Surgery continues to build strong clinical affiliations. In 2005, we successfully negotiated with Community Health Services, a for-profit corporation, to take over services at Chestnut Hill Hospital and Brandywine Hospital. Using this example as a model, we fully intend to establish other affiliations regionally and nationally.

As I look across the Department, I see unparalleled depth and breadth of expertise. With the Penn Compact as our guide, we continue our journey from excellence to eminence.

Larry R. Kaiser, MD
A Golfer Gives Back

As part-owner and manager of the Chesapeake Bay Golf Club in Cecil County, Maryland, Andrew Barbin has spent his entire professional life playing, teaching, and managing golf. Then, in 2001, ulcerative colitis almost stopped the career of this PGA golf professional.

For two years, Barbin consulted doctors and attempted to control the symptoms with medication, but his condition continued to deteriorate. “I would go to the bathroom 15 times before leaving for work in the morning,” says Barbin. “I couldn’t go to the grocery store. I couldn’t pump gas. Here I was, a professional athlete, and I couldn’t coach my kids. I didn’t go out. I was a hermit.”

When Barbin faced a decision between continuing medications or undergoing surgery, he chose a procedure at Penn Presbyterian Medical Center of the University of Pennsylvania Health System. “I got other medical opinions, but I thought Penn Presbyterian was superior. I was really pleased with the doctors — you could tell they really cared. I wasn’t just a number.”

Weeks later, Howard Ross, MD, removed Barbin’s colon and rectum in a laparoscopic proctocolectomy. He performed a second surgery to reverse the exterior pouch three months later. “Before surgery, I didn’t think I’d ever play golf again,” says Barbin. “After not touching clubs in nine months, I qualified for the Philadelphia Open six weeks after surgery. It was pretty great.”

Andrew Barbin is not only back on the green, but he is also raising funds for a summer camp offering children struggling with Crohn’s disease and colitis a week of acceptance, inspiration, and fun. “After my surgery, I learned that it cost $65,000 to run Camp Oasis for a year — and that became my goal.” A Victory Golf Pass, which Barbin developed, has already netted $15,000 for the camp through fees for players at 68 of the most elite golf courses in the region.

“I just can’t forget this 10-year-old boy I met while being tested for Crohn’s disease,” Barbin explains. “He was struggling to choke down the barium testing fluid. I thought, if I ever get my life back, I’ve got to give something back to make a difference.”
Andrew Barbin, pictured following through on a drive, is back in the swing of things from tee to green.

*Photographer: Jim Graham*
Penn Surgery’s new Cardiovascular Center will be located in the Perelman Center for Advanced Medicine, allowing us the opportunity to harness medicine, biology, and engineering to advance research. The Center will strengthen our partnerships with cardiology, cardiac anesthesia, vascular surgery, and nursing, to form a multidisciplinary approach dedicated to quality management and care.

**CARDIAC SURGERY**

Penn cardiac surgeons are regional and national leaders in their areas of expertise. This leadership, measured by clinical outcomes, the caliber of surgical residents, and the volume and types of surgeries performed, leads to excellent results and strengthens our ability to offer cutting-edge therapies, technology, and research.

The Division of Cardiac Surgery performed more than 1,800 procedures in 2004. Penn’s Cardiac Surgery Program, which also serves as a regional and national referral center, has experienced increased volume in coronary artery bypass grafting and other surgeries, while other programs in the region have not.

“We take on cardiac cases no one else will do. The breadth and depth of our experience allows us to serve that role for the region.”

Penn’s Heart Transplantation and Mechanical Assist Device Program, under Rohinton J. Morris, MD, is one of the nation’s busiest, having performed 48 heart transplants in 2004. National leaders in implanting mechanical assist devices, our cardiac surgeons offer options for bridge to transplantation and bridge to recovery or as permanent destination therapy for patients deemed non-transplant candidates. Penn was among the first to gain Medicare approval as a destination therapy center.
Two-thirds of the Division’s procedures address aortic and mitral valve disease, complex thoracic aortic aneurysm, heart and lung transplantation, and other major cardiac diseases.

The Lung Transplant Program, under Alberto Pochettino, MD, has seen its highest volume in 12 years with 42 transplants performed in 2004 with excellent outcomes. Dr. Pochettino is also the Associate Surgical Director of Penn’s new Adult Congenital Heart Disease Program.

Our minimally invasive and robotic program, led by Y. Joseph Woo, MD, the first surgeon regionally to use this technology, offers cardiac patients a lower risk of infection, less pain, and shorter recovery time. W. Clark Hargrove III, MD, at Penn Presbyterian, is a national leader in port access heart surgery.

The Penn Aortic Program, led by Joseph E. Bavaria, MD, and Alberto Pochettino, MD, handled more than 300 complex procedures during the past year. These included aortic root repairs and replacements as well as surgery for complex pathologies of the aortic arch and thoracoabdominal aorta. Under Dr. Bavaria’s direction, Penn’s training program in thoracic aortic stent graft technology is one of only seven nationally and is unique to the Mid-Atlantic Region.
The education of future physicians is always a source of pride for the Division of Colon and Rectal Surgery. This year, Howard Ross, MD, was named the Director of the Medical Student Surgery Rotation, overseeing the experience of all third-year medical students.

Although the Division of Colon and Rectal Surgery marked only its second anniversary in 2004-05, our physicians have quickly established themselves as leaders in the diagnosis and minimally invasive treatment of colon cancer, anorectal disease, inflammatory bowel disease, and pelvic disorders. Our newest addition, David J. Maron, MD, has special expertise in the laparoscopic treatment of colorectal diseases. He will extend our practice to the Veterans Administration Medical Center and, working with Howard Ross, MD, will expand our capacity at Penn Presbyterian.

“Winning support from the American Society of Colon and Rectal Surgeons will facilitate our Division’s entry into basic science research and hopefully lay the foundation for many years to come.”

The Division also has continued the cross-disciplinary collaboration that improves care for patients with complex medical problems. The Center for Pelvic Health, a cooperative effort with specialists in urogynecology, is under the direction of our own Najjia Mahmoud, MD, and is the only multidisciplinary center in Philadelphia for the testing and treatment of pelvic disorders. The Center recently added a pelvic floor physiology testing lab, strengthening our capacity to diagnose and evaluate these disorders.
The Division of Colon and Rectal Surgery has quickly become a leader by collaborating across disciplines to improve overall patient care.

Our physicians have continued to actively share their expertise with colleagues in the field of colon and rectal surgery. Dr. Ross, in particular, has received national recognition for his clinical expertise in laparoscopic colectomy. He co-directed a course on this topic at the American Society for Colon and Rectal Surgeons (ASCRS) annual meeting and is now planning a continuing medical education course — the first of its kind in Philadelphia — to be offered at the University of Pennsylvania. In addition, John L. Rombeau, MD, was named Vice President of the ASCRS this year.

In 2006, we look forward to continued expansion of clinical and basic research efforts. The Division now has more patients than ever participating in clinical trials, many of which are large, multi-institution studies focused on evaluating medications that restore bowel function after surgery. Dr. Mahmoud recently won a highly competitive Career Development Award from the ASCRS to support her research over the next two years into the genetics of colorectal cancer development and chemoprevention.

A weekly clinic, instituted this year with our colleagues in gastrointestinal oncology and radiation oncology, serves as a forum for sharing information about patients being treated for colorectal cancer. This collaborative effort enabled us to form a database to track the outcomes of our cancer patients — a key step in determining the best treatments among options currently available. Improved communication among surgical and clinical divisions leads to better integration of patient care.
The Division has continued its involvement in clinical trials of photodynamic therapy as a treatment for cancer that has spread throughout the peritoneum. Used in conjunction with surgery, this approach could offer new hope to a very difficult patient population.

The Division of Endocrine and Oncologic Surgery was able to serve more patients than ever in 2005, with three additional surgeons on staff. We had particularly large volumes of breast cancer and melanoma surgery, minimally invasive parathyroid surgery, and laparoscopic adrenalectomy, although we also treated patients with soft tissue malignancies and gastrointestinal tumors. This year, our Division began offering laparoscopic liver resection and radiofrequency ablation of the liver to patients with tumors. Frank Spitz, MD, received the specialized training to offer these new procedures, not yet widely available.

Endocrine surgery, part of our Division name for only a year, has continued to expand. Rachel Kelz, MD, who joined our staff this year, specializes in minimally invasive surgery of the thyroid, parathyroid, and adrenal glands. She is also spearheading the development of a Web-based clinical database, our first attempt at such a tool, which will track information about diagnoses, treatments, and outcomes among patients. This project involves collaboration with endocrinologists and pathologists throughout the hospital.

As a Division, we’re all proud of the service we have rendered to the Medical School and the Health System in the past year, both by working with students and residents and serving on a range of committees. We take our commitment to the institution as a whole very seriously.”
Looking ahead to 2006, our main goal is to continue making progress on research studies which hold so much promise for the patients we treat every day.

Existing clinical databases in breast cancer and melanoma already involve collaboration with the Rena Rowan Breast Center and the Pigmented Lesion/Melanoma Group at the Abramson Cancer Center. We have collected an especially large amount of valuable data on sentinel lymph node mapping and biopsy. This year, we presented on the use of this technique in the surgical management of melanoma at the annual meetings of the American Society of Clinical Oncology and the Society of Surgical Oncology.

Most of our members continue to treat patients while they conduct basic science and translational research projects. A Career Development Award from the American Cancer Society is supporting the research of one of our newest faculty members, breast surgeon Julia Tchou, MD, into molecular genetics and causes of ductal carcinoma in situ. Other faculty are working on projects funded by the National Institutes of Health. Brian Czerniecki, MD, continues to generate exciting results in his work on developing immunotherapies for breast cancer and melanoma. Dr. Frank Spitz is collaborating with Wafik El-Deiry, MD, PhD, of the Abramson Cancer Center on research into pathways of cell death in colon cancers.

Division Chief Douglas Fraker, MD, continues to work on isolated limb perfusion in the treatment of melanoma with a special focus on improving the response rate.
The Division of Gastrointestinal Surgery's first continuing medical education course of 2005, co-organized with Endocrine and Oncologic Surgery, attracted more than 100 surgeons. Over two days, “Penn General Surgery Update” covered both Divisions’ areas of surgery, as well as trauma, critical care, and vascular surgery. Gastrointestinal faculty presented papers and conducted symposia about esophageal and gastric cancer, esophageal reflux, bile duct injuries, pancreatitis, bariatric surgery, and abdominal and inguinal hernias.

state of the division

GASTROINTESTINAL SURGERY

The Division of Gastrointestinal Surgery remains one of the nation’s largest, most comprehensive programs. We are top five nationally in pancreatic surgery volume, as well as a regional leader in esophageal surgery. In addition to a thriving Bariatric Surgery Program, our strengths include both open and minimally invasive techniques to perform complex gastric, bile duct, colon, gall bladder, hernia, and liver procedures for benign and malignant disorders. Across all procedures and institutions, outcomes are outstanding and continue to improve.

“We are collaborating with the Departments of Medicine and Radiation Oncology to shrink tumors enough so that surgery can remove them. Working together, we will have a major impact on patient outcomes.”

Division faculty perform a large volume of cancer surgery and have made great strides removing tumors once thought unresectable. The Division plans to join with oncologists in several upcoming pancreatic cancer trials, using new agents to shrink tumors that remain unresectable due to size or invasion of vital structures. By developing these new, targeted biological and chemotherapy techniques, surgery will become viable for many more patients.

In his second year as Chief, Jeffrey A. Drebin, MD, PhD, is not only a busy clinician, focusing on surgery for pancreaticobiliary malignancies, but also a research leader in new treatments for pancreatic and colon cancer. This effort specifically targets proteins important to the growth of cancer cells and develops therapies that are not toxic to normal cells.
The Division of Gastrointestinal Surgery is teaming up surgeons and specialists to shrink tumors once thought unresectable.

The multi-institutional Bariatric Surgery Program is one of the nation’s largest. HUP’s program, led by Noel Williams, MD, and Steve Raper, MD, is among the first to be evaluated for a “Center of Excellence” designation by the American Society for Bariatric Surgery. This designation is a future goal for the established Pennsylvania Hospital program, led by Matt Kirkland, MD, and David Wernsing, MD, while the growing Penn Presbyterian program opened this year under Gary Korus, MD. These surgeons come together formally each month to discuss challenges and advances.

Throughout the Division, surgeons continue to be leaders and role models. Dr. Drebin, now Secretary of the prestigious Society for Clinical Surgery, was elected to the American College of Surgeons Oncology Group Executive Committee. Jon B. Morris, MD, recently promoted to Professor of Surgery, was appointed the School of Medicine’s Associate Dean for Student Affairs. Steven Raper, MD, was appointed Acting Chief of Surgery at the Veterans Affairs Medical Center. Former Division Chief Ernest F. Rosato, MD, again received the graduating surgical chief residents’ William Y. Inouye Award for Teaching.

**Gastric banding** is among the innovative procedures now available through our Bariatric Surgery Program. While practically all bariatric operations address morbid obesity by decreasing stomach capacity, banding involves the laparoscopic placement of a band around the stomach to severely limit food intake. It is among the least invasive approaches, requires a shorter hospital stay and does not permanently alter the anatomy, thus providing an option for patients who may not have considered surgery.
Penn’s Division of Pediatric Surgery, founded in 1946, was Philadelphia’s first pediatric surgical specialty unit. We pride ourselves on a long and distinguished history of helping children and their families through even the most complicated medical procedures.

**state of the division**

**PEDIATRIC SURGERY**

A high volume of operative cases, more than 3,500 last year, and world-class research contribute to the national leadership of the Division of Pediatric General Surgery at The Children’s Hospital of Philadelphia.

During 2005, the Division performed more than 50 fetoscopic laser therapy procedures to separate the fused placental circulation systems of twins in utero. Designed to correct this severe complication of monozygotic twinning, fetoscopic laser therapy is available at only a handful of hospitals across the country.

“We are focused on caring not only for today’s children but tomorrow’s. Our research in fetal gene therapy will revolutionize treatment before birth. The question is not whether we will succeed, but when.”

Our research and training initiatives continue to push boundaries. We continue to attract highly qualified residents from a worldwide talent pool. The NIH-funded Fetal Biology and Therapy Training Program, the only training program of its kind in the world, is now supporting five trainees at the post-doctoral fellowship level.

Our new international pediatric surgery fellowship makes us the country’s only training program in pediatric surgery with three fellowships approved by the Accreditation Council for Graduate Medical Education Residency Review Committee.
Progress continues in the growing field of fetal diagnosis and therapy. Alan W. Flake, MD, is investigating fetal stem cell and gene therapy, as well as prenatal correction of specific fetal anomalies. One day, for example, we will be able to treat fetuses diagnosed with diseases such as sickle cell anemia, by implanting normal red blood cells \textit{in utero} to take over missing functions. Plans are underway for a Special Delivery Unit, to open in 2007, which will house these and other fetal therapies.

\textbf{Strong collaboration} among radiology, endocrinology, pathology, and other areas marks our approach to treating congenital hyperinsulinism, a life-threatening disorder that causes low blood sugar in infants and children. The condition can be either diffuse, when the entire pancreas is producing excess insulin, or focal, when a tiny part of the pancreas is responsible. For babies with focal disease, a PET scanner can precisely locate a lesion in the pancreas even less than two millimeters in size. Surgeons can then remove it, which should restore normal pancreatic function.

In 2005, The Children's Hospital of Philadelphia was ranked #1 overall by \textit{Child} magazine, in addition to first-place rankings in cancer, cardiac, neonatal and orthopedic care.
Today, surgeons in the Division of Plastic Surgery are expanding options for someone requiring reconstructive microsurgery. Advances allow the whole body, not just an adjacent area to become an inventory of donor tissue for defects from cancer and trauma and even congenital deformities. Surgeons can use the fibula bone to reconstruct a jawbone, or abdominal skin and fat to reconstruct a breast.

**state of the division**

**PLASTIC SURGERY**

Rising volumes in craniofacial and reconstructive microsurgery, as well as nationally prominent faculty and clinicians, position the Division of Plastic Surgery as a national leader. Linton A. Whitaker, MD, Scott P. Bartlett, MD, and Davinder J. Singh, MD, perform outstanding clinical work in craniofacial surgery, as does David W. Low, MD, in reconstructive microsurgery of the breast, head and neck, and extremities.

“**We are well on our way to establishing the Division as one of the major centers for reconstructive microsurgery. We have the people, commitment, and resources to make it the most exemplary plastic surgery center for clinical services, resident education, and research.**”

Ben Chang, MD, adds a comprehensive hand practice and provides residents with in-depth experience in hand, wrist, and upper extremity surgery. Louis P. Bucky, MD, substantially strengthens the Breast Program and Aesthetic Surgery Program. Donato LaRossa, MD, and Richard K. Kirschner, MD, are our country’s leading surgeons in the treatment of cleft lip and palate.

In education, our fellowship in cranial facial surgery continues to attract the best candidates. We anticipate similar success in our newly established fellowships in microsurgery and in aesthetic and breast surgery. More physicians are applying to our residency program and our two fellowship programs, and the growth in fourth-year medical students from Penn and other medical schools rotating on Penn Plastic Surgery helps us inspire the next generation of plastic surgeons.
The Division of Plastic Surgery faculty accomplish extraordinary work across the spectrum of aesthetic surgery.

In research, Dr. Kirschner, along with Hyun-Duck Nah, DMD, PhD, Director of the Craniofacial Biology Laboratory at The Children's Hospital of Philadelphia, are studying the etiology of craniosynostosis. This premature fusion of cranial sutures, which occurs in about one in 2,000 live births, is associated with significant morbidity.

This year, a skilled surgeon and proven leader, Joseph M. Serletti, MD, FACS, became the new Chief of the Division. At the University of Rochester School of Medicine and Dentistry, Dr. Serletti helped establish a nationally recognized center for advanced reconstructive microsurgery.

Future plans call for one more faculty member in reconstructive microsurgery and the expansion of complementary skin care services, such as reducing wrinkles by using Botox, Retin-A, and other fillers.

For nearly 20 years, Scott P. Bartlett, MD, has traveled to Poland to operate on children and teach young surgeons the most advanced surgical techniques. He performed some of Poland's first pediatric craniofacial reconstructions, treating congenital conditions, tumors, and the results of trauma. Working at Krakow's University Children's Hospital, he begins each trip with a one-day clinic, followed by almost a week of teaching around the most complicated cases.
The National Institutes of Health funds the research of Chief Joel D. Cooper, MD, on lung reduction surgery for emphysema patients and a new procedure he is developing in animal models, called airway bypass, in which a surgeon inserts a probe down the bronchial tube to internally puncture and deflate lung tissue so a patient can breathe more easily.

With a long-term goal of creating a nationally recognized clinical care center for patients with end-stage respiratory disease, Penn has established a separate Division of Thoracic Surgery. The Division will continue to work collaboratively with Cardiothoracic Surgery, sharing laboratory facilities, an intensive care unit, and a combined training and education program.

The new Division fosters more clinical and laboratory research in lung diseases, particularly multidisciplinary research that is focused on chronic obstructive pulmonary disease. To accomplish this goal, we have developed even closer collaborations with pathology and pulmonary medicine for early detection of disease.

“**This is the outstanding training and clinical treatment center for thoracic surgery in the United States. There is nothing like joining a winning team.**”

Our general thoracic surgeons now perform more than 1,000 chest surgery cases each year. While we are known for aggressive/parenchymal sparing resections for non-small cell lung cancer, transcervical thymectomies/video thoracoscopy and photodynamic therapy, we are a comprehensive thoracic surgery department with a unique combination of expertise in every area of the field of thoracic surgery that transcends addressing merely benign respiratory disease.
Penn’s new Division of Thoracic Surgery is already considered one of the premier departments of its kind in the nation.

Joel D. Cooper, MD, one of the pre-eminent thoracic surgeons in the world, heads the new Division. Formerly Chief of Cardiothoracic Surgery at the Washington University School of Medicine and Barnes-Jewish Hospital, Dr. Cooper led the surgical team that performed the world’s first successful lung transplant in 1983 and was part of the team that performed the first successful double lung transplant in 1986. He pioneered the first lung volume reduction surgery for patients with emphysema in 1993. Dr. Cooper’s special focus is on patients with emphysema and other end-stage chronic respiratory diseases.

Penn will be one of the first medical centers in the United States to use optoplethysmography, or optoelectric motion analysis, a noninvasive technology that uses cameras, sensors and computers to create a 3-D image of how people breathe. By having a clear and accurate picture of what is happening inside the thorax, physicians and surgeons can better decide among a variety of medical and surgical treatments for breathing disorders.
A Family’s Home Away from Home

Patients saved by organ transplants will tell you their journey has been well worth making. Many of them started that journey from homes far from the Penn Transplant Center, but chose treatment from a national leader in organ transplantation.

Their families make the journey, too, and often find themselves seeking comfort and housing in an unfamiliar city. To meet their needs, the Penn Transplant Center is developing the Penn Transplant House, a home away from home for the families of transplant patients.

“The Penn Transplant House is a great idea,” says former transplant patient and Penn Transplant House donor Richard Leighton. “The transplant experience is very traumatic. You need your family. Reassurance from families who may be farther along in the process, and the transfer of knowledge they offer, can also do a lot to reduce anxiety.”

Barry Cohen, the son of a former transplant patient, is joining Mr. Leighton as a generous contributor to the Penn Transplant House. “After experiencing my mother’s transplant surgery at Penn, it was very clear to me that they were the highest-caliber professional operation,” says Mr. Cohen. “So I approached them to see how I could help. They told me about the Penn Transplant House.”

Plans for the Penn Transplant House call for spaces where families can share experiences and remind each other of the joy that awaits their loved ones at the end of the road. Families will also find privacy and rest during a stressful time. Kitchen facilities will offer a place to prepare the foods that make them feel at home. Amid the sometimes high costs of hotels and dining in the city, charges at the Penn Transplant House will help keep the transplantation journey affordable.

“The Penn Transplant House will not only take away the burden of finding lodging,” says former patient and Penn Transplant House donor Richard Leighton, “but also allow families to interact with other people going through the same thing.”
Marcia Cohen, Richard Leighton and Chief Abraham Shaked, MD, PhD, know first-hand that families are a source of strength for transplant patients.  
Photographer: David DeBalko
The University Health System Consortium, an alliance of academic health centers dedicated to improving performance levels in clinical, operational, and financial areas, named the Penn Transplant Center a best provider.

state of the division

TRANSPLANT SURGERY

-The Division of Transplant Surgery operates the busiest transplant program in the region and one of the most renowned in the country. The number of liver, lung, kidney, and heart transplants has grown significantly over the last several years, even as survival and other outcome rates continue to improve.

“We want to be a Division without walls, expanding our clinical activities and scientific collaborations not just across the Health System but also with prominent transplant centers across the country. By working together, we can achieve so much more.”

We can take on the most difficult cases because of our expert case management. Adult patients receiving kidney, heart, liver, heart-lung, and pancreas transplants at UPHS have a better-than-expected one-year survival rate, based on the characteristics of similar patients. Results are compiled by the Scientific Registry of Transplant Recipients, administered by the University Renal Research and Education Association with the University of Michigan, and are available to the public at www.ustransplant.org. Insurance companies select to contract with our center based on our superior results.

As the volume and complexity of our cases continue to increase, we are reaching out to transplant centers across the country to share knowledge and expertise, and train young surgeons, spurring the next generation of research and clinical advancements.

ABRAHAM SHAKED, MD, PHD
Chief, Division of Transplant Surgery
Eldridge Eliason Professor of Surgery
Director, Penn Transplant Center
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From surgeons to nurses and administrative staff, we monitor patients closely to improve outcomes significantly.

The extraordinary doubling of our peer-reviewed National Institutes of Health (NIH) funding, to $9.7 million, reflects how effectively we anticipated their “roadmap for medical research,” which stresses new pathways to discovery, research teams of the future, and a re-engineering of the clinical research enterprise. Our Division was already there, establishing and valuing strong collaboration between clinicians and scientists and enhancing alliances with successful research entities nationwide.

In taking research “from bench to bedside,” we are among the nation’s leading transplant centers, as well as the current transplant leader in NIH funding. Our research now extends to human subjects, focusing on islet cell transplantation, immune activation and tolerance, and liver regeneration. By bring the future to the present, we provide the best care for our patients, while ensuring the best outcomes.
The Division’s international programs marked their ninth year, as we worked with healthcare professionals from Sweden, Norway, Portugal, and Argentina. Chief C. William Schwab, MD, the new president of the American Association for the Surgery of Trauma (AAST), is one of several faculty to serve in organizational leadership positions.

While ensuring that 1.5 million residents in the Philadelphia area have immediate access to our hospitals if they require Penn’s expertise in Traumatology, Emergency General Surgery and Surgical Critical Care, we were able to reach out to even more people in 2005.

Adding to our Bethlehem and Philadelphia centers, we established and staffed a trauma center at The Reading Hospital and Medical Center, serving some 388,000 Reading and Berks County residents, the last large Pennsylvania population not previously covered by a trauma center.

Over the past year, our Division has experienced its highest recent patient volume, evaluating and treating some 7,000 trauma and surgical critical care patients and evaluating more than 500 patients requiring emergency general surgery consultation or intervention. While serving more patients, we decreased

“This is an exciting time for our Division. Our faculty is carrying out more funded research and our educational efforts continue to grow nationally and internationally. I am particularly proud of the number of our trauma surgeons that have supported the allied forces in Afghanistan and Iraq.”

C. WILLIAM SCHWAB, MD
Chief, Division of Traumatology & Surgical Critical Care
Professor of Surgery
Director, PennSTAR Flight
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The Division also expanded PennSTAR, the critical care Air Ambulance program, to include Berks County. PennSTAR now has the potential for covering and caring for 15 million people from the Lehigh Valley down to Maryland.

complications and lengths of stay and improved safety, efforts recognized worldwide. Two Penn physicians were invited to speak about these improvements at the International Surgical Society meeting in South Africa.

Training physicians and shaping our profession continue to be key to our mission. Students recognize our faculty’s teaching excellence through honors such as the Medical Student Government Clinical Teaching Award. We educated physicians from 10 hospitals and 18 residency programs this year. Since 1990, more than 50 physicians in this country and abroad have completed our fellowship program; 19 serve as chiefs of service or department chiefs. U.S. Air Force and Navy surgeons who have completed our fellowship program have applied their expertise on the battlefields of Iraq and Afghanistan.

As we look ahead, we aim to continue providing state-of-the-art care in all areas, advancing our discipline and training future generations of physicians.

Our staff made approximately 30 contributions to our field’s literature in the form of newly published articles, abstracts and book chapters. Additionally, they presented more than 70 invited lectures worldwide. We also participate in the Firearm and Injury Center at Penn (FICAP), a unique effort involving more than 20 researchers university-wide. Current annual grant money through FICAP for 2005 was $2 million.
Division Chief Alan J. Wein, MD, recently marked his 26th anniversary in this position. A leader in the field, he serves as the editor-in-chief of the “gold standard” urology textbook, Campbell-Walsh Urology, a four-volume resource consulted by physicians worldwide. He is also one of the editors of Incontinence, the largest and most authoritative text in the field. The Department of Surgery has established a professorship in Dr. Wein’s name.

state of the division

UROLOGY

In 2005, the Division of Urology performed more major urologic procedures for the treatment of cancer than any other Philadelphia area hospital. Our surgeons conducted roughly 20,000 office visits, 4,000 operating room procedures, and handled 900 admissions. We aim to provide the most comprehensive treatment for cancer, incontinence, erectile dysfunction, benign prostate disorders, urinary stone disease, and a range of other urologic conditions, using laparoscopic and organ-sparing techniques whenever possible.

“We have the #1 residency program in the area, there’s no question about that, and the #1 basic science program as well. We also have the area’s largest and most extensive network of urology care, given our presence at all of the Penn hospitals.”

Penn was the first regional institution to acquire leading-edge robotic equipment, and this year we added two physicians with expertise in robotic surgery: Pat Casale, MD, at the Children’s Hospital of Philadelphia, and David I. Lee, MD, at Penn Presbyterian. Dr. Lee’s presence also marks the expansion of our practice to Penn Presbyterian, one of our long-term goals.

Another addition, Louis Moy, MD, co-directs our Pelvic Health and Continence Center with Division Chief Alan Wein, MD. The Center focuses on the diagnosis and treatment of female incontinence, pelvic floor disorders, and other urogynecologic problems. We were the first in the area to perform video urodynamic evaluation, allowing us greater accuracy in pinpointing problems.
The Urology Division will continue to develop its robotic surgery program in adult and pediatric urology, even as staff work to maintain our pre-eminence in all other areas of urology.

We remain active in contributing new knowledge to the field of urology. Our NIH-supported research efforts, directed by Samuel Chacko, PhD, at the School of Veterinary Medicine, involve collaborations with the School of Medicine and focus primarily on the physiology and pharmacology of the lower urinary tract. Our Division is a member of the NIH Interstitial Cystitis Research Network, a group of institutions leading research efforts on this chronic inflammatory bladder condition. Our physicians also presented papers and moderated sessions at national and regional meetings of the American Urological Association.

In caring for our patients, we work closely with our colleagues in uroradiology, interventional radiology, and oncology. Whether we are evaluating or managing urologic cancers, kidney tumors, non-malignant urinary tract conditions, or stone disease, our combined expertise allows us to deliver much better care.

In the coming year, we will lay the groundwork to expand the number of surgical residents from 15 to 18, a goal supported by our expansion to Penn Presbyterian. This year, with 230 applicants for just three slots, we secured our top three choices for the second year in a row.
Again this year, we were pleased that our top candidate accepted our fellowship offer, continuing a successful recruitment that demonstrates the high profile of our fellowship program. We also successfully transitioned that program from one to two years, and our senior vascular fellow, Chris Skelly, MD, accepted a position at the University of Chicago.

state of the division

VASCULAR SURGERY

In fiscal year 2005, the Division of Vascular Surgery saw an unprecedented 35 percent increase in procedural volume — nearly three times the growth of the last few years. This dramatic increase reflects our ability to offer a full range of interventions for aortic and carotid disease, from traditional procedures to newer, less invasive endovascular procedures. With one of the nation’s largest aortic endovascular practices, we also offer less invasive procedures to treat blockages in the mesenteric, renal, carotid, and peripheral circulation.

“Every member of our Division has the technical skills and judgment to perform traditional open procedures and the full gamut of lesser invasive therapies. We are uniquely qualified to individualize therapeutic options for every patient.”

In clinical research, we currently have 15 FDA-approved clinical trials actively enrolling patients. In five of them, one of our faculty members serves as the National Principal Investigator, an extraordinary accomplishment reflecting our Division’s leadership. We also are one of just six sites nationwide taking part in a new Phase I FDA-approved clinical trial of fenestrated aortic stent grafting as a therapy for aortic aneurysms. Other trials focus on treatment of thoracic and abdominal aortic pathology, carotid artery occlusive disease, and lower extremity arterial blockages. Our collaboration with Cardiothoracic Surgery combines our expertise with its experience in treating life-threatening thoracic aortic conditions.
More physicians each year refer patients with complex aortic and peripheral problems to Penn.

Our Division continues to present research at national and regional academic meetings, as well as submitting manuscripts to major journals. Our faculty members have mentored fellows and general surgery residents, who have represented us through presentations, most recently at the Society for Vascular Surgery meeting. This past year, faculty also delivered invited lectures in Australia, as well as London, Paris, and other European centers.

We are proud that one of our younger faculty members, Omaida Velázquez, MD, received two National Institutes of Health grants for research focused on vascular biology as it relates to angiogenesis. In addition, our noninvasive vascular lab, directed by Jeff Carpenter, MD, and Julie Davis, achieved reaccreditation from the National Organization for the Accreditation of Vascular Labs.

The addition of Edward Woo, MD, who completed his general and vascular surgery training at Penn, generated increased clinical productivity at the Hospital of the University of Pennsylvania. Michael Golden, MD, continues to build the Penn Presbyterian vascular practice.

In fiscal year 2006, we look forward to initiating clinical trials to advance treatment options for people with aortic and carotid disease as well as lower extremity arterial problems. We anticipate that increasingly, industry partners will come to us not only to participate in, but also to lead their clinical trials.
Strengthening Surgery, Honoring a Pioneer

Honoring a great Penn surgeon, Clyde Barker, The Benjamin and Mary Siddons Measey Foundation has pledged $1 million to establish the Clyde F. Barker-William Maul Measey Professorship in Surgery. This chair will be the twelfth funded by the Foundation's extraordinary generosity to Penn Medicine. The Department of Surgery has benefited from six of the twelve chairs as well as significant, long-term support for the Surgery Department Residents Fund.

“The surgeons who holds the Barker-Measey Chair will be proficient in clinical practice, teaching, and research and will exemplify the principles and high ideals of Dr. Clyde F. Barker, enriching Penn Medicine, the field of surgery, and the broader community,” says Larry R. Kaiser, MD, Chairman of Surgery.

Dr. Barker joined the Penn faculty in 1958, the same year The Measey Foundation was founded. His originality as an explorer, thinker and surgeon who sought to create a broad scientific context for his work spanned a long list of achievements. He performed the first kidney transplant at Penn; established the region's first comprehensive transplant program, the basis for Penn's pre-eminent multi-organ transplant surgery program; created Penn's Division of Surgical Oncology; helped advance laparoscopic surgery and gene therapy; and conducted work in surgical immunology that led to the development of Penn's islet transplantation program.

“There is perhaps no one more deserving of the distinct honor of having a professorship endowed in his name than Clyde Barker,” attests Larry R. Kaiser, MD, Chairman of Surgery at Penn Medicine.
The new professorship honors Clyde F. Barker, MD, as a surgical pioneer, a leading investigator in the transplant field, an innovative leader for the Department of Surgery and a mentor to young surgeons.
The Department of Surgery hosted 12 continuing medical education (CME) conferences in fiscal year 2005. The Professional Medical Education office organized 14 educational conferences and three conferences, almost doubling the previous year’s offerings. These included national CME/CEU accredited courses, live training sessions, and workshops for national society meetings. In addition, we held the first Penn Update on Percutaneous Carotid Brachiocephalic Interventions, jointly sponsored with Endovascular Today. The Department also hosted the first Penn Surgical Alumni event at The Wharton School.

In 2004-2005, the University of Pennsylvania Health System officially formed one Surgical Residency Program that brings together community-based and research-oriented training models to expose residents to diverse perspectives, teaching faculty, and clinical and research experiences. Formed from the merger of the general surgery residencies of the Hospital of the University of Pennsylvania and Pennsylvania Hospital, the program’s first combined recruitment effort attracted an impressive group of applicants.

We also worked closely with The Wharton School to upgrade and revise the process of selecting residents. With improved faculty interviewing skills, a reworked method for directing and reviewing applicant essays, and an interviewing process designed to showcase our Department, we have a sophisticated protocol designed to determine the best students for our program.

We are committed to attracting a diverse group of the best and the brightest from across the nation, around the world, and from our own backyard. Through training with world-class surgeons, exposure to complex clinical cases, and an infrastructure that supports advanced research, UPHS will continue to train future surgical leaders. We are also expanding opportunities for residents across the University of Pennsylvania, whether it means earning an MBA or an advanced degree in epidemiology or health policy.
“We attribute our increased research productivity to the drive and talent of our faculty members. Within the School of Medicine, we are one of the most productive research departments per square foot of space.”

— Jeffrey Drebin, MD, PhD, Vice Chairman of Research

Penn Surgery

RESEARCH

The Harrison Department of Surgical Research realized a one-year 57 percent increase in externally sponsored research, to $17.9 million. National Institutes of Health (NIH) funding alone topped $13 million, moving Penn from eleventh to third nationally. This substantial increase allows us to: grow our space; recruit faculty; expand our research portfolio; and undertake clinical trials and corporate-sponsored research efforts.

Cancer research continues to be a focus across all Divisions, including the work of Jeffrey Drebin, MD, PhD, Hansell Stedman, MD, and Steve Raper, MD, from the Division of Gastrointestinal Surgery; and Douglas Fraker, MD, Brian Czierniecki, MD, and Frank Spitz, MD, from Endocrine and Oncologic Surgery.

The National Institutes of Health supported the work of a newer faculty member, Omaida Velázquez, MD, Vascular Surgery, as well as Division of Urology efforts under Alan Wein, MD, and Samuel Chacko, PhD. Two young surgeons, Julia Tchou, MD, Endocrine and Oncologic Surgery, and Najia Mahmoud, MD, Colon and Rectal Surgery, won prestigious Career Development Awards.

Collaboration remains a hallmark of our success. Thoracic Surgery investigators work with Pulmonary Medicine faculty on lung cancer research, while Gastrointestinal Surgery collaborates with Medical Oncology on gastrointestinal cancer clinical trials.

Large new awards from the NIH bolstered work in several divisions:

- In the Division of Transplantation, Avi Shaked, MD, PhD, and Ali Naji, MD, PhD, received new awards for studies on immunologic interventions in liver transplantation and islet transplantation for diabetes, respectively. Also in Transplantation, research programs directed by surgeons Kim Olthoff, MD, and Jim Markmann, MD, PhD, have received ongoing NIH funding.
- In Cardiac Surgery, the NIH supported the research of brothers Robert Gorman, MD, and Joseph Gorman, MD, on new therapies for treating and preventing heart failure, with an emphasis on valve function.
- Seema Sonnad, PhD, who has a particular interest in outcomes research, was funded to study technology’s role in health care.

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In 2005, new strategic alliances again enabled the Department of Surgery to improve care for more patients in our region and strengthened our revenue significantly. We signed agreements with Community Health Systems (CHS) to reinvigorate the Department of Surgery at Chestnut Hill Hospital and, mirroring our arrangement at Phoenixville Hospital, to provide cardiac services at Brandywine Hospital. Additional regional alliances are in the works, and we are now exploring similar relationships and affiliations with providers beyond our region.

“The last several years have been remarkable ones for the Department of Surgery, but I believe we are capable of achieving so much more.”

The Department also increased the external funding dollars for research by 50 percent, and the National Institutes of Health recently announced our ascent to #3 in their national funding rankings. The Division of Transplantation saw the largest increase in grants, with our Cardiothoracic and Gastrointestinal Divisions also making significant gains.

In 2005, surgical volumes in both operating room cases and patient visits continue their double-digit increases. Over the last two years, our operative cases have increased by 16.7 percent.
With these successes, we are looking ahead to where Penn Surgery can go in the next five to ten years. To go from excellence to eminence in all areas, we must and will provide the organizational support and financial resources that allow our faculty to do what they do best: care for patients, conduct advanced research, and train the next generation of surgical leaders.

In research, we aim to move from third to first or second in the National Institutes of Health research funding for departments of surgery in the country. Simultaneously, we will build on the success of our clinical trials, begun several years ago, and continue to grow our clinical endowment by seeking new support for the Perelman Center for Advanced Medicine and additional endowed professorships. These achievements, coupled with a heightened focus on patient and employee satisfaction, will have a positive impact on both the quality of patient care and the financial strength of the Department.
In a 200-year-old farmhouse, at the end of an unmarked country road in Schwenksville, Pennsylvania, Janice Roberts pulls out an enormous scrapbook. It is bursting with newspaper clippings documenting the extraordinary athletic accomplishments of her son, Dave Roberts. A junior at Perkiomen Valley High School, Dave plays soccer and lacrosse, and swims and dives competitively.

In November 2003, Dave began having problems with his right calf and foot. “It started turning weird colors and felt numb,” he remembers. “And he had an abscess on his toe that wouldn’t heal,” his mother chimes in. “This went on for five months.”

The family sought an explanation for the perplexing symptoms from an array of doctors. Finally, an arteriogram at Bryn Mawr Hospital revealed the source of the problem: popliteal entrapment syndrome. In layperson’s terms, Dave had a blood clot in the back of his leg. “The doctor said that in 20 years of medical practice, he had only seen this condition three times — and never in someone as young as Dave,” recalls Janice Roberts.

This highly unusual condition led the family to vascular specialist Ronald Fairman, MD, at the Hospital of the University of Pennsylvania, who performed popliteal bypass surgery in May 2004.

Six weeks after the surgery, Dave was back on the diving board and, within months, back on the soccer field.

“Staying at Penn was great,” Dave declares. “I loved the nurses! And Dr. Fairman was very detailed in explaining every step of the surgery and recovery to me.”
Dave Roberts, once again able to pursue his love of diving, displays his winning form.
With the region’s most advanced gamma knife expected online by late 2005, Pennsylvania Hospital will be able to offer the very focused radiation therapy this technology makes possible for patients suffering from brain lesions and neurological conditions. The Departments of Surgery and Neurosurgery will work closely to determine which patients are candidates for the gamma knife and which are more suited to surgical interventions.

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Combining both community-based and academic practice models, surgery at Pennsylvania Hospital benefits patients through experience based on high clinical volumes and expertise in a wide range of complex procedures.

Joining us are two remarkable surgeons, Jason Newman, MD, and Stephen Goldstein, MD, specializing, respectively, in skull-base surgery and facial and reconstructive surgery — expertise that will grow collaborative opportunities with Neurosurgery and Plastic Surgery. We welcome back our former colleague Dahlia M. Sataloff, MD, FACS, as Vice Chair of Surgery.

“The Surgery is what put Pennsylvania Hospital on the map.”

The Surgical Residency Program maintains its strong emphasis on community-based general surgery. Residents learn from surgeons such as Allen Bar, MD, and David Wernsing, MD, skilled clinicians and educators who have built practices outside an academic setting.

Upgrades to Pennsylvania Hospital during 2005 included a modernized short-procedure operating suite; a more patient-and family-friendly facility; and advanced presentation technology for conferences.

Next year, new information technology promises to provide instant access to all patient data, including lab work, pathology, and X-ray images, thereby improving patient care, reducing errors, and lowering costs.
Next year, Penn Presbyterian welcomes a new intensive care unit with 16 beds for cardiac, thoracic, and general surgery patients. This unit expands use of an advanced 24/7 monitoring system for pre- and post-operative patients, with cameras and monitors transmitting data off-site. Physicians and nurses can monitor patients individually from other locations and coordinate care with on-site staff. Beds for ER and thoracic patients will eventually be equipped with this innovative system.

Surgery at the Penn Presbyterian Medical Center continues to grow in both volume and complexity. Penn Presbyterian’s national and international eminence, particularly in thoracic, laparoscopic, and urologic surgery, is reflected in the global diversity of surgeons who train here in minimally invasive and robotic techniques.

Continuing this pioneering tradition, David I. Lee, MD, performed our first robotic prostatectomy in 2005. Gary B. Korus, MD, uses this same technology in foregut and bariatric surgery. Howard Ross, MD, and Jo Buyske, MD, continue their longstanding work applying minimally invasive techniques to diseases from the esophagus to the colon, joined this year by colorectal specialist David Maron, MD.

In 2005, Joseph Friedberg, MD, and Taine Pechet, MD, strengthened the team’s expertise in thoracic surgery, specializing in mesothelioma, lung cancer, and diseases of the esophagus. Penn Presbyterian’s Thoracic Intermediate Care Unit received the 2005 UPHS Quality Award in the area of Operations.

A generous grant from Comcast Corporation makes possible Penn Presbyterian’s new Flyers/76ers Surgery Theatre. Connected by video to a similar facility at HUP and Pennsylvania Hospital, this expanded surgical theater enhances teaching and collaboration across hospitals, divisions, and departments.

“Penn Presbyterian serves as a strong training ground at every level, from pre-med and medical students to residents and surgeons who come from around the world to learn advanced techniques.”

— Jo Buyske, MD

**Report from**

**Penn Presbyterian Medical Center**

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“Penn Presbyterian serves as a strong training ground at every level, from pre-med and medical students to residents and surgeons who come from around the world to learn advanced techniques.”

— Jo Buyske, MD
Raising the Bar for Outpatient Care

In 2008, Penn will open the spectacular Perelman Center for Advanced Medicine (PCAM), focused solely on outpatient care. Designed by world-renowned architect Rafael Viñoly, PCAM's 300,000 square feet will house an outpatient surgery center, ambulatory services for the Abramson Cancer Center, the Department of Radiation Oncology, and a new cardiovascular center. A leadership gift from Richard B. Worley, a Penn Medicine trustee, and his wife, Leslie Anne Miller, Esquire, provides substantial support for PCAM's construction.

The Center will allow Penn to offer the most advanced care on an outpatient basis. “Avoiding an inpatient stay is a big advantage for patients,” adds Larry R. Kaiser, MD, Department of Surgery Chairman. “Now we'll have a superb outpatient facility, designed with patients’ comfort, convenience, and privacy in mind.”

Newer technologies allow Penn’s surgeons to achieve remarkable results with less invasive techniques that permit quicker recoveries. PCAM's eight spacious 600-square-foot operating rooms will accommodate these evolving developments. “The Perelman Center for Advanced Medicine will make the best surgical care more accessible,” says Kaiser.

Viñoly describes PCAM as a “cocoon of care” for patients. The four-story facility will encompass a welcoming central atrium, underground parking, and education rooms for patients researching their health challenges. A healing garden on the roof will offer a green gateway to meditation.

“My wife and I are proud to help establish the Perelman Center for Advanced Medicine,” says trustee Richard Worley. “It will thoroughly revolutionize patient care and represents another step in Penn Medicine’s continuous effort to strategically build its capabilities. The Center’s conceptual design promises to broaden Penn’s reputation as a highly innovative leader.”
Trustee Richard B. Worley and his wife, Leslie Anne Miller, Esquire, envision a brighter future for Penn patients at The Raymond and Ruth Perelman Center for Advanced Medicine.
The VAMC is one of six Parkinson’s Disease Research, Education, and Clinical Centers established by the Department of Veterans Affairs, which treat 40,000 Parkinson’s patients annually. Currently, VAMC is the only one performing deep brain stimulation surgery. For patients whose symptoms cannot be controlled with medication, deep brain stimulation—achieved through electrodes inserted into the brain stem—offers relief by blocking the electrical signals that cause Parkinson’s symptoms.

“Iraq and Afghanistan have reminded everyone how critically important the VA Medical Center is to serving veterans when they return home.”

Over the next five years, the Philadelphia Veterans Affairs Medical Center (VAMC) anticipates serving more veterans who need treatment for spinal cord injuries or prosthetic limbs. To meet these and other needs, the VAMC must continue to upgrade facilities, expand research initiatives, and increase the overall portfolio and complexity of procedures offered.

In 2005, the VAMC added a strong colorectal presence by welcoming David J. Maron, MD, MBA, and Melissa Times, MD. The VAMC has also expanded its Surgical Critical Care section with two full-time intensivists, Maurizio Cereda, MD, and Faiz Bhora, MD. Natasha Mirza, MD, and Noam A. Cohen, MD, PhD, both from the UPHS Department of Otorhinolaryngology, will begin skull-base surgery in partnership with the UPHS Department of Neurosurgery.

This year, VAMC benefited from a new vascular laboratory, and short-term goals include a new urology clinic and new research facilities. This coming year, we also plan to expand radioactive seed implantation for the treatment of prostate cancer. On a longer time frame, we will extend our program in plastic surgery.

report from

PHILADELPHIA VETERANS AFFAIRS MEDICAL CENTER

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Your Impact

The Department of Surgery of the University of Pennsylvania Health System continues to benefit from the generosity of our individual, corporate and foundation donors.

In FY05, Penn Surgery raised more than $5,125,615 in gifts to support a variety of clinical, research and educational initiatives. Individuals and foundations were our leading supporters, contributing $2,384,646 and $2,415,969, respectively, with each accounting for approximately 47% of total giving. Corporations were responsible for the remaining $325,000 in gifts.

Many gifts supported the Alan J. Wein Professorship in Urology, an initiative begun in FY04 that has now surpassed $2 million, the minimum amount, at this writing, to establish a full professorship.

Other gifts supported the Perelman Center for Advanced Medicine, surgical research initiatives, the Transplant House for the Penn Transplant Center, physician and nursing education, resident education, and a new endowed professorship to honor Clyde Barker.

We thank our supporters at every level. You are helping realize a better future for our surgeons, our skilled medical personnel and those who matter most of all, our patients.
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Created in 1877 through his widow’s bequest, the John Rhea Barton Professorship of Surgery was the first endowed chair in surgery in the United States and the first chair at the University of Pennsylvania School of Medicine. The chairman of the Department of Surgery traditionally occupies this distinguished Professorship. John Rhea Barton, MD (1796-1871), joined the Pennsylvania Hospital Surgical Staff in 1823, working under the renowned Phillip Syng Physick, MD. A specialist in joint injuries, Dr. Barton is credited with the development of the “Barton Bandage,” and his article on wrist injury led to the reference of a specific injury — the Barton “fracture.”

Past Chairs

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John Ashurst, Jr., MD 1889-1900
J. William White, MD 1900-1910
Edward Martin, MD 1910-1918
John B. Deaver, MD 1918-1922
Charles H. Frazier, MD 1922-1936
Eldridge L. Eliason, MD 1936-1945
I. S. Ravdin, MD 1945-1960
Jonathan E. Rhoads, MD 1960-1972
William T. Fitts, MD 1972-1978
Leonard D. Miller, MD 1978-1983
Clyde F. Barker, MD 1983-2001
Larry R. Kaiser, MD 2001-Present
Increase Access
The Department is committed to increased patient access to our world-class physicians and staff. Once they are here, we are working at every level to improve patient experience and care.

Integrate Knowledge
To treat patients with complex medical conditions and find new cures for disease, we must work across disciplines to integrate knowledge. Surgical Divisions will work collaboratively and build strong networks with departments and hospitals throughout the University of Pennsylvania Health System.

Engage Locally and Globally
The Department will expand research and training collaborations around the world and establish more clinical affiliations and other strategic relationships regionally and nationally. We will continue to serve patients from the region and around the world.

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From Excellence to Eminence
University of Pennsylvania President Amy Gutmann, in her inaugural address, launched the Penn Compact, a vision to propel the University of Pennsylvania “from excellence to eminence” in all our core endeavors. The Department of Surgery embraces the Compact’s guiding principles.