Valuing past accomplishments and understanding how they impact future direction are hallmarks of a successful organization, but in the world of medicine, the present is often what matters most.

That’s why the truest measure of success at the University of Pennsylvania Health System’s Department of Surgery remains how effectively we’re able to meet our patients’ needs and improve the quality of their lives here and now.

Patients choose Penn Surgery because of the wealth of expertise, experience, and caring our faculty and staff bring to each new challenge. We offer the options and medical advances that create exceptional outcomes every day.

Our division chiefs are among the most gifted professionals in their fields. The stories they have chosen to tell in this report reflect the extraordinary continuum of clinical care, research, and education that makes the University of Pennsylvania Health System one of the nation’s best.

Here and now, we are at the forefront of surgical innovation. From the most complex aortic reconstructions to robotic prostatectomies, we take on surgeries few can. From state-of-the-art pediatric procedures to transplant options for every organ, we set the standards that others follow.

Across Penn’s hospitals, our faculty prepare and mentor future medical leaders through strong education programs. Our extensive research is laying the groundwork for the next surgical breakthroughs; last year, we ranked third among all departments of surgery in grants from the National Institutes of Health.

As you read these success stories, remember that we’re writing new ones right now in our operating rooms and research laboratories. Each day brings an opportunity to find a solution where none exists, to turn a life around, to give a family a future. For Penn Surgery, here and now is an exciting time and place.

Larry R. Kaiser, MD
The expert hands of Penn’s cardiac surgeons reach far beyond the Health System’s campuses, facilities, and its service base of 15 million individuals. The division’s nationally renowned clinical care, education, and research programs increasingly operate internationally. W. Clark Hargrove, III, MD, makes annual trips to perform minimally invasive surgery in Belgium. In 2003, Joseph E. Bavaria, MD, traveled to Siberia with a Penn cardiac team, exemplifying how the division has regularly seized opportunities to introduce breakthroughs to hospitals and teaching centers around the world. “Our team has helped move cardiac surgery from one century to the next,” says Chief Michael A. Acker, MD. “While the benefits are outstanding for our patients, taking this proficiency and technology where it’s needed is so important.”

Asia is the focus of the division’s most recent collaborative endeavors without borders. Y. Joseph Woo, MD, a Penn-trained leader in robotic surgery, gene therapy, and other cutting-edge approaches, is a sought-after visiting professor in his family’s homeland of China. Joseph H. Gorman, III, MD, and Robert C. Gorman, MD, twin brothers whose research center is among the busiest in the Department of Surgery, have forged partnerships with several Japanese medical centers and count among their research team three cardiovascular surgeons from Japan now finishing postdoctoral research fellowships at Penn. “We have a very special team here,” says Acker, “but it’s Penn’s leadership that enhances our ability to take risks and find such special rewards.”
“The caliber of our faculty is outstanding. The difference we make for our patients is sometimes indescribable.”
— Robert D. Fry, MD, Chief, Colon and Rectal Surgery

Katherine Mance’s journey to HUP from Mt. Pleasant, South Carolina, was an uneasy one. “Hope,” a word that had infused her life as a special education teacher, rarely found its way into her conversation anymore. After two failed colon surgeries, Mance was forced to leave her vocation and faced a bleak prognosis, an ileostomy that would limit her freedom for the rest of her life. At 52, this proud woman, who had helped youngsters overcome seemingly insurmountable odds, didn’t see a future for herself. Then Najjia N. Mahmoud, MD, of Penn’s Division of Colon and Rectal Surgery entered her life and began searching for options. Contacting Penn’s Center for Continence and Pelvic Health, a collaborative practice that includes urogynecology, Mahmoud arranged for tests, consulted urogynecologists, and, six weeks later, operated. The result was a complete recovery and a return to teaching. “Dr. Mahmoud didn’t give up when others didn’t know what to do,” Mance explains. “She gave me hope when fear seemed to be taking over my life.”

Mahmoud and her colleagues brighten futures every day. In its third year, the division continues to build a national reputation, emphasizing minimally invasive alternatives to radical procedures, such as sphincter preservation to avoid a colostomy or, for Mance, an ileostomy.

Partnerships are essential, according to Chief Robert D. Fry, MD: “Working with medical oncology, radiation oncology, urology, urogynecology, and gastroenterology makes us stronger. We couldn’t enjoy this success without collaboration of the faculty across the entire medical system.”
Douglas L. Fraker, MD, had seen tumors as large as the one dominating the CT scan on his lightbox, but usually they served as illustrations in medical textbooks and journals. The patient with a recurrent, melon-sized kidney cancer behind his liver, including his inferior vena cava, had already been refused surgery at a major cancer center. The decision for Fraker, Chief of Endocrine and Oncologic Surgery, was much easier than the challenge he was about to tackle, but Penn’s Department of Surgery wasn’t about to turn a patient away. A month later — the cancer removed and the patient healed — Fraker had augmented a reputation his division has been building for years.

“We have a track record of outstanding outcomes and results you can trust,” says Fraker. “That’s simple to say, but much more difficult to achieve, especially in our field.” Although not all surgeries are as complex as the kidney tumor, Fraker’s team takes on an unusually high volume, from breast cancer and cancers of the gastrointestinal tract to thyroid and adrenal gland disorders. The division offers leading-edge, minimally invasive therapies, including radiofrequency ablation for liver tumors, lymph node mapping for breast cancer and melanoma, and isolated limb perfusion for extremity melanoma and sarcoma. The future holds more. “Our research is now pioneering vaccines and immune-based therapies for breast cancer,” Fraker explains. “We want to be able to offer our patients as many less invasive options as we possibly can.”

“Some hospitals accept cases based on the chances of success. We accept cases based on the patient’s need for our care.” — Douglas L. Fraker, MD, Chief, Endocrine and Oncologic Surgery
E. Scott Mikalaitis walked into HUP as a patient whose patience had almost run out. He emerged, after four hours of surgery, with his belief in the power and potential of medicine restored. “Scott had undergone eight different procedures at another well-known teaching hospital, but the problem kept recurring,” says Jeffrey A. Drebin, MD, PhD, speaking of Mikalaitis’ bile duct stricture following a bout with pancreatitis. “He practically broke down in front of me. He was at his wits’ end that, in this day and age, his medical needs couldn’t be met.”

Mikalaitis’ procedure — bile duct reconstruction — is one of many complex operations the Division of Gastrointestinal Surgery performs countless times each year. “We are proud to have the highest volume in the area,” Drebin observes, “but we take greater pride in our consistently outstanding outcomes, including one of the lowest mortality rates in the nation for pancreas and biliary tract surgery.” Similar excellent outcomes in bariatric surgery — combined with top-notch training and research programs — led the American Society of Bariatric Surgery to certify the division’s HUP location as the region’s first Center of Excellence last year. Excellence is also reflected in the recent election of division member Jo Bysyke, MD, Penn Presbyterian Medical Center’s Chief of Surgery, as a director of the American Board of Surgery, and in the addition of two new GI surgeons at Pennsylvania Hospital.

“We’ll be adding even more surgeons to our division,” says Drebin. “We want to be ready for what’s to come.”

Thanks to Penn surgeons, E. Scott Mikalaitis is back to working wonders in his garden.
At The Children’s Hospital of Philadelphia, it’s not a matter of if, just a matter of when....
— N. Scott Adzick, MD, Chief of Surgery,
The Children’s Hospital of Philadelphia

Each June for the past decade, bright-eyed children and grateful parents, aunts, uncles, and grandparents pour into a carnival area erected outside The Children’s Hospital of Philadelphia (CHOP). The youngest of these celebrants — 800 strong this year — are former patients who were diagnosed prenatally. CHOP’s Center for Fetal Diagnosis and Treatment, its world-class surgery unit, headed by N. Scott Adzick, MD, and pediatric specialists across eight departments made the difference for these children now at play, each of whom once faced a life-threatening birth defect. Adzick, who oversees the nation’s most sought-after pediatric operating rooms, beams as he surveys the lively, makeshift fairgrounds: “I just love what I do. When you save a child, you’re not only saving a life, but also saving a lifetime.”

Adzick’s attention, and that of his entire team, almost always rests on the future — from building unsurpassed training programs to developing the next expected breakthrough, fetal stem cell transplantation. CHOP will soon be able to do much more to address prenatal and neonatal abnormalities with its Special Delivery Unit coming in 2007, a facility that will feature state-of-the-art technology, a specially designed nursing model, and strategies to fully integrate resources with the neighboring Hospital of the University of Pennsylvania. “There’s an amazing shared strength between CHOP and HUP in surgery,” says Adzick, “and it allows us to collaborate in dynamic ways.”
Words came easily for the speakers at the symposium and dinner announcing a lectureship honoring plastic surgery pioneer Linton A. Whitaker, MD. After all, these surgeons were at Penn — alma mater to most of them and the place where plastic surgery first took root as an American medical discipline following World War I, under Robert Ivy, MD. Three of Whitaker's most distinguished peers were attending as visiting professors and lecturers. Their experienced deliveries were juxtaposed with papers from young physicians in Penn's highly competitive plastic surgery residency program. Joseph M. Serletti, MD, in his second year following in Whitaker's footsteps as division chief, knew this event represented exactly why he had come to Penn: to be part of an extraordinary program and tradition.

Today, Plastic Surgery's nine faculty members bring national and international reputations in every specialty — from David W. Low, MD, an authority in microsurgery, to Scott P. Barlett, MD, a specialist in craniofacial surgery at CHOP, to Serletti's expertise in novel breast reconstruction techniques. Increases in procedural volume recently helped bring about a fellowship in aesthetic, breast, and microsurgery, in addition to the longstanding one in craniofacial surgery — the specialty Whitaker helped launch more than three decades ago. "We continue to nurture leaders across this entire field as we work collaboratively to deliver the best patient care," says Serletti. "It's how the division has always functioned best, and it's what sets us apart."

“IT ALL STARTED HERE

This Division has an amazing legacy, but often I'm equally impressed with our future. Residents are the birth of ideas — open-minded, creative, and ready to take hold of tomorrow."

— Joseph M. Serletti, MD, Chief, Plastic Surgery

Linton A. Whitaker, MD, founded the Center for Human Appearance, an interdisciplinary model that’s still one-of-a-kind.
As a surgical specialty, “thoracic” is usually the second half of “cardio” and signifies one of the highest volume units at any leading hospital. At Penn, it stands by itself, and this uncommon division of cardiothoracic care is rooted in Penn Medicine history. In the 1980s, before thoracic surgery — focusing on the lungs, mediastinal pleura, and neck — gained wide recognition, Joel D. Cooper, MD, was implementing the first thoracic training program at the University of Toronto and pioneering lung transplantation. In 1983, Cooper’s team for the world’s first lung transplant included a young surgical trainee named Larry Kaiser, who, eight years later, brought his thoracic expertise to Penn. When Kaiser became Chairman of the Department of Surgery, he soon called on his mentor to head a new Division of Thoracic Surgery.

Cooper didn’t hesitate. “I admired the strong training program here — one of only a handful for thoracic surgeons — and the good judgment of Penn residents,” says Cooper. “And Larry understood what was needed to launch a division.” High-level thoracic surgery requires a comprehensive team of specialists, and thoracic surgeons need fundamental knowledge of all areas of cardiac care to respond to any operating room situation. In just its second year, the division is poised to attain Top 10 status nationally. Cooper isn’t surprised, and he looks forward to growing success: “At Penn, I knew my team and I would be entrusted with tremendous resources. That’s why we’re able to offer so much. This is a culture of excellence.”
The blood donation Diana Awad made to help others saved her life. The Red Cross rejected the Penn student’s blood, and a referral by a campus health center led to transplant surgery to replace her failing liver. “People say: ‘That’s why you were at Penn,’” Awad reflects. “I owe everything to the transplant team. They prove outcomes are better when you have better care.” Since 1994, the team — led by Abraham Shaked, MD, PhD — has guided her through immunosuppression drug regimens and a 2003 rejection while pregnant, necessitating a second liver transplant and a kidney transplant. For Awad, her challenges and her gratitude are embodied in Nadia, her three-year-old daughter.

Awad’s story is one of many that prompts the division to research and develop better outcomes and ways to achieve, largely through National Institutes of Health funding. Recent breakthroughs enable some transplant recipients with Hepatitis C and liver tumors to come off of immunosuppression medication, and new tests predict rejection without repeated invasive biopsies. Soon, even more will be possible as the Penn Transplant Center becomes the Penn Transplant Institute, allowing Shaked’s team to broaden its investigatory work and strengthen patient care. Significantly, the human element is never lost in the science. It is reflected in the plan for Penn’s Transplant House, designed to make families feel at home during long post-transplant convalescences. “Nothing’s more important than returning patients to more normal lives,” says Shaked. “Our patients inspire us to find new solutions every day.”

“OUR TEAM WORKS TOGETHER TO SEAMLESSLY INTEGRATE RESEARCH AND CARE. IT’S A WAY OF THINKING, A LANGUAGE WE SPEAK THAT PAVES THE WAY FOR THIS EXCEPTIONAL WORK.”
— Abraham Shaked, MD, PhD, Chief, Transplant Surgery

Transplantation has given Diana Awad a new life to share with her three-year-old daughter Nadia.
For one Penn surgery division, the most important blades aren’t surgical. They’re attached to the rotors of the five PennSTAR helicopters connecting the sickest patients and victims of blunt trauma and violence across a five-state region with state-of-the-art surgical care. As linchpin to the second largest Trauma and Surgical Critical Care Division in the Northeast, PennSTAR can respond to any of 15 million residents within 30 minutes, often transporting patients to HUP or to Penn’s two regional trauma centers in Bethlehem and Reading.

While top surgeons wait on the ground, highly experienced medical professionals — some on board since PennSTAR’s first flight in 1988 — oversee in-flight triage efforts.

C. William Schwab, MD, who has led the division for two decades, realizes the enormity of the task: “These are the highest acuity cases, ones other hospitals don’t always take. Penn surgeons enable us to deliver sophisticated care in time-sensitive scenarios and still produce extraordinary outcomes.” The volume and outcomes attract physicians from the U.S. military and around the world to train with Schwab’s team of nine faculty and eight fellows. Trauma and Surgical Critical Care also helps prevent injury as part of the Firearm and Injury Center at Penn, which incorporates mentoring to deter repeat gun violence. “It’s another goal for my team, who are all driven to excellence,” says Schwab.

“We address a combination of injury, care, science, and prevention. And we are at the frontier of every single one of these areas.”
— C. William Schwab, MD, Chief, Trauma and Surgical Critical Care
Urology Chief Alan J. Wein, MD, recently added another "chief" to his resume, one that's consuming substantial time outside his hospital duties. Wein is editor-in-chief of his field's gold standard textbook, *Campbell's Urology*, a four-volume set whose Ninth Edition is on its way this December, less than four years after the Eighth Edition. The reason for the needed update is clear — urology, like most medical fields, rapidly changes with each innovation in technology, treatment, and technique. As the region's surgical leader and arguably the best training program in all aspects of adult and pediatric urology, Penn must respond to this innovation. "It's the reason why there is no option we can't offer," says Wein.

The newest of these options is the robot at Penn Presbyterian Medical Center, used by David I. Lee, MD, offering prostate cancer patients a less invasive surgical procedure and a shorter convalescence. At HUP, other options include the minimally invasive surgical techniques of Keith N. Van Arsdalen, MD, as well as the Holmium laser under the direction of Andrew C. Axilrod, MD. At Pennsylvania Hospital, Terrence R. Malloy, MD, employs a KTP Laser for other procedures. Of course, open surgery still might be the most beneficial choice. "Sometimes, it all comes down to the basics," says Wein. "And when it does, we're still the best — from our surgeons to the oncologists, from the attending staff to uroradiologists. We make sure our patients benefit from the best team."

"The question for me is not why would you come to Penn Urology, it's why wouldn't you?"

— Alan J. Wein, MD, PhD, Chief, Division of Urology

Robotic prostatectomies, under the direction of David I. Lee, MD, are Penn Surgery’s fastest-growing new procedure.
Some of the best work accomplished at Penn’s Division of Vascular Surgery directly impacts what vascular surgeons can accomplish in operating rooms across the country. As the national principal investigator for dozens of clinical trials — many of them “first in man” trials, meaning a device is being tested in a human subject for the first time — the division’s success rate often makes the difference for a new technology seeking FDA approval. Recent clinical trials included the first-ever carotid angioplasty and stenting procedures, a multidisciplinary effort involving not only vascular surgeons, but also interventional neuroradiologists and neurologists to reduce the risk that plaque material dislodged during stenting might cause a brain embolism.

“Our breakthrough work ensures that we’re invited to practically every major meeting in the world,” says Chief Ronald M. Fairman, MD, “not just vascular meetings, but also meetings in cardiology, neurology, and other disciplines. It’s a novel experience; this is usually the competition.” International invitations don’t take precedence over patient care at one of the busiest divisions of its kind in the nation. Its expert team — recently bolstered with the addition of Edward Y. Woo, MD, a product of vascular surgery’s acclaimed training program — includes surgical leaders recognized worldwide. But for Fairman, it all comes down to a team effort. “At Penn, you get the support and encouragement you need,” he says. “Here, people matter.”

“There are very few places in the world that do what we do. Clinical work is the key to our excellence.”
— Ronald M. Fairman, MD, Chief, Division of Vascular Surgery
“Look around the room. One of you, one day, will chair a major surgery department.”

With these daunting words, James L. Mullen, MD, welcomes new general surgery residents, instantly instilling the remarkable track record Penn possesses in shaping future medical leaders. It’s a record that plays out in classrooms and on residents’ rounds every day, through the instruction and mentoring of national leaders in every discipline. While the School of Medicine, rated third nationally, has a stiff selection process, the Education Committee Mullen chairs is responsible for keeping Penn among a handful of top residency programs nationwide. “It’s a great source of pride,” explains Mullen. “After all, our mission is to train future leaders in academic surgery. That couldn’t happen if we didn’t excel at picking residents.”

The highly competitive process entails the National Resident Matching Program, an impartial process for matching medical students and other qualified applicants with residencies. Applicants rank programs they apply for; in turn, Penn and its competitors rank applicants. Last year, 33,000 individuals competed for 24,000 residencies across 3,800 programs nationwide. In this crowded field, Penn, employing strategies honed with the Wharton School, once again recruited almost everyone at the top of their list. “There are a lot of caregivers here,” Mullen says. “Penn is a place where things are close to the heart. I see it in these young men and women and in myself. There’s some of that in everybody here.”
The dozens of research efforts underway at Penn’s Department of Surgery share two common themes, relevance and growth. While the first theme reflects the institution’s consistent focus on “translational research,” the process of applying scientific advances to solve clinical problems patients face today, the second has few precedents. In less than three years, Penn’s funded research has doubled, vaulting it to third nationally among all departments of surgery in National Institutes of Health funding. “At a time when available funding has decreased, it’s especially gratifying that our faculty are receiving major new awards,” notes Jeffrey A. Drebin, MD, PhD, Vice Chair of Research. “These resources directly impact the quality of clinical care.”

To meet its growing demand for bench research space, the department is reaching beyond its Philadelphia campus to establish a new 70,000-square-foot facility in Glenside, Pennsylvania, in conjunction with the School of Medicine. Among the research projects earmarked for the new building are oncologic approaches across several divisions aimed at preventing cancer cell growth, including vaccines, gene therapy, and therapeutics targeting cancer-specific proteins; the Cardiovascular Division’s work on improving heart and valve function for better outcomes in cases of heart failure; and the Thoracic Division’s novel strategies for improving pulmonary function and exercise tolerance in patients with advanced lung disease. “This facility more than doubles our current laboratory capacity and vastly upgrades our education infrastructure,” Drebin says. “It’s truly groundbreaking for our faculty — and even more so for our patients.”

“Unlike many surgery research programs, our laboratories are largely headed by surgeons whose primary interest is applying breakthroughs to improving patient outcomes right now.”
— Jeffrey A. Drebin, MD, PhD, Vice Chair, Research

“New research space opens up a world of possibilities for Jeffrey A. Drebin, MD, PhD, and his team.”
For Penn’s Department of Surgery, improving patient care is a never-ending process. During the past year, it became an area of increased focus for all 500 employees. A customer-satisfaction study identified key factors determining patient satisfaction and loyalty, and the department crafted corresponding strategies for staff to better support these objectives. “The quality of patient care is the most important thing we do,” reflects Angela B. Wurster, Senior Administrative Director. “As we serve an increasing number of patients, we must elevate our capacity to provide the best care possible.”

Continued double-digit increases in patient intake and surgical volumes demand high standards. It’s a trend bolstered by Penn’s ability to offer more options — often ones that emerge from its ever-expanding research programs — and improved access to surgical care through the department’s locations at the Hospital of the University of Pennsylvania, Pennsylvania Hospital, and Penn Presbyterian Medical Center. New technology also attracted many more patients to Penn Presbyterian this year, as minimally invasive robotic prostatectomy became the most performed new operation across the Health System. For Wurster and Surgical Chairman Larry R. Kaiser, MD, maintaining this momentum is already a priority: “We’ve taken something that was already very good and made it exceptional. Our job is to put in place the systems to sustain this growth and to remain on the leading edge, as one of the top departments of surgery in the nation. After all, it’s about the imprint we leave behind.”
Steady and strategic growth continues to mark the Department of Surgery’s expanding presence across the region and beyond.

At Penn Surgery’s four primary locations — the Hospital of the University of Pennsylvania, Pennsylvania Hospital, Penn Presbyterian Medical Center, and the Philadelphia VA Medical Center — increasing volumes have challenged leadership to create new avenues for access so that patient care rises to an even higher level, leading to the best outcomes possible.

Under the auspices of the University of Pennsylvania Health System’s corporate affiliations, the Department of Surgery is reaching beyond its Philadelphia roots. Penn Surgery has partnered with Chestnut Hill Hospital to repopulate surgical services there; upgraded cardiac surgery capabilities at Brandywine and Phoenixville hospitals in Pennsylvania and Kent General Hospital in Delaware; and raised the bar for trauma care in eastern Pennsylvania through the Level I Trauma Center at Bethlehem’s St. Luke’s Hospital and the Level II Trauma Center at Reading Hospital. Possible future collaborations include Geisinger Medical Center and Pocono Hospital, both in the Scranton/Wilkes-Barre region.

Both the Division of Cardiovascular Surgery and the Division of Trauma and Surgical Critical Care have increased Penn’s international influence through visiting professorships, medical missions, and training programs in Belgium, China, Japan, Norway, Russia, and Sweden, among other nations.
Supporting Medical Excellence

Much of what Penn Surgery accomplishes would not be possible without the commitment of our many individual, corporate, and foundation donors. Their contributions directly support and advance the clinical, research, and education work that keep us at the forefront of medical excellence.

In Fiscal Year 2006, our donors contributed in excess of $10 million and provided opportunities for our surgeons and medical staff to bring about better outcomes and brighter futures for those who matter most — our patients and their families.

We are grateful for this commitment and welcome ongoing support for new funding priorities, including state-of-the-art ambulatory care at the Perelman Center for Advanced Medicine, a home-away-from-home at the Penn Transplant House, new research space at the Glidden Research and Surgical Skills Center Facility, and an endowed professorship in Trauma and Surgical Critical Care.
A Tradition of Caring

Individual contributions to the Department of Surgery reflect the high regard with which donors view Penn Surgery’s work across clinical care, research, and education; its implications for future patients; and especially family connections.

All three factors inspired Kenny Soll. Soll had witnessed his grandfather, Joel Appel, support research in the Division of Urology. Without prompting, he instinctively knew this cause, which inspired his family’s generosity, was certain to support many other families.

Following his Bar Mitzvah, Soll followed his grandfather’s lead. He chose to donate a sizeable portion of his gift money as a traditional act of charity to the Appel Family Research Fund, furthering the efforts of Alan J. Wein, MD, and his team in expanding the treatment and minimally invasive surgical options available to prostate cancer patients.

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ENDOCRINE & ONCOLOGICAL SURGERY
READ Connections

For more than 60 years, the Penn Surgical Society has built an international membership that consists of current Penn Surgery faculty members, residents, and interns, as well as all “alumni” — including past faculty and any surgeon who trained at Penn.

Each October, the Penn Surgical Society hosts a reception at the annual American College of Surgeons Clinical Congress. The gathering reunites the Department of Surgery’s present leadership with past colleagues, many of whom have gone on to chair surgical departments and serve as division chiefs at other leading institutions nationwide.

Last year, the Society hosted its first Wharton Executive Education Leadership Conference and plans are underway to expand the opportunities for the Penn Surgical Society.

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The John Rhea Barton

Professors of Surgery

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 holds 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.”

(from top to bottom and left to right)

D. Hayes Agnew, MD
1878-1889

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
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1983-2001

Larry R. Kaiser, MD
2001-Present
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