

# University Surgeons

The newsletter of University of Florida College of Medicine – Jacksonville, Department of Surgery

Volume 1, Issue 1 Autumn 2009



*"My vision is one of sustained greatness that is achieved through our collective efforts and adherence to our mission, vision and values."*

## Message from the Chairman

As the new chair for the Department, my strategic plan for University of Florida College of Medicine – Jacksonville, Department of Surgery is one of exciting new developments that build on the solid ground that has previously been established. The Department of Surgery has a strong reputation for training surgical residents and fellows, teaching medical students, performing state-of-the-art translational and basic research, and excellence in patient care. My vision is one of sustained greatness that is achieved through our collective efforts and adherence to our mission, vision and values.

We have added many new, nationally-known faculty, the latest in robotic surgical technologies, and have many new research initiatives underway. Our residency and fellowship programs continue to flourish, producing excellent clinicians.

I am pleased to send you the first newsletter of the Department of Surgery. The newsletter outlines the surgical innovations and new programs offered by our surgeons and staff, news regarding our research and educational programs, and information regarding accomplishments and appointments. Please feel free to contact me directly at [michael.nussbaum@jax.ufl.edu](mailto:michael.nussbaum@jax.ufl.edu) or 904-244-5502.

Sincerely,

A handwritten signature in blue ink that reads "Michael S. Nussbaum, M.D., F.A.C.S."

Michael S. Nussbaum, M.D., F.A.C.S.

Professor and Chair  
Department of Surgery  
Surgeon-in-Chief  
Shands Jacksonville



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Our academic web site:  
<http://hscj.ufl.edu/sur/>

Our patient services web site:  
<http://jax.shands.org/hs/surgery/>

# Advances in Surgical Robotics

Raising the standard of care for complex surgeries

**R**obotic surgery is a fast-growing area in minimally invasive surgery. In most institutions, robotic techniques are used primarily for prostate surgery. Department of Surgery's robotics-trained surgeons now use the *da Vinci S®* robotic system to perform minimally invasive operations for a range of procedures including operations for the esophagus, stomach, colon, pancreas, kidney, lung, spleen, uterus, and soon, the heart.



Left, *da Vinci Surgeon Console*; Center, *da Vinci Patient-Side Cart*; Right, *High-Definition Monitor*

The *da Vinci* System consists of an ergonomic surgeon's console, a patient-side cart with four interactive robotic arms, a high-performance 3D High Definition vision system and proprietary *EndoWrist®* instruments.

The *da Vinci* System's high-resolution 3D stereo viewer is designed to provide surgeons with an immersive experience. Unlike conventional approaches, the target anatomy appears at high magnification, in brilliant color and with natural depth of field. The *EndoWrist®* instruments exceed the natural range of motion of the human hand; sophisticated motion scaling and tremor reduction further interpret and refine the surgeon's hand movements. Another key hallmark of the *da Vinci* System is its fail-safe design, incorporating multiple, redundant safety features all intended to minimize opportunities

for human error when compared with traditional approaches.

“ **The *da Vinci* Surgical System** is a sophisticated robotic platform designed to enable complex surgery using a minimally invasive approach. ”

For the patient, a *da Vinci* procedure offers all of the potential benefits of a minimally invasive operation: less pain; nominal scarring; and minimal blood loss, hence the reduced need for blood transfusions. Moreover, the *da Vinci* System enables a shorter hospital stay, less chance of infection, a quicker recovery and faster return to normal daily activities. Clinical studies also suggest the *da Vinci* System may help surgeons provide better clinical outcomes than conventional technologies allow—for example, better cancer control and a lower incidence of impotence and incontinence with *da Vinci* prostatectomy.



*da Vinci S Patient Cart with instruments*

Photographs ©2009 Intuitive Surgical, Inc.

## New Chief of Surgical Oncology: **Carmine Volpe, M.D.**

**D**r. Carmine Volpe earned his medical degree and completed a residency in general surgery at Drexel University College of Medicine in Philadelphia, PA. He completed fellowships in surgical oncology and endoscopy at Roswell Park Cancer Institute in Buffalo, NY. Dr. Volpe previously served as Associate Professor of Surgery at Temple University School of Medicine and Head of the Division of Surgical Oncology at The Western Pennsylvania Hospital and Cancer Institute. He is board certified in surgery by the American Board of Surgery and is a fellow of the American College of Surgeons.

Dr. Volpe's areas of clinical practice and interest include patients with tumors of the pancreas, stomach, intestine, liver and biliary systems; sarcoma; carcinomatosis; advanced and recurrent gastrointestinal cancers; and advanced melanoma. His experience also consists of surgical resections of the liver, stomach and pancreas; resections for sarcoma;



**Dr. Volpe** is board certified in surgery by the American Board of Surgery and is a fellow of the American College of Surgeons.

radical lymph node dissections; cytoreductive surgery; and administration of intraperitoneal chemotherapy—all within the parameters of a multimodality approach.

## New Chief of Breast Surgery: **Laila Samiian, M.D.**

**D**r. Samiian earned her medical degree from the University of Miami School of Medicine and completed her residency in general surgery at Henry Ford Hospital in Detroit, MI. She completed a fellowship in breast surgical oncology at Stanford University School of Medicine in Stanford, CA. Dr. Samiian is board certified by the American Board of Surgery and is a diplomate of the American Board of Surgery.

Dr. Samiian specializes in evaluation and treatment of benign and malignant diseases, including management of breast cancer, fibroadenoma, fibrocystic disease, nipple discharge, as well as management and counseling of high-risk patients. She can provide same-day, image-guided biopsy procedures for diagnosis of breast abnormalities. Dr. Samiian practices



**Dr. Samiian** specializes in evaluation and treatment of benign and malignant diseases.

advanced breast surgical procedures, including breast conservative therapy, skin-sparing and nipple-areola sparing mastectomy, oncoplastic surgery, selective duct excision, ductoscopy, sentinel node biopsy and axillary node dissection, as well as accelerated partial breast irradiation.

# Vision for the “New” Department of Surgery

by Michael S. Nussbaum, M.D., F.A.C.S.

The University of Florida College of Medicine – Jacksonville, Department of Surgery is built upon the foundations of a great organization that results in superior performance relative to the mission, makes a distinctive impact on the community, is financially viable, and achieves lasting greatness in its actions and reputation.

“Innovation will drive this Department forward on so many levels as an underlying theme of all aspects of education, research, and care delivery.”

The Mission of the Department of Surgery is *to educate, to discover, to comfort, and to heal*. This provides the framework for all of the efforts of the Department. Our Mission is to train the next generation of surgeons, to create the new knowledge that underlies the biology of surgical disease and that shapes future practice, to respond to unmet health care and social needs in the community, and to provide specialist surgical services to Northeast Florida.

The Vision is for UF & Shands Jacksonville to be the foremost place where patients and referring physicians find specialized surgical treatment. The culture of our organization will help us sustain this mission and vision.

The Values that define the Department include quality, teamwork, excellence and innovation. The Department continually strives for quality and excellence in all that we do. Excellence in safety and quality are incorporated as a part

of the core resident curriculum. With efforts that incorporate continuous improvement in all aspects of patient care, we are ensuring the Department a legacy of quality not only within the College of Medicine and the Academic Health Center, but for the entire community.

There is no doubt that delivering excellent patient care requires innovation. So, too, does ensuring quality of service. This Department has an ongoing track record of inspiring and cultivating innovation. And we will continue to distinguish ourselves in this capacity. Innovation will drive this Department forward on so many levels as an underlying theme of all aspects of education, research and care delivery. This translational ability is what differentiates us from other institutions and it will continue to drive us toward sustained excellence and success.

This is a time of great opportunity for the Department of Surgery and UF & Shands Jacksonville. Our organization’s performance is assessed relative to achieving our Mission of teaching, research and patient care. Undaunted by change, we are willing to challenge everything—except our core values. The culture that I envision embraces our values of quality, excellence, teamwork and innovation.



## University Surgeons

Volume 1, Issue 1 Autumn 2009

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Thanks to Shands Jacksonville  
Communications & Marketing Dept.

### NEWSLETTER DEADLINE

Winter 2010 Issue: December 1, 2009

Please submit your copy and high-resolution photos to: Leah Nelms, Department of Surgery, leah.nelms@jax.ufl.edu

# Cryotherapy for Prostate Cancer

## Offered at Department of Surgery

by Christopher Williams, M.D., Assistant Professor of Surgery

The Division of Urology now offers cryotherapy as a treatment option for localized prostate cancer. Until recently, the traditional treatment options offered for localized prostate cancer have been radiation therapies and radical prostatectomy. Cryotherapy, a longtime forgotten treatment option that fell out of favor decades ago due to significant morbidity, has been resurrected and revamped. First generation prostate cryotherapy procedures resulted in high rates of rectourethral fistula and incontinence. However, the latest generation of cryotherapy incorporates such technological advances as real-time ultrasonography and temperature monitoring, a urethral warming device, and computer-assisted treatment planning. These have decreased previous complications to an almost negligible rate.

Traditionally, most patients who were ideal candidates for radiation therapy are now candidates for cryotherapy. For prostate cancer patients who have failed radiation therapy, cryotherapy is less morbid of only two curative treatment options. Furthermore, patients that received inadequate cancer treatment from their initial cryotherapy can undergo a second cryotherapy procedure or switch to radiation therapy.

The cryotherapy procedure consists of freezing the prostate to -140°C by pumping argon through hollow needles placed through the skin of the perineum into the prostate. The prostate is then quickly thawed using helium. This freeze-thaw process is repeated again, resulting in cell death. Afterwards, patients keep a urinary catheter in place for one to two weeks to allow swelling to subside.

Whereas a typical course of external beam radiation therapy requires daily treatment visits for six to eight weeks, cryotherapy is a single procedure usually lasting about two hours that

**The latest generation of cryotherapy** incorporates several technological advances.

can be done on an outpatient basis. Beyond the increased convenience of cryotherapy over external beam radiation, its cancer control rates are also comparable.



*Dr. Williams performing a cryotherapy surgery*

Disadvantages of cryotherapy compared to radiation therapy are the need for anesthesia and a higher rate of erectile dysfunction. Partial cryotherapy techniques are able to preserve potency, but may compromise cancer control.

With the addition of cryotherapy, the UF Division of Urology now offers all available FDA-approved surgical options for the treatment of prostate cancer. For further information regarding prostate cryotherapy at UF, contact Dr. Christopher Williams ([christopher.williams@jax.ufl.edu](mailto:christopher.williams@jax.ufl.edu)).

# A First in Natural Orifice Surgery

**U**f surgeons Dr. Ziad Awad and Dr. Brent Seibel performed the first Natural Orifice Translumenal Endoscopic Surgery (NOTES) at Shands Jacksonville in December 2008. NOTES is a surgical technique that is done through a natural orifice such as the mouth, nose, vagina, rectum or penis, leaving no external scar. The patient was given the option to have a cancerous tumor removed from her colon using transabdominal surgery or by way of her vagina, using NOTES. The patient chose natural orifice surgery because it meant less scarring, minimization of pain and a quicker recovery. The surgeons performed the operation entirely laparoscopically by removing a segment of the colon through the patient's vagina. NOTES is gradually increasing in popularity.



*Left to Right: Dr. Darell Graham, Dr. Ziad Awad, and Dr. Elizabeth Ross from OB GYN.*

at a few highly specialized surgical centers but the institution's experts believe this is one of the first times this particular type of operation was performed in the United States. The Department is currently expanding its NOTES program to include other types of operations in the future.

## GME Update

by J. Bracken Burns, Jr., D.O.

**W**e have had substantial changes in the General Surgery Residency in the past year and look forward to more positive developments moving forward.

Dr. Douglas Hale has moved on from the Associate Program Director position to take on a new appointment at Vanderbilt University. We wish him much success in his new position.

Dr. J. Bracken Burns is the new the Associate Program Director, while Dr. Nussbaum continues to lead the way as the Program Director.

The most significant changes are in our educational programs. The Basic Science Series format has been revised whereby we have implemented a pre- and post- test with each session, and are now using a new text. In addition, we have added or expanded several other educational programs. The Fundamentals of Surgery curriculum is a computer-based, interactive system we have implemented for the PGY1 and PGY2 residents. The SKILLS curriculum, which we utilized somewhat last year, is being implemented full force under the direction of Dr. Noreen K. Durrani. We are currently evaluating and planning to implement

the Surgical Council on Resident Education (SCORE) curriculum for the senior residents.

One more exciting new program we are implementing is an Ethics Curriculum. This is made possible due to the hard work of Dr. Kamela Scott, who recently received the Kamangar Ethics Award for Surgical Resident Training in Medical Ethics for 2009 [see News & Notes, page 9], which includes a grant that will help fund this program.

Four chief residents graduated in July, all of whom are now in fellowships. We offer them our congratulations and best wishes for success in their new positions.

- **Dennis Diaz, M.D.**  
*Fellowship at the University of Kentucky in Minimally Invasive Surgery*
- **Darrell Graham, M.D.**  
*Fellowship at UT Southwestern in Plastic Surgery*
- **Victor Hassid, M.D.**  
*Fellowship at the University of Illinois at Chicago in Plastic Surgery*
- **Michael Muelberger, M.D.**  
*Fellowship at the University of Virginia in Vascular Surgery*

## The Department of Surgery

# Quality Program

by Fred Edwards, M.D., Professor of Surgery

All of us want to provide the best possible care for our patients. To do this, we need to know how well we are doing so we can see if there are areas that could be improved. As pointed out in a recent Institute of Medicine report, the only way to *improve* quality is to *measure* quality.

“ Our Chair of Surgery has launched several initiatives that will align our Department with national programs. ”

This concept has become a cornerstone of “the new quality paradigm,” which is based on the use of national performance measures. These measures are typically developed by specialty societies and are then endorsed by multi-stakeholder organizations such as the National Quality Forum (NQF). In recent years, we have seen these national measures used in a variety of quality programs like the Physician Quality Reporting Initiative (PQRI) and pay-for-performance programs.

These facts make it unequivocally clear: We need to have a formal quality program in the Department of Surgery. Our Chair of Surgery has embraced this concept and has launched several initiatives that will align our Department with national programs to help us see where we need

to focus our efforts on the Jacksonville campus.



We have initiated an educational program designed to introduce the basic concepts of “the science of quality.” As this foundation develops, we anticipate having grand rounds, journal clubs, and ward rounds devoted specifically to topics centered on quality and patient safety.

Soon, each division will develop its individual quality program. A key part of this process will involve selecting performance measures to be collected. Most specialties have national performance measures that have been developed by their specialty organizations. Since these measures will be used in the various national programs, they will almost certainly be collected. Division chiefs may also want to develop additional measures to meet the specific needs of their practice.

These performance measure assessments enable us to see exactly how well we are doing. Where national measures exist, we can make comparisons against national benchmarks to pinpoint areas in need of improvement. The real value in this process lies in the fact that meaningful feedback will be available to each surgeon regarding her or his operative results, complication rates and other data. This, of course, provides concrete information that can be used to improve quality.

Certainly there will be some inconveniences and changes in the way we go about our business. We will all be called on to work for the greater good inherent in this process. With our support and our true engagement in the process, we can provide the optimal care that our patients deserve.



# News & Notes:

## **Dr. Harry J. D'Agostino Named UF College of Medicine – Jacksonville's Chief of Cardiothoracic Surgery**

Harry J. D'Agostino, Jr., M.D., F.A.C.S., Associate Professor of Cardiothoracic Surgery at the University of Florida College of Medicine – Jacksonville, Department of Surgery has been appointed Chief of the Division of Adult Cardiothoracic Surgery. D'Agostino led the team that performed the first heart transplant in the Jacksonville area. He is a leader in robotic and minimally-invasive cardiac and thoracic surgery and medical director of the multidisciplinary thoracic oncology program at Shands Jacksonville. D'Agostino has served in a number of leadership positions at UF's Jacksonville campus including serving on the Finance Committee and the Faculty Council. "Harry has played a significant role in the development of the thoracic oncology program and our recent robotic surgical program," says Michael Nussbaum, M.D., Professor and Chair of the Department of Surgery. "He brings great energy and commitment to this position and I am confident in his success." D'Agostino is a graduate of Harvard College and Duke University School of Medicine. He completed his residency at Washington University in St. Louis, MO. During this time, he completed research on the first surgical procedure for the treatment of atrial fibrillation, an abnormal heart rhythm that afflicts over two million people in the United States. He continued his education at the University of California at Los Angeles by completing fellowships in pediatric cardiac surgery and cardiopulmonary transplant surgery. He joined the UF College of Medicine faculty in 1995.

## **Researcher Dr. Marie Becker Joins the Department**

The Department is pleased to announce that Marie Becker, Ph.D., joined the Department of Surgery's research team in December 2008. She has an impressive background and, with her skills, we will grow the Department's research efforts.

Dr. Becker received her Ph.D. in Genetics and Development from Cornell University in 1991. Trained as a Drosophila geneticist, she continued her work as a postdoctoral fellow at the University of Texas, Austin in the field of

Drosophila neurobiology. She taught Biology at Austin Community College and Genetics at Southwestern University. Dr. Becker continued her research career at the University of North Carolina, Chapel Hill where she examined the inflammatory response in cells derived from both normal and cystic fibrosis lung tissue. Upon moving to Florida, Dr. Becker began working with Dr. Richard W. Moyer at the University of Florida, Gainesville on transcription regulation in *Amsacta moorei* entomopoxvirus. Dr. Becker has given oral presentations at the International Poxvirus and Iridovirus Conference, the North American Cystic Fibrosis Conference, and has published her work in *JBC*, *Journal of Neuroscience*, *Virology* and *Journal of Virology*.

## **Dr. Fred Edwards Appointed to the Editorial Board of Annals of Thoracic Surgery**

The *Annals of Thoracic Surgery* is the official journal of two of the largest American thoracic surgery associations: the Society of Thoracic Surgeons and the Southern Thoracic Surgical Association. It is one of the leading monthly publications in the field that enjoys outstanding editorial leadership and maintains rigorous selection standards. Dr. Edwards is Professor of Surgery and Director of the Division of Adult Cardiothoracic Surgery at the Department of Surgery.

## **Dr. Fred Edwards Appointed to the National Quality Alliance Steering Committee (QASC)**

The QASC is a small group of leaders in health care quality in the United States who are charged with setting national priorities and coordinating the efforts of the existing national quality organizations. Dr. Edwards is nationally known for his leadership in quality improvement in health care, and has served on numerous national committees. In recognition of his achievements on behalf of his specialty, he received the "Society of Thoracic Surgeons Distinguished Service Award" in 2007.

## **Dr. Connie Haan, UF Heart Surgeon, Helps the People of Africa**

Connie Haan, M.D., Professor of Surgery and Senior Associate Dean for Educational Affairs, was asked to visit Rwanda to assist in helping

the country treat heart disease. Dr. Haan made several presentations and met with the country's president and leaders in health care. This trip was her second to Rwanda within the last year.

#### **Dr. John Kilkenny Named Duval County Medical Society President-Elect**

The Duval County Medical Society announced the election of John W. Kilkenny, III, M.D., as the president-elect at the January 15, 2009 meeting. Dr. Kilkenny is an Associate Professor of Surgery. He completed medical school at Pennsylvania State University College of Medicine, his surgical residency at the Polyclinic Medical Center in Harrisburg, PA, and his clinical fellowship in oncologic surgery at the UF College of Medicine in Gainesville, FL. He is certified by the American Board of Surgery and has special interests in the surgical treatment of malignancies of the breast, gastrointestinal tract (liver, pancreas, and esophagus to rectum), sarcomas and melanoma.

#### **Dr. Kamela Scott Wins Kamangar Ethics Award**

Kamela Scott, Ph.D., recently received the *Kamangar Ethics Awards for Surgical Resident Training in Medical Ethics* for 2009. Based on this award and under Dr. Scott's direction, we are launching a curriculum in Ethics for the Department of Surgery and the Medical Center.

#### **Dr. Joseph Tepas Receives Lichtblau and Alexander Awards**

Dr. Joseph Tepas, III, M.D., F.A.C.S., F.A.A.P., Chief of Pediatric Surgery, and UF Trauma Surgeon was awarded the prestigious 2009 Lichtblau Award. The Lichtblau Award Selection Committee selected Dr. Tepas for his dedication to the surgical care of the Children's Medical Services (CMS).

Dr. Tepas also recently received the 2009 Raymond H. Alexander Award from the Florida Chapter of the American College of Surgeons. The award was established as a memorial to Dr. Alexander, who was the previous Chair of Surgery at the Department of Surgery. It is the highest award given by the Florida chapter, recognizing outstanding dedication and service to the medical profession in the field of surgery. Dr. Tepas is one of only a handful of physicians to receive this honor since its inception in 1992.

#### **Dr. Christopher Vashi's Cutting Edge Breast Surgery Featured in *H Magazine***

Christopher Vashi, M.D., UF Plastic Surgeon, was featured in *H Magazine* while he performed breast reconstructive surgery utilizing the patient's abdominal tissue. The result is similar to a "tummy tuck." The Department believes it is the only practice in the area to offer the free Transverse Rectus Abdominus Myocutaneous (TRAM) flap surgery.

#### **"Night of Heroes" Celebrated the Trauma Program**

Dignitaries from all over the region celebrated a "Night of Heroes" on January 24, 2009 at the Morocco Shrine Auditorium. The gala benefited UF & Shands Jacksonville's TraumaOne program, the only Level 1 trauma center in Northeast Florida. In existence for 24 years, the program serves more than 4,300 adults and children annually. The money raised from the event will fund a new communications center for the program.

## **Awards**

#### **J. Bracken Burns, D.O.**

– Finalist, Louis S. Russo, Jr. Award for "Outstanding Professionalism in Medicine"

#### **Eric Ceithamel, M.D.**

– *Jacksonville Magazine* "Top Docs"

#### **Harry D'Agostino, Jr., M.D.**

– *Jacksonville Magazine* "Top Docs"

#### **James Dennis, M.D.**

– Elected to the Membership Committee of the Society for Vascular Surgery

#### **Fred Edwards, M.D.**

– Appointed to the National Quality Alliance Steering Committee  
– Appointed to the Editorial Board of *Annals of Thoracic Surgery*  
– ACS Health Policy and Advocacy Committee  
– Quality Alliance Steering Committee

*continued on page 10*

## Awards *continued from page 9*

### Fred Edwards, M.D. (cont.)

- Named University of Kentucky Distinguished Alumnus
- *Jacksonville Magazine* "Top Docs"
- STS Lead Investigator in American College of Cardiology National Collaborative Research project.

### Eric Frykberg, M.D.

- Florida Department of Health "Award of Excellence," December 2008 for work as State Trauma Consultant in Disaster System Development

### Constance Haan, M.D.

- *Jacksonville Magazine* "Top Docs"
- Finalist, Louis S. Russo, Jr. Award for "Outstanding Professionalism in Medicine"

### Victor Hassid, M.D.

- Louis S. Russo, Jr. Award for "Outstanding Professionalism in Medicine Award"

### Joan Huffman, M.D.

- Editorial Board, *Journal of Parenteral & Enteral Nutrition*, ASPEN, 2008-present
- "First Term" Received Honorable Mention at the 2009 African American Poetry Contest, Shands Jacksonville, February 2009

### John Kilkenny, M.D.

- President-Elect, Duval County Medical Society
- Governor, American College of Surgeons
- Editor-in-Chief, Northeast Florida Medicine
- Chair, Patient Care Committee of the SSAT

### Michael Nussbaum, M.D.

- President-elect of the Central Surgical Association (CSA)
- *Jacksonville Magazine* "Top Docs"

### Pamela Pieper, Ph.D.

- Successfully defended her dissertation and was awarded her Ph.D. from Barry University

### Thomas Peters, M.D.

- Vice President, Society of Medical Consultants to the Armed Forces
- American Society of Transplant Surgeons, Historian
- FMA Delegate to the AMA
- National Kidney Foundation of Florida, Vice President
- Western Hills High School "Maroon Award" for Lifetime Achievement
- Transplant Recipients International Organization (TRIO) Award for Service
- President, Attending Staff Foundation
- Board of Directors
- American Association of Kidney Patients
- American Foundation for Donation and Transplantation
- TRIO
- Florida Society of General Surgeons

### Miren Schinco, M.D.

- Finalist, "College of Medicine Excellence in Student Education Award"

### Jaime Ranieri, M.D.

- *Jacksonville Magazine* "Top Docs"

### Joseph J. Tepas, III, M.D.

- Received the 2009 Raymond H. Alexander Award for "Outstanding Dedication and Service" by the Florida Chapter of the American College of Surgeons
- Awarded the "2009 Philip O. Lichtblau Award" from the Children's Medical Services Program

### Christopher Vashi, M.D.

- *Jacksonville Magazine* "Top Docs"

### Carmine Volpe, M.D.

- *Jacksonville Magazine* "Top Docs"
- Florida Zone J Commission on Cancer State Chair

### Christopher R. Williams, M.D.

- Accepted into the Society of Urologic Oncology
- *Jacksonville Magazine* "Top Docs"

## Another Glimpse at Joan Huffman, M.D., F.A.C.S. and P.O.E.T.

Trauma surgery is Dr. Joan Huffman's "day job," as she affectionately calls it. "I love the patients, the operations, the resident teaching, but my soul work lies in two other areas, Domestic Violence Prevention and End-of-Life Care."

“Surgery, as well as my personal background and ongoing interests, provide plenty of **inspiration for my writing.**”

Dr. Huffman has turned tragedy into professional triumph and her raison d'être. As a survivor of both child abuse and Intimate Partner Violence (IPV), she has both personal insight and has developed a professional perspective about domestic violence. She served as Vice President and a member of the Domestic Abuse Project of Delaware County, PA. Dr. Huffman is now a member of the Board of Directors of Hubbard House, a certified comprehensive Domestic Violence Shelter serving Duval and Baker counties, Florida. She is also actively involved in both medical and lay education about IPV recognition and prevention. She has authored several CME articles, "IPV Update" for *NE Florida Medicine Journal*; this winter, a second CME article will be published on "How IPV Affects Children."

Dr. Huffman's second interest is in End-of-Life Care, both palliative care and organ donation. She is a member of the American College of Surgeons – Surgeons Palliative Care Workgroup. She has presented at End-of-Life symposia at American College of Surgeons' meetings, been published in the *Journal of the American College of Surgeons*, and written a book chapter on "Educating Surgeons on Palliative Care Skills."

She continues to present at local and regional venues. Dr. Huffman is active in Shands Ethics Committee and is a proponent for early involvement of Hospice. She is a staunch advocate for organ donation, serving on the Donor Council Steering Committee: Multidisciplinary Collaborative, aiming to facilitate and improve its processes and successes. She also serves on the LifeQuest Advisory Board, Northeast Florida Organ Recovery Services.

Those impressive accolades, acumen and interests are but a few. "I am also a published poet," she says, "following my Muse, Erato, writing my soul. Surgery, as well as my personal background and ongoing interests, provide plenty of inspiration for my writing." More of Dr. Huffman's poetry can be read at: [www.joanhuffman.info](http://www.joanhuffman.info).



*Never Say Quiet to a surgeon  
Don't test the Fates,  
lest Pandora's box  
explode with deadly force:  
drown the Emergency Department  
in GIBs and SBOs;  
litter the Trauma Center  
with MVCs and GSWs;  
plunge the pagers  
into terminal fibrillation.  
superstition?  
Fetish and tradition?  
Take care,  
the moon is waxing full.*

*Joan Huffman © 04/29/2009*

## **Best Practice:** Determination of Timing of Spinal Fracture Fixation as Defined by Analysis of the National TraumaData Bank

*Andrew J. Kerwin, M.D.; Margaret M. Griffen, M.D.; Joseph J. Tepas, III, M.D.; Miren A. Schinco, M.D.; Terri Devin, R.N., B.S.N.; and Eric R. Frykberg, M.D.*

**Background:** To examine the efficacy of early versus late spinal fracture fixation, we reviewed National Trauma Data Bank (NTDB) records to identify the breakpoint in reported timing of operative fixation. Using this breakpoint we then analyzed outcome for those treated early versus late, hypothesizing that the early group would experience better outcome as reflected by resource utilization and complications.

**Methods:** The NTDB was queried for patients with any level spinal fracture that required surgical stabilization. Histogram analysis of the postinjury day of initial operative fixation was used to determine the point at which the majority of operative procedures had been performed, thereby defining early (E) and late (L) groups. Patients in E were matched to a cohort from L with similar age, Injury Severity Score, and Glasgow Coma Scale. Outcome data included

hospital length of stay, intensive care unit length of stay, ventilator days, charges, incidence of complications, and mortality. The groups were compared using Student's t test for continuous variables and Fisher's exact test for categorical variables, accepting  $p < 0.05$  as significant.

**Results:** Of 16,812 patients who underwent operative fixation, 59% were completed within 3 days of injury and formed E. The 374 L patients whose dataset was complete enough to allow analysis were matched to 97 E patients. There was no significant difference in the presence of spinal cord injury between E and L (51 vs. 48%;  $p = 0.3735$ ). Complications were significantly higher in L (30% vs. 17.5%;  $p < 0.0001$ ) yet mortality was similar in both groups (2.0% vs. 1.9%;  $p > 0.05$ ).

**Conclusions:** NTDB records indicate that the majority of patients with spinal fractures undergo operative fixation within 3 days, and that these patients had less complications and required less resources. Use of a national data bank to compare groups with similar injury severity and presenting physiology can validate best practice and define opportunities for improvement in care.

*J Trauma. 2008; 65:824–831.*