



University of Oklahoma

DEPARTMENT OF SURGERY

SURGERY NEWSLETTER • SUMMER 2008



Chairman's Message

If you pick up any newspaper, journal, or watch the news, everyone is talking about change. Good or bad, change is inevitable. The OU MEDICAL CENTER is in the midst of a 15 year facilities development plan that includes \$1.4 billion in total construction. The Department of Surgery continues to meet the challenges of these changes, continues to grow and move forward, and makes plans for the future while building on the foundation of our past.

During the past year we have developed our academic and community involvement with a Visiting Professor Lecture series. On the first day, each visiting professor shares dinner and a presentation with the surgeons in the community, state, and alumni. On the second day, the Visiting Professor spends a day on campus with residents and students in informal discussions and presents a lecture. More information about the Visiting Professors, including the upcoming G. Rainey Williams Lecture in November follows later in this newsletter.

The University of Oklahoma has been re-verified as the only Level I Trauma Center in Oklahoma and recently has been verified as the only Oklahoma Level II Pediatric Trauma Center from the American College of Surgeons (ACS). Verified trauma centers must meet the essential ACS criteria that ensure trauma care capability and institutional performance and recognizes dedication to providing quality care for trauma patients.

Marco A. Paliotta, M.D. joined the cardiothoracic section last summer. Dr. Paliotta is board certified in surgery, thoracic surgery and critical care. His clinical interests are in both adult and pediatric cardiac surgery.

The Section of Plastic surgery is developing centers of excellence in breast reconstruction and craniofacial surgery and moving forward with improving the quality of education and research.

We welcomed four new general surgery residents in July, Thomas C. Howard, M.D. (South Dakota), Jeremy J. Johnson, M.D. (Oklahoma), Hussein A. Kassam, M.D. (New Mexico), and Allison L. Murphree, M.D. (North Carolina). Michael V. Hromadka, Jr., M.D. (North Carolina) is our plastic surgery integrated resident. In addition, Elizabeth Papaila-Hawes, M.D. (Texas) has joined us as a second year resident.

The possibilities of the future have been given to us by what we have learned in the past. Today provides new challenges and we must find new ways to motivate and inspire not only ourselves but the surgeons we are training. In this issue of the newsletter, we've provided both a review of the past year but have also asked what do we need to do to prepare for the future.

Sincerely

Russell G. Postier, M.D.
Professor John A. Schilling
Chair in Surgery

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Highlights Cardiothoracic Surgery

The clinical practice of thoracic and cardiovascular surgery is now more than ever incorporated within the activities of the specialty groups of cardiology, pulmonary medicine and oncology, as well as other interventional specialists. Technology has, and is advancing rapidly in all aspects of care. With particular attention to cardiac surgery, catheter-based intervention is currently an integral part of care for ischemic disease and will remain so to a significant degree. However, surgical involvement with those cases discovered with advanced disease having progressed by the process of preservation of life is of need for direct surgical revascularization. Percutaneous and catheter-based valve repair and replacement is currently evolving as well and the future is certainly expected to involve many of the at least less severe degrees of valvular compromise. In addition, technical support for definitive care by devices of circulatory support are expected to evolve in all elements of consideration for durability, tolerance and decreasing degree of physiological embarrassment. These devices may well replace allograft transplantation to a significant degree. These activities will certainly incorporate multispecialty participation and again involve a complexity of interrelations with cardiology and cardiac surgery. The cardiac surgeon should maintain a definitive role in all regard.

Pediatric cardiac surgery has evolved significantly and is now considered a separate additional focus of formal training by ACGME (Accreditation Council for Graduate Medical Education) accreditation. Again, as with adult cardiac surgery, technology and catheter-based intervention has heretofore replaced many of the more basic surgical procedures and will continue to evolve. However, in this arena of care, additional areas open for the incorporation of the thoracic and cardiovascular surgeon. Other avenues of open surgical needs are seen as

complex pathology is supported initially in the neonate for more definitive surgical intervention. The clinical collaboration of surgeon and cardiologist currently prevails and will only advance with technology in the care of the disease process. In addition, the support of pediatric congenital pathology has created an additional subset of concerns for the adult patient having survived from congenital defects with secondary concerns in adulthood for intervention and support.

Genetics and stem cell management of disease remain an open horizon of application in the care of cardiac disease and the etiology thereof.

Non-cardiac thoracic disease with pulmonary neoplasm and esophageal disease also involve the collaboration of both thoracic surgeon and the specialties of pulmonary medicine, gastroenterology and oncology. Neoadjuvant therapy is evolving as a tool to enhance the collaboration of these services and is beginning to open areas of surgical approach previously not considered. Adjuvant support for those diseases treated primarily by surgical intervention may also serve to the benefit of patient survival and support of symptoms.

Minimally invasive care by the surgeon remains a focus for appropriateness and continues to evolve in both cardiac and non-cardiac thoracic surgery. Efficiency and efficacy of treatment by definitive results and interim management remain a goal for patient care.

The specialty of thoracic and cardiovascular surgery stands as a defined specialty with evolving expertise with technological advancement for the care of the most foreboding disease processes that may affect each of us.

Marvin D. Peyton, M.D.
Professor
Chief of Cardiothoracic Surgery

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Highlights Plastic Surgery

In July 2007 the first microsurgery workshop for the residents took place with Dr. David Pan. All the Plastic surgery residents attended the course and they learned different techniques for microsurgery. This was truly a well-designed course by Dr. Pan and we plan on holding it every year.

Both Dr. Justin Jones and Dr. Moneer Jaibaji graduates from 2006 have passed their oral boards on the first attempt. Dr. Jaffurs from the year 2007 who is finishing his fellowship in craniofacial surgery at Milwaukee has accepted a job at University California-Irvine as the director of pediatric plastic surgery.

Dr. Kevin Kunkel who graduated this year, presented a paper at the American Society of Plastic Surgeons Senior Resident Conference that was also accepted for publication and as a poster presentation at the American Association of Plastic Surgeons. He will be moving to Tulsa to St. Francis hospital to provide much needed plastic and reconstructive surgery to the community.

Last year Dr. Henry Kawamoto Jr., director of craniofacial surgery for UCLA's Craniofacial Clinic and a UCLA clinical professor of plastic and reconstructive was our visiting American Society of Maxillofacial Surgeons Professor. He presented a talk about the history of craniofacial surgery in the United States and spent time with the residents going over interesting and challenging cases as well as pearls of practice and surgery. This was truly an exceptional talk and the residents benefitted tremendously. Plans are already in place for this academic year's speakers; we plan to have at least two visiting professors one in the fall and one in the spring.

The section is perusing active research in craniofacial surgery, hand surgery and quality measures and metrics as applied to plastic surgery and we plan on having at two presentations this year in different meetings.

Plans are on the way to have the residents attend meetings and courses. Dr. Jordan Deschamp will be attending the basic science course organized by the American Society of Maxillofacial Surgery in August, this course has proven to be an excellent introduction to facial anatomy, management of facial fractures with hands on teaching on dental impressions and some basic dental anatomy needed to manage facial and mandible fractures. Dr. Thackara will be attending the American Society of Plastic Surgery meeting in Chicago.

The section is actively recruiting new faculty to join the current faculty and with more clinical interests in pediatric plastic surgery, with adult care as well.

The program is following closely the new recommendations of the plastic surgery RRC committee to increase the training from two years to three years which might take effect in 2009, once ACGME Board votes on the recommendation. We will try to enhance the training with additions of new rotations, such as burn unit, occuloplastics, and MOHS surgery.

Kamal T. Sawan, M.D.
Assistant Professor
Chief of Plastic and Reconstructive Surgery



Highlights Surgical Oncology

The last thirty years have certainly seen dramatic changes in breast cancer management. We have moved from modified radical mastectomy and tamoxifen to an era of breast conservation and complex chemotherapies and newer more

powerful anti-estrogens. The enrollment in clinical trials in breast cancer has never been as high as in the last decade. The level of clinical breast cancer research has risen worldwide rapidly also in the last decade. The wave of new research trials beginning now really paints a radically new and different picture of the breast cancer management for the future.

First molecular studies of breast cancer are becoming better able to help us choose correct chemotherapy and hormonal therapies for our patients' cancers. Placing the drugs first before surgery (neo-adjuvant) in the treatment algorithm did not yield magic cures, but has instead told us important information about tumor biology and the reasons our drugs fail. As surgeons the most important lesson gleaned for us is that the prognosis of a patient's tumor is determined by the stage of the cancer at surgical ablation and not stage at patient's initial presentation. The trend is strongly toward neoadjuvant chemo or hormonal therapy for all patients with tumors >2.5cm and/or node + clinically. If we can downstage these patients with effective systemic drugs, then their prognosis rapidly improves. Those with tumors resistant to drugs – we are able to find quicker and change drug strategies. If all these patients had just had their tumor resected without drugs first, it may take years to learn that the medical oncologist choices for drug treatment were ineffective.

Second, as the molecular predictive tools are refined, early stage breast cancer is changing as well. Most patients with early stage breast cancer get chemotherapy but fewer than 7-10% actually obtain life-saving benefit. Newer tests like Oncotype Dx offer the ability to more carefully choose which patients need which additional treatments and predict that many may need no further treatment than the local therapy provided by surgery and radiation. Large groups of early stage patients will be spared the rigors of chemo but survival rates should be kept high and perhaps even rise.

Third, as we become better at imaging breast cancers and planning exactly what tissue needs to be removed and/or treated in the breast - new technologies are being tested now which may allow minimal access approaches to lumpectomy (5cm lumpectomy through a 1.5 cm incision) or allow RF ablation of 1-2 cm margin beyond simple gross tumor excision. Similarly new accelerated partial breast irradiation techniques allow limitation of radiation to smaller regions of the breast and cutting time in treatment down from 6-8 weeks to 5 days or less. Early studies from US and Europe suggest that even a single dose of intra-op radiation may be all that is needed.

Finally, the introduction of peripheral aromatase inhibitors in the treatment of post-menopausal ER+ breast cancer has taught us that prevention of second cancers is a very important issue for all of our breast cancer survivors. New research from chemoprevention trials is beginning to show us the molecular basis of mammographic density, mechanisms of fibrocystic disease development, and new targets for decreasing proliferation in women at high risk for breast cancers. This spring the first human clinical trials of intra-ductal chemotherapy to ablate pre-malignant disease and early DCIS are being presented. Breast cancer surgery of the future may have a lot more to do with prediction and prevention and a lot less with managing large tumors eroding the skin.

Just as surgeons 30 years ago worried about the loss of an old trusted friend – mastectomy, we too see the winds of change in our midst. Change is faster today. But we are close to a day when the management of breast cancer will be a lot more prevention and minimal access office procedures and a lot less intrusive and disruptive of our patients' lives than current surgery, chemo, and radiation.

William C. Dooley, M.D.
Professor
Surgical Breast Oncology

Highlights Residency Program

The July issue of the Bulletin of the American College of Surgeons addresses many issues facing surgical education.

Articles in the Bulletin discuss:

- training in essential non clinical skills
- effect of economics of health care on surgical education
- mentoring the modern surgeon
- medical simulation to train the modern surgical resident
- training and the demise of the general surgeon
- assessing the ACGME competencies
- future needs

The Department of Surgery is facing and addresses these concerns to some extent. Today, residents are faced with not only patient care, but a bombardment of new technologies, taking on roles in leadership, advocacy and policy making. Of growing concern is economics in general and in the medical profession. The costs of surgical training are increasing, while reimbursements are decreasing. Recent studies also predict a physician shortage by 2020, including the statistic that one-third of the current physician population is 55 years or older, and they may be retiring in the next 10-12 years. Of great debate is another trend is the speculated demise of general surgery, as more and more surgery residents pursue fellowship specialty training.

How are we preparing for the changes? The Accreditation Council for Graduate Medical Education (ACGME) has established an Outcome Project which requires residency programs to develop a curriculum covering six core competencies and to provide evidence that the resident is learning within these competencies via assessment by July 2011. We've been meeting these criteria for the past three years. The six core competencies are: patient care, medical knowledge, practice-based learning and improvement, interpersonal and

communication skills, professionalism and systems-based practice. We maintain a portfolio, documenting each resident's performance in these six areas from test scores to certificates to copies of presentations. The Friday Educational Conferences (Basic Science Review, Mortality and Morbidity Conference and Clinical Science Review) are instrumental in educating the resident in these areas also. This past year we correlated the conferences with a reading schedule of one of the major surgery textbook and quizzes attempting to improve preparation for the ABSITE (American Board of Surgery In-Training Examination) exam. We also help prepare the residents for oral exams by setting aside a day for mock orals. We invite board certified surgeons from the community to participate in the mock orals to provide the residents with a variety of examiners. This year Kevin McMullen, M.D and Sara E. Suthers, M.D. ('05) assisted with mock orals.

The OU MEDICAL CENTER has a new Clinical Skills Education and Testing Center (CSETC) or medical simulation center for medical students and residents built in remodeled space of the former Children's Hospital. When complete this space will include 12 outpatient exam rooms, 4 large simulation suites with mannequins and a ventilator. The CSETC will also include a simulated OR, a surgical skills training area, and conference facilities. The use of simulators and skills labs allows for students and residents to learn basic skills in a without the pressures associated with learning them on live patients. We are already using part of this space for teaching central line and Foley catheter insertion techniques.

In addition to medical or surgical training, our residents also receive education in non medical areas such as electronic medical record training. The annual orientation on July 1 has grown from a couple of hours to a couple of days of information for new residents to

become acquainted with the many new technologies and hospital regulations.

The training program evolves to meet the demands of the educational agencies and the needs of the residents.

M. Alex Jacocks, M.D. ('82)

Professor

Residency Program Director

Highlights Department of Surgery Library

No matter if it is today or 2015, the primary mission of the Department of Surgery Library is service. (Surgeons like fast food, fast cars, fast OR turn overs and fast information, all tailored to suit their needs! "My-way", "Youtube", "iPod", and McInformation have transformed surgeons' current lives everywhere, paving the way for massive changes in the future.

This past year the Surgery Library focused on meeting the needs of the surgeons, residents and students. We met the needs both traditionally, and with the use of ever changing technologies. The Surgery Library increased the purchase of new books (thanks to the Harris Foundation), but decreased the number of print journal subscriptions. More journals are available electronically now making it easier to deliver pertinent articles to the doctors' desktop computers in the office, at home or on hand held devices. With the addition of a new e-copier (copier with a computer brain) in January, journal articles or any document can be copied, scanned and e-mailed simultaneously.

As often is the case, the library is busy behind the scenes providing information for the faculty, residents, students and staff to use. The Department of Surgery intranet, used internally by the Department, has grown immeasurably. The Friday Surgical Educational conferences are a good example of

The Future Often Means Growing Pains

1919	late 1920's	1953	1970's	1980's	1990's	2000's
University Hospital	Children's Hospital of Oklahoma College of Medicine (13 th St.) Faculty House	VA Hospital	Basic Sciences Building Dermatology Clinic Everett Tower Presbyterian Dean A. McGee Eye Institute Biomedical Sciences Building Child Study Center Dental Clinical Sciences Bldg Child Study Center Department of Surgery Library College of Nursing Building Oklahoma City Clinic Building Robert M. Bird Library State Medical Examiners Oklahoma State Health Dept.	Oklahoma Allergy and Asthma Emergency Medicine & Trauma O'Donoghue Rehab Center College of Pharmacy Building G. Rainey Williams Pavilion	Family Medicine Center Center for Healthy Living Student Union Biomedical Research Bldg I	OU Physicians Bldg Biomedical Research Bldg II New Children's Hosp Oklahoma College of Allied Health OU Children's Physicians Bldg OU Cancer Center

The campus dirt alert!! Hard hats required. When were you at OU last? If it has been several years, or even a year ago, you would be surprised by the growth at the OU MEDICAL CENTER.

In late March we celebrated the "Topping Off" of the OU Children's Physicians Building. According to P. Cameron Mantor, M.D. ('92/'95) the new 14 floor building with 330,000 square feet of clinic space is scheduled to be completed by summer of 2009. The building will be the home to approximately 120 children's physicians and will accommodate 90,000 out patient visits per year.



New Children's Clinic

The \$7 million renovation of the Basic Sciences Education Building is well on its way! Although the building will be in partial use during the renovation period, all of the first and second year medical students will be relocated to temporary space in the former Children's Hospital. The OUHSC website has an interactive website that allows you to see the remodeling in action. <http://medicine.ouhsc.edu/remodel/>. Many of you will recognize the modules that are now being renovated.

College of Allied Health has outgrown the one of the oldest buildings on campus - the 1928 College of Medicine Building which can no longer keep pace with technology or enrollment. Construction on the new high-tech, 114,000 square-foot building is making rapid progress and will house the Allied Health programs of Physical Therapy and Occupational Therapy; Communication Sciences and Disorders; Medical Imaging and Radiologic Sciences; and Nutritional Sciences and Allied Health Sciences and classrooms, distance education and computer facilities, clinical and research space. The new building is near the David L. Boren Student Union, College of Pharmacy and College of Nursing on Stonewall Avenue.

In 2004 voters approved a hike in the cigarette sales tax to raise approximately \$75 million for the Cancer Institute. Another \$50 million was generated from private sources, \$25 million of which will be matched by the Oklahoma Regents Endowment Program. The site chosen for the 135,000-square-foot Institute building is at the southeast corner of Phillips and N.E. 10th Street and is across the street from the OU Physicians Building. Ground breaking for this facility was in the fall 2006 with construction well underway the new facility is expected to be completed in 2010.

Patient care goals include developing the infrastructure for clinical trials and related research, and to create a Phase I Trials Center and to develop programs like the patient navigators and community outreach.

Oklahoma ranks at the top among all states in the per capita number of its citizens who suffer from diabetes. The OU MEDICAL CENTER is responding by creating a Diabetes Center for study, education, prevention and treatment of this disease. Major gifts from the Hamm family of Enid, the Hille Foundation and Henry Zarrow will help make the Diabetes Center a reality. The Chickasaw and Choctaw nations then pledged \$2 and \$1 million, respectively, for endowed faculty positions. These donations are eligible for matching funds from the State Regents for Higher Education. Current research funding in diabetes at OU includes multi-year awards totaling \$30 million. In late February, 2007 the University used a portion of these funds to purchase 15 acres of property at 10th and Lincoln including the four-story Center for Healthy Living medical office and clinical building, which has a connecting two-story fitness center. The center will now be known as Harold Hamm Oklahoma Diabetes Center

A \$33 million expansion project is also underway at the Dean A. McGee Eye Institute which is about the size of the current building thus doubling their space for research and patient care.

So if you stand around too long, you could become part of the latest construction project.

Name	Year	Notes
University Hospital	1919	E Wing demolished circa 1983
Children's Hospital of Oklahoma	1928	remodeled 1976
College of Medicine	1928	current College of Health
Faculty House	1929	built, not sure it was the Faculty House then
Veterans Affairs Medical Center	1953	remodeled 1981-1985; Critical Care Tower 1994
Basic Sciences Building	1970	January 27, 1970
Dermatology Clinic	1970	June 18, 1970; expanded 1980-81
Everett Tower	1972	September 1, 1972; 3 floors added 1981-2
Presbyterian Hospital/Tower	1974	
11th St renamed Stanton L. Young	1975	
Dean A. McGee Eye Institute	1975	4 th -5 th floors completed 1978; expansion 2008
Biomedical Sciences Building	1976	October 22, 1976
Child Study Center	1976	
Dental Clinical Sciences Building	1976	April 25, 1976
Presbyterian Professional Building	1976	
Department of Surgery Library	1976	
College of Nursing Building	1977	July
Oklahoma City Clinic Building	1978	July 15, 1978
Robert M. Bird Library	1978	August 20, 1978
State Medical Examiners Building	1978	
Oklahoma State Health Department	1979	May 31, 1979
Oklahoma Allergy and Asthma	1980	
Emergency Medicine and Trauma	1981	opened
O'Donoghue Rehabilitation Building	1981	March 6, 1981 (current Research Center 2004)
College of Pharmacy Building	1983	
G. Rainey Williams Pavilion	1983	started 1978, 2 stories added in 1981
Family Medicine Center	1994	
Center for Healthy Living	1995	Harold Hamm Center for Diabetes 2008/9
Student Union	1996	expanded 2002
Biomedical Research Building I	1997	
OU Physicians Building	2001	November
Biomedical Research Building II	2005	December 7, 2005
New Children's Hospital Oklahoma	2007	
College of Allied Health	2008	
OU Children's Physicians Building	2009	
OU Cancer Center	2010	

how the surgery intranet is used. From the surgery intranet site the residents can find links to the textbook chapters assigned for discussion and copies of the power point presentations given by the residents at the conferences, along with quizzes and the answers posted for review. These materials can all be accessed from wherever users have a computer and a password.

In the future, microchips and RFID's (radio frequency identification) will continue to make life more expedient. The trend for 24/7/365 access will also

grow, as well as many more e-resources. With recent news that Google will begin storing the medical records, my frivolous idea of implanting a Google chip in humans for doctors to diagnosis patient problems with a Google search may not be as crazy as originally thought. These newer technologies will make access to information more accessible and quick, but the information users must learn that fast and easy are not always quality.

*Linda R. O'Rourke, M.L.S.
Assistant Professor
Department of Surgery Library*



Pediatric Surgery, Transplantation, Trauma/Critical Care and Surgery Research did not submit news for the newsletter this year.

New Faculty



Marco A. Paliotta, M.D.

Marco A. Paliotta, M.D. joined the Section of Cardiothoracic Surgery as an Assistant Professor in July 2007. He received his medical degree from the University of Rome and completed his general surgery residency including a fellowship in critical care, at Westchester Medical Center of the New York Medical College. He continued his training in cardiothoracic surgery at the Medical College of Georgia. From 2001-2005, he was a practicing cardiothoracic surgeon at Portsmouth Regional Hospital in Portsmouth, NH. Dr. Paliotta continued his education with a fellowship in pediatric congenital cardiac surgery at Emory School of Medicine Children's Health Care of Atlanta. Before moving to Oklahoma, Dr. Paliotta spent a year at UCLA Medical Center, acquiring additional training in pediatric congenital surgery and heart transplant surgery.

Dr. Paliotta is board certified in surgery, thoracic surgery and critical care. His clinical interests are in both adult and pediatric cardiac surgery. He is currently developing a program to provide patients with deteriorating hearts an improved quality of life with the use of left ventricular assist device (LVAD).

Visiting Professors

Through the years there have been many guest speakers visiting the Department of Surgery. Often the speakers are part of other events, the Research Forum, a surgical society meeting or surgical grand rounds. This year in conjunction with the surgical societies we will host three Visiting Professors with a program designed to maximize scholarly and collegial interactions between the Visiting Professor, the residents, the students and the surgical community. The Visiting Professors delivers both a keynote lecture and makes rounds with the residents and students.

The first Visiting Professor was Frank R. Arko III, M.D., Associate Professor and Chief of Endovascular Surgery of the Department of Surgery at UT Southwestern Medical Center in Dallas, Texas. In conjunction with the March 13, 2008 Oklahoma City Surgical Society, Dr. Arko presented his operative experience and research on "Abdominal Aortic Endografting: Highlights of the Last 10 Years." He also attended the Friday morning educational conferences with the residents and students and presented "Contemporary Issues in Venous Disease - Deep Venous Thrombosis: A 21st Century Perspective."

In August, Robert V. Rege, M.D. was the second Visiting Professor. Dr. Rege is Chairman at the Department of Surgery at UT Southwestern Medical Center in Dallas, Texas. Dr. Rege spoke at the dinner meeting of Oklahoma City Surgical Society. His presentation on the "Treatment of Achalasia in 2008" was well received by the members attending. Dr. Rege was also the featured speaker the next day at the Oklahoma Chapter of the American College of Surgeons. He took part in the panel discussion on maintenance of certification and then presented a talk on "The Role of Skills Training in Resident Education."

On the November schedule, in conjunction with the University of Oklahoma Surgical Society, Keith D. Lillemoe, M.D. Indiana University, Indianapolis, IN will present the G. Rainey Williams Lecture on the November 14.



Keith D. Lillemoe, M.D.

The University of Oklahoma Surgical Society



Each October, the University of Oklahoma Surgical Society and the Department of Surgery hosts a reception at the annual American College of Surgeons Clinical Congress. The gathering reunites the Department of Surgery's current faculty and residents with past residents and faculty.

This year we are trying something different to honor G. Rainey Williams, M.D. and promote the University of Oklahoma Surgical Society. We have invited Keith D. Lillemoe, M.D., Chairman of the Department of Surgery at the University of Indiana in Indianapolis, to give the G. Rainey Williams Lecture on Friday, November 14, 2008.

On Thursday evening, the University of Oklahoma Surgical Society will gather at the historic and elegantly remodeled Skirvin Hotel for a cocktail reception and dinner. Friday morning, the Society will meet for breakfast in the Department of Surgery Conference Room, Williams Pavilion Room 2210. Then at 10:00 A.M. we will take a short walk to the Biomedical Research Center Auditorium for Dr. Lillemoe's G. Rainey Williams lecture. More information will be sent to you soon about this event.

Residents who have successfully completed their training are eligible to join the society. We currently have 180 members in the University of Oklahoma Surgical Society. If you have not joined, we encourage you to become a member; dues are \$50.00 or \$500.00 for a lifetime membership. Please contact the Department of Surgery office for more information, 405-271-5781.

Members of the University of Oklahoma Surgical Society continue to honor the excellence of their educational programs, their perpetual friendships, and their enduring fellowship. We hope you can join us in November.

Jack T. Dancer, M.D. ('66)
OUSS, President

Mason P. Jett, M.D. ('78)
President-Elect

CLASS NOTES

RED SASH AWARD: Each year the Senior Class of the University of Arkansas for Medical Science selects those individual faculty members they feel have had the most significant input into their medical education. These faculty who are nominated by the class to receive this honor, are given scarlet sashes to wear over their academic regalia and are acknowledged by the Dean. Keith G. Bennett, M.D. ('89/Plastics '94) won the Red Sash Award in 2005.

In July 2007, Carlton Perry, M.D. ('96 Plastic Surgery) and his partner appeared on Good Morning America discussing a new procedure for patients who suffer from migraine headaches. More information is available at www.MigraineHeadacheSurgery.com.

Also making national news this year was Roxie M. Albrecht, M.D., who appeared on a segment of the CBS Nightly News in November highlighting the OU Trauma Center's successful funding of trauma care while at least 20 trauma centers have closed or are losing millions of dollars because patients cannot pay. The OU Trauma Center first educated the state's voters encouraging them to accept an increase on the state cigarette tax which is used to help fund the trauma center.

The number of deserving honors Lazar J. Greenfield, M.D. (OU faculty 1966-1974) has received could probably become a newsletter of its own. Last fall, in an inaugural ceremony the University of Michigan established an endowed Professorship in Dr. Greenfield's name. Congratulations.

Teresa M. Shavney, M.D. ('84) was recently elected President-Elect of the Oklahoma County Medical Society. She follows in the footsteps of Jay P. Cannon, M.D. ('75) who as a former President serves on the Board of Directors. Robert N. Cooke, M.D. ('85) is the Secretary-Treasurer and on the Board of Directors.

Several former surgery residents are officers in the OU Medical Alumni Association. Robert J. Weedn, M.D. ('72/'73) was elected to a second term as president. Donald H. Garrett, M.D. ('73/'74) is vice president and Jay P. Cannon, M.D. ('75) is treasurer.

On the Move

Although he moved more than a year ago, Bo Fowler, M.D. ('81/'83) is now practicing cardiothoracic surgery in Colorado Springs, Colo. Bo finds it easier to get to the ski slopes now. Not sure if he is avoiding the rush hour traffic or just feels more at home in his old stomping grounds, but Kyle W. Toal, M.D. ('86/'88) has made a short move from Oklahoma City to Norman to the new Norman Heart Hospital at the rapidly growing Norman Regional Hospital Healthplex. He is Medical Director of Cardiovascular Services since 2006. Although we have not heard from him, we think Fritz M. Johnson, M.D. ('70/'71) has moved to Houston, Texas. Mike Gibson, M.D. (TS'05) and his wife Anna Clark, M.D. (GS '05) loaded up the car and family moved to Florence, S.C. this past year. Daron C. Hitt, M.D. ('01) has decided to continue his education with a hand fellowship at UCLA. After being sidelined with some health problems, Samuel A Nickell M. D. ('95) has taking on a career change and starting a residency training program in psychiatry at the University of New Mexico. Scott A. Hanan, M.D. ('91) moved from Bloomington, Ind. to Indianapolis this past summer. He is in the same practice group as another former resident, Randy J. Irwin, M.D. ('99). Trading tornadoes for hurricanes, Phil W. Moyer, M.D. ('06) is moving his general surgery practice from Duncan America to Palm City, Fla. Glenna D. Caton, M.D. ('06) has moved her family and general surgery practice to the big city of Tulsa this past summer.

Robert G. Johnson, M.D. ('83/'85) was honored by the University of Oklahoma College of Medicine Alumni Association as the 2008 Physician of the Year in Academic Medicine at the annual Alumni Day and Reunion this past May.



Hamilton Le: must have lost his OU hat

John "Bucky" Buckner, M.D., ('90) has returned from his third tour of duty in Iraq and Hamilton S. Le, M.D. ('06) is currently in Iraq providing surgical care to our troops.

This past March, a familiar face turned up in the Department of Surgery, Michael G. Nagle, M.D., ('83). Mike recently moved to Branson, Mo. He found he was doing more endoscopy cases and returned to update his skills.

In recent years we have seen sons or daughters of our former residents rotate through surgery as medical students. This year, Elena Willis, daughter of Rene B. Willis, M.D. ('84) spent an eight week rotation on surgery.

Steve G. Megison, M.D. (Ped Surg '93) apparently is constantly looking for a challenge. He and his family all mountain climb whenever they can, including Aconcagua in Argentina, the tallest mountain in the western hemisphere, Mt. Rainier and the Tetons. He e-mailed us a post card greeting from the summit. This year he and his son are climbing Mount McKinley in Alaska.



Steve Megison and family on the summit

2008 Chief Residents

The end of June is both an end and a beginning for the Department of Surgery Chief Residents. The four Chief Residents finishing this year will all go into a general surgery practice. James N. Stoller, M.D. will be the only



Jason DaVault, Danny Morgan, Brandon Kilgore, James Stoller

M.D. who is also heading home to Lawton. He will be part of the Commache County Memorial Hospital, joining several other former surgery residents on the hospital staff, R. Nathan Grantham, M.D. ('75), Kelly D Means, M.D. ('97) and Aaron L. Trachte, M.D. ('02).

one leaving Oklahoma but is returning home to Oregon. The Dalles is a growing community along the Columbia River Gorge and is just across the river from the state of Washington. James, who won this year's Aesculapian Award, will be joining a general surgery only group. Brandon H. Kilgore, M.D. originally from Kansas likes Oklahoma so much he plans to stay in Edmond. His focus will be on gastric bypass procedures. R. Jason DaVault, M.D. returns home to the Magnolia Capital of Oklahoma, Durant, in southeastern Oklahoma. Since he will be 10 miles from Lake Texoma we think he will enjoy spending a little spare time at the lake.

Covering the other corner of the state will be Daniel L. Morgan,

And the stockings were hung ...

No, it is not Christmas and not stockings, but has generated nearly as much excitement. When the administrative office's remodeled two years ago, the portraits of all the general surgery residents were moved to storage. Shortly after the beginning of the year, they were hung again, currently 204 photos since 1956. The portraits are a sure conversation starter and help solve many arguments about who finished when and which residents finished together. They also bring back many stories about the residents who are the backbone of the Department. If you are in Oklahoma City, stop by to visit the Chief Resident portrait gallery.





Legendary Tales

The Legendary Tales contribution for this newsletter was initially prompted by one of the many great story tellers of the Department of Surgery, Ron Squires, M.D. ('94) who retold this at a departmental party, but suggested to get the facts straight, we contact Kathy Wagner, M.D. ('95) who is now practicing general surgery in San Antonio, Texas. This was her response:

How could I forget that one!!! I was the second or third year resident on cardiac call one night. Some VIP was touring the VA the next day [Desert Storm had started or something] so the janitors were waxing the overhead walkways between the hospitals that night. I'd been over at Children's ICU with a sick baby and got a stat call to the ICU at the VA. The nurse said a patient was trying to climb out of bed. So I take off at a jog over there and get stopped in the hallway by the guy waxing the floors. [Usually they would wax and leave the other side open, then when it dried they'd do the other] Not tonight. The whole thing was blocked I guess because they had so much to do. The guy said I'd have to go back around to the Children's ER and go outside across the street. Like hell, thought I, and I yelled that I didn't have time, I'd gotten a stat call to the ICU. I tip toed through his newly waxed floor and he tried to physically block me!!!

I just kept going yelling I'm sorry, I'm sorry, I'm sorry, it's really an emergency!!!

When I get to the ICU, the patient is standing in the first cardio bed buck naked with two nurses trying to hold him back. He's a fresh post op with chest tubes and everything and it looks like he's got the Versed crazies. Well, the janitor had called the VA guards to chase after me, so they arrive in the ICU to find this guy on his knees with one hand on the doorway, and the other with a fistful of my hair because he'd essentially tackled me!!! After the guards get him off of me and we get him restrained and back in bed, they tell me the chief wants to talk to me. They hauled my ass down to their office where the chief proceeds to try and rip my behind and I lost it. When he said I had violated some federal rule on the VA grounds I spewed!! It was not pretty. I ripped that guy's head off like no tomorrow. Oscar Guillaumondegui ('00) was my intern and he was so freaked out that he wouldn't let them take me without him going and he waited outside the door and heard everything. He really thought they were going to arrest me!

The next day EVERYONE knew and I was razzed from the top down. Ron Squires ('94) thought it was hysterical by the way. I think Alan Hollingsworth ('80) was still VA chief then and he said it was all he could do not to laugh when I was reported by the VA police the next day.

Yeah, that was a good one Kathryn A. Wagner, M.D. ('95)

In Memoriam

Harrell C. Dodson, Jr., M.D. served on the faculty part time from 1948-1964. He practiced general surgery in Oklahoma City. Dr. Dodson passed away May 3, 2007.

Ernesto M. Espaldon, M.D. ('59) completed his general surgery training in 1959, and two years later completed his plastic surgery fellowship at Washington University/Barnes Hospital in St. Louis. He then set up his practice in Guam where he spent seven terms in the Guam Legislature, and as a surgeon dedicated his life to improving the local community. Dr. Espaldon's numerous humanitarian deeds and missionary work earned him many awards and he was affectionately known as the doctor with a heart of gold.. We just recently learned Dr. Espaldon passed away in August 2006.

Rayburne "Tex" W. Goen, Jr., M.D. ('74), completed his general surgery training in 1974, followed by a one year fellowship in cardiothoracic surgery, and was the author of "Smile ... of I'll Kick Your Bed" died November 2, 2007, he was 65.

One of the 1978 Chief Residents, Joel D. Wilk, M.D., died August 5, 2006, after a short illness.

We recently learned that Robert J. Wilder, M.D. who served on the faculty 1977-1986 and who was instrumental in establishing the emergency medicine program at University Hospital in the late 1970's passed away in September 2007.

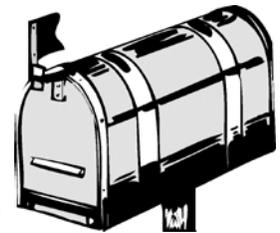
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We value your friendship and your personal accomplishments. We hope you will keep in touch and let us know what you would like to hear about or what is important to you. With this newsletter, we plan to keep connected and create stronger ties with our alumni. We do not want this to be exclusively about Department of Surgery campus news, but a forum for news from everyone. So please share your news and let us know what is happening with you, your practice or your family. We welcome your input for the newsletter.



Send your stories or comments to Surgery@ouhsc.edu or call (405) 271-5506.