On the cutting edge of less invasive surgical technology are robotic surgical systems. This highly advanced technology is allowing surgeons to perform less invasively ever more complex procedures that were not possible in the past, said Carlos Galvani, MD, associate professor of surgery and director of Minimally Invasive and Robotic Surgery.

Robot-assisted surgery at University Medical Center is being used not only for urologic procedures, but also for more complex general surgeries, including esophageal, thyroid, and colorectal cases. UA surgeons are the first to perform these procedures in Southern Arizona.

Dr. Galvani was recently recruited to the UA from the University of Illinois at Chicago, where he served as assistant professor at UIC's renowned robotic and minimally invasive surgery program. (See pages 10, 11)

**Operation Robotics**

**Rare Esophageal Condition Repaired**

In the past, major surgery with a lengthy hospital stay would have been required to correct the esophageal achalasia that was preventing Michael Spillane from eating. But with the minimally invasive da Vinci robot and the expertise of Dr. Galvani, Spillane was home within 48 hours after surgery.

Spillane, 74, proudly points to the five tiny scars on his belly, where the da Vinci surgical robot was used to remove a section of his esophagus and attach it to his stomach last February.

“The amazing thing is I didn’t ever have pain from the surgery,” said Spillane, who can now resume a more normal diet. “With old-time surgery, it would have been a son-of-a-gun,” Spillane said. “It would have been very painful.”

Surgery was required after Spillane’s esophagus stopped pushing food toward his stomach, possibly caused by his Parkinson’s disease. “I vomited everything I ate,” said Spillane, who lost...
quality Patient Care

Robotic Surgery

CONTINUED FROM PAGE 1

30 pounds.

The disorder is rare, occurring in one in 100,000 people, Spillane said. A gastroenterologist suggested he find the best surgeon in the country to perform the complicated procedure.

“This is nothing to fool around with,” his doctor told him, before recommending Dr. Galvani.

A flight nurse during the Vietnam War, Spillane was fascinated by the technology used to fix his esophagus. He checked out the da Vinci robot briefly, in the moments before he was sedated for surgery. He was told that a robotic arm would lift his liver so that the machine had access to his esophagus and stomach.

The arms, directed by surgeons, removed part of the esophagus and attached his stomach to the posterior of his esophagus, with the robot suturing the organs.

Spillane believes it a bit of a miracle that he was living in the right place at the right time.

Taking the Scar Out of Thyroid Surgery

A typical open surgery to remove all or part of the thyroid can leave a visible scar up to three inches long across the front of the lower neck. Through an incision made at the armpit, surgeons at the UA Department of Surgery using the da Vinci Surgical System channeled the instruments to the gland, a delicate procedure made easier by the three-dimensional visualization and maneuverability of the robot. The incision is well hidden, leaving no scar on the patient’s neck.

A surgical team led by Marlon Guerrero, MD, assistant professor of surgery and director of the Endocrine Surgery Center,
assisted by Dr. Galvani, performed Southern Arizona’s first transaxillary robot-assisted thyroid lobectomy on 48-year-old Raquel Vizcarra. Doctors discovered two nodules on Vizcarra’s thyroid that turned out to be follicular adenoma. She had a 20 percent risk of the tumors being cancerous so she opted for surgery.

“I felt very comfortable choosing the robot,” said Vizcarra. “I was happy to have no scar on my neck, but I also liked that the robot can help the surgeon be more precise.”

Vizcarra was discharged the next day.

“Robotic thyroid or parathyroid surgeries are options for most patients who require surgery for benign or cancerous thyroid disease,” said Dr. Guerrero. “If you don’t want to have a neck scar, robotic surgery is the best way to do it.”

Rectal Cancer Cured

Three days after a robot was used to remove cancer that had invaded her rectum, Sally Brock received the best news of her life. “The surgery was 100 percent successful,” said Brock, 60. “The nightmare was over.”

Colorectal surgeon Liana Tsikitis, MD, assistant professor, Division of Surgical Oncology, was the first in Southern Arizona to use the da Vinci surgical robot to perform an abdominal perineal resection. With traditional surgery, Brock would have undergone a lengthy procedure, leaving a sizable abdominal scar, a difficult recovery and greater chance of infection. The da Vinci allowed Tsikitis to enter through four tiny incisions in the abdomen, with robot arms removing the diseased tissue through the anus in a delicate procedure that lasted 90 minutes.

The use of the da Vinci is new in rectal resections. “It’s a technically demanding operation,” Dr. Tsikitis said, adding that most abdominal perineal resections are performed through traditional surgery.

Brock, who had owned an art gallery in her hometown of Bisbee, discovered rectal bleeding in August 2009. Her primary care physician ordered a colonoscopy: “Here I was 60, but I had never had a colonoscopy,” Brock said. “I put it off year after year.”

She was shocked at the diagnosis. While the tumor was advanced, it had not spread to the lymph nodes. Brock was certain she wanted to receive treatment at the UA and she was intrigued by the da Vinci. “I was just tickled about it,” she said of robotic surgery. “You heal much faster. There’s not as much tissue that is cut and it’s less disruptive to your organs.”

The best news came on Brock’s third day in the hospital, when she learned the surgery was a success. “I needed no further radiation or chemotherapy,” she said. “It was the best news ever.”

More Surgery Firsts in the Fight Against Cancer
Extending Lives of Patients with Deadly Mesothelioma

In the first successful surgery of its kind in Southern Arizona, UA thoracic surgeon Jonathan C. Daniel, MD, in February performed a highly complex procedure to treat malignant mesothelioma on Tucsonan James Massie, a former presidential interpreter and retired Marine.

A rare and deadly form of cancer associated with asbestos exposure, mesothelioma invades the thin lining of the body’s organs, most commonly the lungs. Without treatment, life expectancy is six months. Chemotherapy can extend life by only a few more months.

But since the arrival last September of Dr. Daniel, assistant professor in the Division of Cardiothoracic Surgery, the UA has offered Arizona patients another option: surgical intervention with extrapleural pneumonectomy or radical pleurectomy.

While it is not expected to be a cure, Massie, 65, hopes the procedure will add years to his life.

“We want to truly enjoy life as much as we can – hiking, camping, just enjoying each other’s company,” Massie said of the time that he and Sherry, his wife of 35 years, have been given as a result of the surgery.

CONTINUED ON PAGE 4
After Massie underwent four rounds of chemotherapy, Dr. Daniel removed the tumor, the lung, the covering of the heart, and the diaphragm. A new pericardium – or covering of the heart – and diaphragm were created with the synthetic material Gore-Tex, commonly used in ski gloves. Following surgery, radiation was used to blast Massie’s chest cavity to prevent the cancer from returning.

With preoperative chemotherapy administered at the Arizona Cancer Center by nationally recognized mesothelioma oncologist Linda Garland, MD, and post-op intensity-modulated radiation by Alexander Chi, MD, the UA hopes to develop into the premier center for mesothelioma treatment in the Southwest, Dr. Daniel said.

Having recently finished grueling radiation sessions, Massie is getting stronger. He and his wife are taking short hikes and walks. They plan to travel later this year.

“Our hope is to get as many years as we can,” Sherry Massie said.

‘Hot Chemo’ Offers Hope for Patients with Advanced Abdominal Cancer

A new therapy, first offered and only available in Arizona at the UA Department of Surgery and University Medical Center, is providing hope to patients with metastasized abdominal cancers.

“Regional and metastatic disease is the new frontier in cancer treatment,” said Evan S. Ong, MD, UA assistant professor of surgery, who has created the Regional and Metastatic Disease Center to address this challenge. “We deal with patients with stage IV cancers.”

Hyperthermic intraperitoneal chemoperfusion (HIPEC) is a relatively new treatment for several types of metastasized abdominal cancers, including cancers of the stomach, colon, ovaries, liver, and appendix that have spread but are still limited to the abdominal region. Immediately following surgery to remove cancerous lesions, UA surgeons administer a heated chemotherapy solution that is circulated throughout the abdomen for nearly two hours. Because the chemo drug is retained in the abdominal cavity and not spread throughout the body, the surgeons are able to give 80 to 400 times the usual dose, depending on the drug. Heating the chemotherapy to high temperatures (102 degrees) helps it to work more effectively.

“In the past, no effective treatment options were available for these patients,” Dr. Ong said. “Surgery would be followed by chemotherapy treatments, but eventually the cancer became resistant to the chemotherapy. But now we’re seeing survival rates of 30 to 40 percent over five years for patients with stage IV colorectal cancer versus 0 percent just 10 or 20 years ago.”

Throughout the treatment, patients like Richard Mackey, who was diagnosed with stomach cancer, are surprised by how little pain they have experienced, said Dr. Ong.

“In the past, you often saw cancer patients who died in agony. But with newer, minimally invasive surgical techniques, plus new chemotherapies and better ways to relieve pain, that is no longer the picture.”
Update on Transplant Firsts

Three Organs for One-Year-Old

Last fall, a one-year-old girl from Gilbert, Ariz., successfully underwent a three-organ multivisceral transplant at University Medical Center. The first procedure of its kind performed in Arizona and the Southwestern United States, Adrianna Martinez’s transplant included the liver, small bowel, and pancreas from a deceased baby donor. The organs were transplanted “en bloc” (kept together as a single unit) in a seven-hour operation, a complex procedure that is rarely performed and requires superb logistical, surgical, and medical coordination.

Adrianna was born without a small bowel. Her rare congenital malformation made it impossible to digest food. She also was born with situs inversus – her abdominal organs were positioned on the wrong side – making her condition even more complex.

Almost a year later, “Adrianna looks good,” said Khalid Khan, MBChB, MRCP, UA associate professor of surgery and a gastroenterologist specializing in pediatric liver and intestine transplants. “It is amazing to see the change in these children following their procedures. Once they have their transplants, they have an exceptionally good prospect for living a totally normal life.”

Tasha Bowman, Adrianna’s mother, said the toddler is starting to catch up developmentally and is now walking. “People are always so surprised to hear she had three of her organs transplanted.”

“We continue to achieve levels of excellence in transplant surgery by offering lifesaving options for children and adults with intestinal failure and liver dysfunction,” said Rainer Gruessner, MD, chief of transplantation and surgery department chairman.

Islet Cell Transplants Treat Chronic Pancreatitis

Since performing the first islet cell autotransplant in the region last summer, UA surgeons have transplanted islet cells in seven patients suffering from chronic pancreatitis.

The transplantation of the insulin-producing islet cells following the removal of a patient’s pancreas alleviates pain and avoids surgically induced diabetes, said Horacio Rilo, MD, director of the department’s Institute for Cellular Transplantation. The UA Department of Surgery’s Class 10,000 clean room, a state-of-the-art facility, makes isolating cells to treat debilitating diseases possible. Only a handful of medical centers worldwide are able to offer this procedure.

Dr. Horacio Rilo is internationally known for his work in cellular transplantation. His research laboratory houses the high-tech, FDA-approved, Class 10,000 clean room.

Trauma Research Targets Improving Outcomes

Helping ICU Patients Get the Sleep They Need

Sleep is essential for recovery from an illness or injury. Yet, acutely ill patients in hospital intensive care units (ICUs) who need the most rest are getting the least.

Randall S. Friese, MD, associate professor in the Division of Trauma, Critical Care and Emergency Surgery, is conducting a study investigating sleep promotion during critical illness and injury to help ICU patients get the rest they need to heal.

“Beeping monitors and round-the-clock treatments make getting restful sleep nearly impossible in the ICU,” Dr. Friese said. “Patients may look like they are sleeping, but they’re not sleeping well. They are not getting to the restorative stages that are required.”

Previous research conducted by Dr. Friese, one of the first doctors to examine sleep patterns of surgical and trauma patients, revealed that while patients in the ICU received an acceptable amount of sleep, most of it was not a deep sleep. He found that patients in the ICU spent 96 percent of their sleep cycle in superficial stages. With normal sleep, as much as 50 percent of the sleep cycle is in the deep, restorative stages.

The current study at the University of Arizona and University Medical Center is funded by an Arizona Biomedical...
Sleep
CONTINUED FROM PAGE 5

Research Commission grant.

“Our research will demonstrate whether a strategy to promote sleep in patients in an ICU setting during recovery from a critical illness or injury results in improved healing,” Dr. Friese explained. “We will approach the study in three phases: develop a manual for sleep promotion and staff training; implement and test the protocol; and conduct a pilot trial to determine its effectiveness.”

Some proposed steps to decrease disturbances in the ICU include adjusting monitors so that alarms don’t wake up patients, providing ear plugs and eye shields, dimming the lights, and using pharmacologic sleeping aids.

“If doctors and ICU directors develop and put into practice protocols for promoting sleep, I believe that outcomes, including infection rates, ICU and hospital lengths of stay, overall complication rates and most important, mortality rates, will improve.”

A new clinical trial affecting the treatment of Southern Arizona patients with traumatic head injuries is underway in the University Medical Center Trauma Center. UMC is one of 17 major trauma centers around the country participating in a five-year, $14.5 million research project funded by the National Institutes of Health.

The Progesterone for the Treatment of Traumatic Brain Injury (ProTECT III) study will determine whether the hormone progesterone is useful in improving outcomes following severe head injury, as suggested in small preliminary studies by Atlanta’s Emory University, which is leading the nationwide clinical trial.

In Tucson, Randall S. Friese, MD, UA Department of Surgery, and Kurt Denninghoff, MD, UA Department of Emergency Medicine, are the principal investigators.

Traumatic brain injury (TBI) is sudden damage to the brain caused by an outside force to the head, such as a car crash, a fall, or any blow to the skull.

In the United States, causing some 50,000 deaths and 80,000 new cases of long-term disability each year.

Preliminary studies in the United States and China have shown that progesterone, when given immediately after TBI, may reduce brain swelling and damage. One study showed a 50 percent decrease in mortality. Progesterone is naturally present in small amounts in the brains of both males and females. Progesterone is critical for the normal development of neurons in the brain and seems to have a protective effect on damaged brain tissues.

As part of the ProTECT III clinical trial, brain-injured adults treated in the UMC Trauma Center may receive progesterone if they are 18 or older, have a moderate to severe brain injury, and can start the medication within four hours after the injury. Patients who meet these and other criteria will be entered randomly — like flipping a coin — into one of two study groups: one that receives an IV mixture with progesterone and one that receives an IV mixture with placebo.

Everyone in the study will be given the standard medical care for TBI. This is a double-blind study, meaning that neither the patient nor doctors, nurses or researchers will know whether any particular patient received the progesterone or placebo.
Researchers Receive $1.2 Million to Monitor Activity of Diabetics

Researchers in the UA Department of Surgery have been awarded a $1.2 million grant to use cutting-edge technology in the form of a simple computerized undershirt to monitor activity among diabetics with foot wounds. The study will determine the role activity plays in the formation of sores in an effort to better understand how to prevent wounds.

David G. Armstrong, DPM, MD, PhD, professor of surgery and co-founder of the UA Department of Surgery Southern Arizona Limb Salvage Alliance (SALSA), an internationally renowned center for diabetic wound treatment and amputation prevention, is taking a lead role in the international collaborative. Dr. Armstrong hopes the study will ultimately result in fewer infections and amputations. It is funded by the Qatar National Research Foundation.

“This is potentially game-changing. The kind of data we’re going to collect on a large scale will help us better tailor activity for a broad spectrum of patients that go beyond this one disease,” said Dr. Armstrong.

The technology being used is a body-worn sensor that will for the first time allow researchers to accurately monitor activity. Over the course of the three-year study, 112 diabetics with foot wounds will be enrolled at the UA and at Hamad Medical Corporation in Doha, Qatar, and monitored through a comfortable tank top. Partnering in the collaboration is the Center for Lower Extremity Ambulatory Research (CLEAR) in Chicago.

“It doesn’t cramp your style at all,” Dr. Armstrong said of the device. “It can assess not just the steps that we take, but many other things. It can measure if you are standing or sitting, jumping or running, lying down on your stomach or your back. We are able to gauge, with highly sensitive equipment, what’s going on with the foot and rest of the body based on subtle movements that occur in the trunk.

“We used to think that it was the number of steps that people took that might predict whether they got a wound or not,” Dr. Armstrong said. “The more steps you took, the more likely you were to get a blister, which would become a wound.”

But Dr. Armstrong now believes that other movements may be responsible: walking in short bursts around the home may actually be more dangerous than walking a mile outdoors. “Injury might not be occurring during the walking, but during the starting and stopping.

“The great news is that this problem is preventable. And one of the ways it’s preventable is in better assessing activity levels in patients.”

Dr. Armstrong hopes sensors ultimately will be available to all people with diabetes, possibly embedded in cell phones. If a person is moving in a manner that is more likely to cause a wound, the person and his or her physician would be alerted electronically.

“This could be like a home security system for your body,” Dr. Armstrong said.

The study aims to help researchers determine the most effective forms of exercise and activity for people with diabetes.

“We want people to be as active as they can but we don’t want them to be active in a way that hurts them,” Dr. Armstrong said. “We think there’s a happy medium. We want to get people back to living their lives.”

The Surgery Distinguished Leadership Award

The UA Department of Surgery honored George W. Drach, MD, with the 2010 Distinguished Leadership Award at the Surgery Residents and Fellows Scientific Research Day and the Graduation Dinner on June 18. Dr. Drach served as keynote speaker at the Scientific Research Day, presenting “Follow Your Dreams (With Help),” and at the Graduation Dinner, where he spoke on “An Arizona Boy Grows Up in Academia.”

The UA Department of Surgery Distinguished Leadership Award recognizes the outstanding leadership of individuals in surgery that led to improved surgical practices.

The founding chief of the Division of Urology, Dr. Drach served on the faculty of the UA Department of Surgery from 1970 to 1996. From 1996 to 1998, he was at the University of Texas Southwestern Medical School in Dallas as professor of urology and directed the urology clinic at Parkland Memorial Hospital. In 1998 he joined the University of Pennsylvania and now serves as professor emeritus.

Dr. Drach has authored more than 112 journal articles, 33 book chapters, and three books or monographs. He received the American Urological Association (AUA) Young Award (outstanding contributions to American urology) and AUA Research Innovator (significant contributions to research) and Certificate of (Lifetime) Achievement awards. He served as the study monitor for the United States Lithotripsy Study (Dornier, Inc. and the National Electrical Manufacturers Association) from 1982 to 1996 and received the honor of “Father of American Lithotripsy” in 1993.
The UA Department of Surgery ended another academic year in June with 10 graduating residents and fellows.

*General Surgery:* Shelly Bansal, MD, accepted a cardiothoracic surgery fellowship at Ohio State University; LeAnn Chavez, MD, is practicing for the Indian Health Service in Anchorage, Alaska; Adam Hansen, MD, is staying at the UA for fellowship training in cardiothoracic surgery; Guillermo Higa, MD, has begun a minimally invasive surgery fellowship at the Cleveland Clinic in Weston, Florida; Rebecca Lyn Klein, MD, has begun a breast surgical oncology fellowship at the University of Texas Southwestern Medical School in Dallas; Nazhone Yazzie, MD, is working for the Chickasaw Nation in Oklahoma.

*Neurosurgery:* Sergio Rivero, MD, is completing his master’s degree in the new Medical Sciences Graduate Program, which is being piloted in the UA Department of Surgery.

*Urology:* Jennifer Linehan, MD, has gone to City of Hope in Duarte, California, to begin a urologic oncology fellowship; Maggie D. Vuturo, MD, was awarded to a female urology fellowship at Cedars-Sinai in Los Angeles.

*Vascular Surgery:* Trung Bui, MD, has joined a private practice in California.

---

**Innovative Education**

**New Fellowship in MIS a UA First**

The UA Department of Surgery has been accepted by the Fellowship Council to offer the first minimally invasive surgery (MIS) fellowship in Tucson. The fellowship will provide the highest level of training in advanced minimally invasive surgical techniques to surgeons interested in an academic career in MIS and bariatric surgery.

In addition to learning how to provide top-quality patient care in minimally invasive and robotic surgery, the program will prepare fellows to teach physicians in communities across the country. This emphasis makes the UA fellowship one of the most distinctive programs in the country, said Carlos Galvani, MD, UA MIS fellowship program director.

Starting July 2011, one fellow will be appointed each year following a five-year residency in general surgery (United States, Canada, or abroad).

“Minimally invasive surgery has much more to offer patients and so more and more surgeons are applying to MIS fellowship training programs every year,” said Dr. Galvani. “We are pleased to be members of the Fellowship Council and participate in the annual match.”

More information can be found at fellowshipcouncil.org.

---

**Residents and Fellows Graduation 2010**

The UA Department of Surgery ended another academic year in June with 10 graduating residents and fellows.

*General Surgery:* Shelly Bansal, MD, accepted a cardiothoracic surgery fellowship at Ohio State University; LeAnn Chavez, MD, is practicing for the Indian Health Service in Anchorage, Alaska; Adam Hansen, MD, is staying at the UA for fellowship training in cardiothoracic surgery; Guillermo Higa, MD, has begun a minimally invasive surgery fellowship at the Cleveland Clinic in Weston, Florida; Rebecca Lyn Klein, MD, has begun a breast surgical oncology fellowship at the University of Texas Southwestern Medical School in Dallas; Nazhone Yazzie, MD, is working for the Chickasaw Nation in Oklahoma.

*Neurosurgery:* Sergio Rivero, MD, is completing his master’s degree in the new Medical Sciences Graduate Program, which is being piloted in the UA Department of Surgery.

*Urology:* Jennifer Linehan, MD, has gone to City of Hope in Duarte, California, to begin a urologic oncology fellowship; Maggie D. Vuturo, MD, was awarded to a female urology fellowship at Cedars-Sinai in Los Angeles.

*Vascular Surgery:* Trung Bui, MD, has joined a private practice in California.
Dr. Michael Moulton Named to Endowed Chair for Research in Cardiothoracic Surgery

The UA Department of Surgery and the UA Sarver Heart Center have appointed Michael J. Moulton, MD, associate professor of surgery, to the Tony A. Marnell Sr. Endowed Chair for Research in Cardiothoracic Surgery. Dr. Moulton is interim chief of the Division of Cardiovascular and Thoracic Surgery at the UA College of Medicine, surgical director of lung transplantation, and program director of the Cardiothoracic Residency Program.

The endowment will enable Dr. Moulton to continue his research in mathematical modeling of the heart. Working closely with fellow Sarver Heart Center member Timothy Secomb, PhD, professor of physiology and mathematics, Dr. Moulton is developing a novel mathematical model that generates a dynamic solution of equilibrium equations for the contracting heart. This model will be used to more precisely diagnose cardiac abnormalities and improve treatment options for heart failure patients.

The Chair was established by an estate gift from Mr. Marnell in gratitude to former cardiothoracic chief Jack G. Copeland, MD, who performed a heart transplant on Mr. Marnell in 1989, giving him 12 more years of an active, happy life.

“The Marnell Endowed Chair is a great honor. His generosity and foresight will allow us to increase our research activities. This work will benefit patients with heart failure and other serious cardiac problems,” said Dr. Moulton.

Dr. Moulton performs both heart and lung transplants, as well as coronary artery bypass, heart valve operations, and aortic surgery. According to the Scientific Registry of Transplant Recipients, the one-year survival rate at the UA is 84 percent, exceeding the national average of 80 percent.

Dr. Moulton has published more than 50 articles and abstracts in peer-reviewed journals. He is an American College of Surgeons fellow and a member of the Society of Thoracic Surgeons and the International Society for Heart and Lung Transplantation.

What’s Up In SURGERY

Farewell to Dr. Jack Copeland

In June, Jack Copeland, MD, chief of the Division of Cardiovascular and Thoracic Surgery, accepted a position as professor of adult and pediatric cardiac surgery at the University of California, San Diego (UCSD) Cardiovascular Center in La Jolla, California.

An internationally renowned cardiothoracic transplant surgeon, Dr. Copeland performed the first heart transplant in Arizona in 1979. Since then, the UA team has performed more than 1,000 heart transplants. In 1985, Dr. Copeland became the first surgeon in the world to perform a successful bridge-to-transplant procedure using an artificial heart. In 2000, the UA Department of Surgery, UA Sarver Heart Center, and University Medical Center began to study the “Berlin Heart,” a ventricular-assist device that is attached to a child’s heart to provide relief. The device helps strengthen heart muscle to overcome congenital cardiomyopathy, eliminating the need for a transplant.

Dr. Copeland served as co-director of the UA Sarver Heart Center, as the Michael Drummond Distinguished Professor of Surgery, and as the Jack G. Copeland, MD, Endowed Chair of Cardiothoracic Surgery.

Michael J. Moulton, MD, associate professor of surgery, is serving as interim chief of the Division of Cardiovascular and Thoracic Surgery and director of the Cardiothoracic Surgery Residency Program.

UMC-UPH Merges and Surgery Grows

Last June, the boards of directors from University Medical Center and University Physicians Healthcare agreed to integrate the two health-care organizations affiliated with the University of Arizona College of Medicine. The combined new organization will be closer aligned with the UA to better serve patients and provide greater efficiencies across the system. The merger also allows for more growth in the UA Department of Surgery. Since the rebuilding of the department began three years ago, surgeries at UMC have increased from about 800 procedures per month to 1,200 procedures per month, raising the need for more operating rooms. The department now will add more cases to University Physicians Healthcare Hospital (UPHH) and branch out to the Ambulatory Care Surgery Center at 750 N. Alvernon. In addition, plans are underway to establish a Level III trauma center at UPHH.
UA Cospowers Transplant Conference in Florence, Italy

The UA Department of Surgery cosponsored the 5th International Conference on “Living Donor Abdominal Organ Transplantation: State of the Art,” held June 25-26, in Florence, Italy. The conference is a joint effort between the University of Arizona, the University of Chicago Medical Center, the University of Illinois at Chicago, University Hospitals Leuven, Ghent University Hospital and Medical School, and the Department of General Surgery and Transplantation at the University of Bologna. The UA co-chair was Rainer Gruessner, MD, chief, Division of Abdominal Transplantation, and Department of Surgery chairman.

Presenters from around the globe discussed immunosuppressive strategies and advanced techniques for living donor transplantation.

Multidisciplinary Cancer Management Course in Abu Dhabi

Hugo Villar, MD, professor and chief of the Division of Surgical Oncology, served as the American Society for Clinical Oncology (ASCO) course director for a Multidisciplinary Cancer Management Course (MCMC) held in February in Abu Dhabi, United Arab Emirates. The objectives of each MCMC are to enhance understanding of multidisciplinary cancer management concepts. In addition, ASCO works together with the host society to determine what specific knowledge would benefit course attendees in the specific region.

Dr. Villar has been heavily involved with the Commission on Cancer and in the writing, teaching, and implementation of the MCMC. Under his leadership, the course extended first to Mexico and then to Latin America and to the rest of the world, with an emphasis on underserved areas in Latin America and the Middle East.

First New e-Health Program in Albania

Rifat Latifi, MD, professor of surgery in the Division of Trauma, Critical Care and Emergency Surgery, led the first Leadership Telemedicine Training Course on July 15 in Tirana, Albania, with a group of Albanian health specialists. The course was offered as part of the U.S. Agency for International Development (USAID) award to build a sustainable telemedicine program in the country.

The Integrated Telemedicine and e-Health Program is a two-year, $750,000 project, with the support of the Ministry of Health and the University of Tirana Medical School. Implemented by the International Virtual e-Hospital Foundation and the Alaskan Foundation, the program includes a national telemedicine center in Tirana University Hospital and 13 regional telemedicine centers.

The network will help deliver quality health services using information and communication technologies for the exchange of information for diagnosis, treatment, and prevention of diseases and injuries; for research and evaluation; and for the continuing education of healthcare providers in Albania.

New Surgical Weight Loss Program at UMC

The UA Department of Surgery has launched a new comprehensive bariatric surgery program at University Medical Center. Aimed at helping obese patients lose weight, the program combines minimally invasive and robot-assisted procedures with diet, nutrition, and support services.

The program’s director, Carlos Galvani, MD, is an internationally recognized expert in robot-assisted and other minimally invasive surgical techniques. He specializes in the three major types of weight-reduction surgery:

- **Gastric banding**: a small pouch is created by “banding” the top of the stomach to severely restrict food intake. Digestion is not interrupted.

- **Laparoscopic gastric bypass surgery**: the surgeon makes a small pouch of the stomach and redirects the intestine so food bypasses it.

- **Laparoscopic sleeve gastrectomy**: this relatively new, nonreversible technique removes some 80 percent of the stomach, preventing some of the hormones that cause hunger to be released.

In addition, UMC offers revisional surgery to adjust or correct previous bariatric surgeries.

As an academic medical center, UMC is able to provide a team of specialists that include dieticians, psychologists, critical care specialists, anesthesiologists, gastrointestinal specialists, radiologists, pulmonologists, and sleep disorder specialists.
New Faculty

**Michael Teodori, MD**, a renowned specialist in surgical treatments for highly complex heart problems in newborns and children, has joined the UA Department of Surgery as clinical professor of surgery and director of Pediatric Cardiovascular Surgery.

Dr. Teodori spent 19 years in Phoenix, first in private practice, then joining Phoenix Children’s Hospital in 2002. He is responsible for the development of the Children’s Heart Center at Phoenix Children’s Hospital, where he performed 70 percent of Arizona’s pediatric heart surgeries a year.

As a pediatric cardiac surgeon, Dr. Teodori works with children, from newborn infants to teens, who have congenital heart defects. He is one of an elite corps of highly skilled pediatric cardiothoracic surgeons nationwide who are able to perform complex surgeries on some of the tiniest and most fragile patients with birth defects like hypoplastic left heart syndrome and transposition of the great arteries.

A native of Pittsburgh, Dr. Teodori received his undergraduate degree in biology from the Massachusetts Institute of Technology (MIT). He earned his medical degree from University of Pennsylvania School of Medicine, then completed residency training in general surgery and cardiothoracic surgery at the University of Pittsburgh.

**Carlos A. Galvani, MD**, is associate professor and director of Minimal-Invasive and Robotic Surgery. He comes to the UA from the University of Illinois at Chicago (UIC), where he served as assistant professor at UIC’s renowned robotic and minimally invasive surgery program.

Dr. Galvani is an internationally recognized expert in robot-assisted surgery and other minimally invasive surgical techniques. He was a member of the UIC team that performed the world’s first robotic pancreatectomy (removal of the pancreas). He has extensive experience in bariatric surgery, single-incision laparoscopic surgery (SILS), robotic surgery of the gastrointestinal tract, robotic surgery for gastroparesis, and laparoscopic solid-organ surgery. In addition, he performs robot-assisted surgery for benign and malignant diseases of the esophagus, robot-assisted living donor nephrectomy and robotic liver resection.

Dr. Galvani completed his medical degree, internship, and general surgery residency in Buenos Aires. He received special training in gastrointestinal surgery at the University of California, San Francisco, and completed fellowships in advanced laparoscopic and robotic surgery and in laparoscopic bariatric surgery at the UIC Minimally Invasive Surgery Center.

His research interests include investigating clinical outcomes of laparoscopic and robotic surgery for the treatment of esophageal diseases, living related donor nephrectomies, and bariatric surgery. His studies have demonstrated that the use of robotics is highly beneficial for patients.

**G. Michael Lemole, Jr., MD**, a leading authority on skull base surgery, has been appointed associate professor of surgery and chief of the Division of Neurosurgery at the UA Department of Surgery.

In his previous position at the University of Illinois at Chicago (UIC), Dr. Lemole headed the UIC Skull Base Multidisciplinary Program. He also served as co-director of the Chicago CyberKnife™ Radiosurgery Center at Advocate Christ Medical Center.

As the new chief of neurosurgery at the UA Department of Surgery and University Medical Center, Dr. Lemole is expanding the department’s vascular and endovascular, skull base, epilepsy, spine, and trauma capabilities. His focus is on creating multidisciplinary teams of surgeons and specialists working together to offer the full range of leading-edge surgical, radiosurgical, and medical treatments for patients with brain and spine disorders.

Dr. Lemole’s clinical interests include diseases of the cranial base, or skull base, including both malignant and benign tumors, as well as congenital and traumatic anatomic defects. He also treats the wider variety of benign and malignant cranial neoplasms.

Working with otolaryngology and oculoplastic surgery, Dr. Lemole will employ minimally invasive approaches to remove tumors through the nasal passages and stereotactic radiosurgery for less accessible tumors.

Dr. Lemole received his undergraduate degree from Harvard University and his medical degree from the University of Pennsylvania. He completed his residency in 2002 in neurological surgery at Barrow Neurological Institute in Phoenix. At Barrow he completed fellowships in complex spinal surgery and cerebrovascular/skull base surgery.

He has generated more than 30 peer-reviewed publications and 18 book chapters. He is a member of several medical societies, including the American Association of Neurological Surgeons, Congress of Neurological Surgeons, and North American Skull Base Society.

**Stephen Goldstein, MD**, has been appointed associate professor of surgery in the Division of Otolaryngology. Dr. Goldstein comes to the UA from the University of Pennsylvania, where he served as the director of Facial Plastic Surgery in the Department of Otolaryngology.

Board-certified as a fellow of the American Academy of Facial Plastic and Reconstructive Surgery, Mr. Goldstein specializes in head and neck surgery and facial plastic surgery.

Dr. Goldstein has authored more than 60 peer-reviewed articles and 20 book chapters. He is a fellow of the American Academy of Otolaryngology—Head and Neck Surgery and the American Society for Aesthetic Plastic Surgery. He is a member of the American Association of Head and Neck Surgery and the American Academy of Facial Plastic and Reconstructive Surgery.
Alexander G. Chiu, MD, an established international leader in the treatment of sinonasal cancers, anterior skull base surgery, and chronic rhinosinusitis, has been named chief of the Division of Otolaryngology – Head and Neck Surgery and professor of surgery at the UA Department of Surgery.

Prior to his arrival at the UA, Dr. Chiu served as associate professor and director of the Rhinology and Skull Base Surgery Fellowship Program at the University of Pennsylvania. Dr. Chiu specializes in and has pioneered endoscopic and minimally invasive techniques to remove benign and malignant tumors of the nose, paranasal sinuses, and anterior skull base.

Dr. Chiu and Dr. Michael Lemole, chief of the UA Division of Neurosurgery, are establishing the Center for Management of Sinonasal and Skull Base Tumors, the only center of its kind in the Southwest. This preeminent multidisciplinary team of surgeons, radiation oncolgists, and medical oncologists will offer leading-edge and minimally invasive treatments for benign and malignant tumors of the nose, paranasal sinuses, and skull base.

Dr. Chiu’s surgical expertise includes frontal sinus surgery, revision endoscopic sinus surgery, endoscopic repair of cerebrospinal fluid leaks and endoscopic sinonasal tumor surgery. In recognition by his peers and patients for clinical excellence, Dr. Chiu was named to the Best Doctors of America 2009-2010, Patient’s Choice Award 2008-2010, Best ENT of the Main Line 2009-2010, and Best Doctors of 2010 as listed by Suburban Life Magazine and Southern Jersey Living Magazine.

Dr. Chiu completed his medical degree at Albany Medical College and residency training in otolaryngology at Georgetown University Medical Center. He completed a fellowship in sinusonal and skull base surgery at Stanford University Medical Center.

His research interests center on translational studies of novel topical medications for the treatment of chronic rhinosinusitis recalcitrant to conventional medical and surgical therapies. He helped pioneer an animal model for the study of topical medications and holds several industry and foundation research grants on the study of antimicrobial peptides and sinusitis.

Currently, Dr. Chiu is the co-editor-in-chief of the American Journal of Rhinology and Allergy and serves on the editorial board of ORL: Journal of Otorhinolaryngology. He has been a guest editor for Otolaryngologic Clinics of North America on Prevention and Management of Complications in Endoscopic Sinus and Skull Base Surgery.

He is writing two textbooks on the management of sinonasal cancer and surgical techniques for sinus and skull base surgery. He has published more than 70 peer-reviewed articles and book chapters on sinus and skull base surgery.

Surgery and the American Academy of Otolaryngology – Head and Neck Surgery, Dr. Goldstein’s clinical practice focuses on primary and revision rhinoplasty, cosmetic facial rejuvenation, facial reconstruction, sinus surgery, and voice disorders.

Dr. Goldstein has published numerous articles and chapters on nasal and facial plastic surgery. His research interests are the effects of nasal disorders on the voice and nasal reconstruction.

Joel Funk, MD, has joined the Division of Urology as assistant professor of surgery. He is a board-eligible urologist specializing in minimally invasive surgery and prostate obstruction management. Dr. Funk sees both adults and children at his practice located at the new UPH Clinic in Green Valley and at the UPH Surgery Clinic at UPH Hospital Outpatient Clinics.

Dr. Funk attended medical school at Northwestern University Medical School. He completed his general surgery and urology residencies at the UA Department of Surgery. Prior to joining the UA, Dr. Funk was a urologic surgeon at Prescott Urology Ltd.

Bellal Joseph, MD, has been appointed assistant professor of surgery in the Division of Trauma, Critical Care and Emergency Surgery.

Dr. Joseph is a graduate of the Saba School of Medicine in the Netherlands-Antilles. He completed his residency training at Henry Ford Hospital in Detroit and a trauma critical care fellowship at the University of Maryland’s renowned R. Adams Cowley Shock Trauma Center.

His clinical and research interests are emergency general surgery, penetrating trauma, international trauma, quality and process improvement, and long-term clinical and functional outcomes after trauma, including how tight blood sugar control in trauma patients improves perioperative outcomes.

A member of the American College of Surgeons and the Society of Critical Care Medicine, Dr. Joseph has published several peer-reviewed publications.
Andrew L. Tang, MD, assistant professor of surgery in the Division of Trauma, Critical Care and Emergency Surgery, is a UA alums, graduating with a bachelor's degree in biochemistry and a medical degree from the College of Medicine.

At the University of Southern California, Los Angeles, Dr. Tang completed a foregut research fellowship and a surgical critical care fellowship. His current research projects include the epidemiology of traumatic spine and spinal cord injuries, trauma-related complications during pregnancy, and the long-term outcome of trauma-related cardiac injuries.

Dr. Tang has published more than 20 articles, textbook chapters, and abstracts. He was awarded the Los Angeles County Sheriff’s Department Certificate of Appreciation, the Los Angeles County Department of Health Certificate of Appreciation, and the St. Calamus Good Samaritan Award.

Jodi L. Walters, DPM, has been appointed assistant professor of surgery in the Division of Vascular Surgery and the Southern Arizona Limb Salvage Alliance (SALSA). She is a graduate of William M. Scholl College of Podiatric Medicine in Chicago. After completing her podiatric and orthopedic surgery residency training at the Southern Arizona VA Health Care System (SAVAHCS) in Tucson, she served as the program’s assistant director and director of podiatric research.

Dr. Walters specializes in the diagnosis and treatment of the diabetic foot and its related diseases and complications. She offers aggressive conservative therapy, targeting wounds and ulcers of the lower extremities, complex foot reconstruction, Charcot arthropathy second opinions, and preventive foot care.

Dr. Walters is the recipient of the Researcher of the Year award from the SAVAHCS Biomedical Research and Education Foundation of Southern Arizona in 2008. Her research focuses on diabetic wound care, amputation prevention, and limb salvage.

Rainer Gruessner, MD, chairman of the UA Department of Surgery, established the advisory board to help strengthen private support for the department’s clinical, education and research missions. The goal of the board is to generate more resources for the department so that scientific discoveries can be brought to the bedside as quickly and safely as possible, including lifesaving techniques and innovative solutions to surgical problems for the benefit of patients worldwide.

“Dr. Carmona is a superb chair of the advisory board and has been instrumental in recruiting outstanding leaders,” said Dr. Gruessner.

Dr. Carmona is distinguished professor of public health and a professor of surgery at the University of Arizona. He is president and vice chairman of the nonprofit Canyon Ranch Institute. He was the 17th Surgeon General of the United States.

New Advisory Board Members

Two new members have joined the UA Department of Surgery advisory board, announced Richard H. Carmona, MD, the department’s advisory board chairman.

Businessman Dennis R. Minano is vice chairman of the Sonoran Institute and former chairman of the board of IntegriGuard. He currently serves on the board of Tucson Regional Economic Opportunities, Inc. (TREO). Mr. Minano retired from General Motors in 2002 after serving as vice president and chief environmental officer and board member of the GM Foundation.

Benjamin Paz, MD, vice chairman of the Department of Surgery at the City of Hope Medical Center in Duarte, California, is a renowned leader in surgical oncology and an expert in minimally invasive and breast cancer surgery. A graduate of the UA General Surgery Residency Program, Dr. Paz was named the 2009 UA Department of Surgery Distinguished Alumnus of the Year.

“Dennis Minano and Dr. Benjamin Paz are two stellar additions to the Department of Surgery’s advisory board,” said Dr. Carmona. “Dennis Minano brings outstanding expertise in health care systems and in business development and a strong commitment to Tucson. Dr. Paz’s leadership and outstanding surgical career will make a major contribution to the board.”

Dr. Rainer Gruessner, chairman of the UA Department of Surgery, established the advisory board to help strengthen private support for the department's clinical, education and research missions. The goal of the board is to generate more resources for the department so that scientific discoveries can be brought to the bedside as quickly and safely as possible, including lifesaving techniques and innovative solutions to surgical problems for the benefit of patients worldwide.

“Dr. Carmona is a superb chair of the advisory board and has been instrumental in recruiting outstanding leaders,” said Dr. Gruessner.

Dr. Carmona is distinguished professor of public health and a professor of surgery at the University of Arizona. He is president and vice chairman of the nonprofit Canyon Ranch Institute. He was the 17th Surgeon General of the United States.

McLane Endowment Supports Medical Sciences Program

Thanks to a generous donation to the UA Department of Surgery to support research and education, the University was able to establish the McLane Endowment for the Department of Surgery Medical Sciences Graduate Program.

“The entire department is deeply grateful to the McLane family for their foresight in making this fund possible,” said Rainer Gruessner, department chairman.

During the 2009-2010 academic year, income from this perpetual fund supported the program’s inaugural year with two surgery residents working toward their master of science in medicine. The program provides a timely, convenient way to earn a graduate degree – either an MS (master of science) or a PhD (doctor of philosophy) – during the residency training years, so that interested students stay connected with both clinical and research advances in their field, while jump-starting their academic careers.
Charles F. Zukoski Endowment for Post-Graduate Surgical Education

Family and friends of the late Charles F. Zukoski III, MD, professor emeritus of the Department of Surgery, have established an endowment in his memory to benefit the General Surgery Residency Training Program.

Last summer, Dr. Zukoski died at the age of 83 in a Salt Lake City hospital from injuries sustained in a car accident in Utah. He and his wife had been traveling home to Arizona from Washington.

A renowned transplant surgeon-researcher, Dr. Zukoski joined the newly founded UA Department of Surgery in 1969 at the two-year-old College of Medicine. He established the renal transplantation center at the VA hospital in Tucson, serving as its chief of surgical services and as the section chief of renal transplantation. He performed the first kidney transplant in Southern Arizona in 1970. At the University of Arizona, he also served as the chief of general surgery.

Dr. Zukoski is best known for his pioneering work in immunosuppressive therapies. He retired from the department in 1995. He sponsored an award given every year at the General Surgery Residents Graduation for Outstanding Role Model in Surgery.

In Memoriam

L. Philip Carter, MD, surgical medical director of University Medical Center Perioperative Services and former chief of the Division of Neurosurgery in the UA Department of Surgery, died July 6 after a courageous battle with cancer. He was 71.

During most of the 1980s, Dr. Carter served as chief of Cerebrovascular Surgery at Barrow Neurological Institute (BNI) in Phoenix. He helped establish a stroke unit and published seminal papers on intraoperative cerebral blood flow measurements. He co-edited the book Neurovascular Surgery.

In 1988, he became professor and chief of neurosurgery at the UA College of Medicine. The first fully trained neurovascular surgeon in Tucson, Dr. Carter standardized cortical blood flow monitoring in trauma and vascular neurosurgery patients in the intensive care unit. He also helped pioneer a joint study on interstitial brachytherapy for patients with tumors. He was instrumental in creating the partnership with BNI to train UA neurosurgery residents.

In 1993, Dr. Carter became professor and chairman of the Department of Neurosurgery and residency program director at the University of Oklahoma School of Medicine.

In 1997, he returned to Tucson to join Western Neurosurgery. In 2005, he was appointed surgical medical director of Perioperative Services at UMC and again appointed professor in the Division of Neurosurgery, where he continued to be involved in teaching medical students and neurosurgery residents.

Throughout his career, Dr. Carter authored more than 100 book chapters and scientific articles and two books. He has given numerous lectures and presentations at national and international neurosurgical meetings.

For his outstanding leadership and unswerving dedication to neurosurgery, Dr. Carter was named this year’s president of the Western Neurosurgical Society, one of the most senior and prestigious leadership positions in clinical neurosurgery.

Robert M. Anderson, MD, an original faculty member in the Department of Surgery and former associate dean of the UA College of Medicine, died Jan. 8 in Tucson at the age of 89.

A pioneer heart surgeon who performed the first open-heart surgery in Arizona 50 years ago, Dr. Anderson also was an inventor and the author of more than 60 scientific papers. He served as chief of Cardiothoracic Surgery in the Department of Surgery from 1972 to 1977, and as associate dean of the College of Medicine beginning in 1981.

In the late 1950s, Dr. Anderson designed one of the earliest and most widely used heart-lung machines, which made open-heart surgery possible by providing blood and oxygen to the body while the heart was stopped for surgical repair. In December 1959, he performed the first open-heart surgery in Arizona at St. Mary’s Hospital in Tucson, successfully repairing a hole in the heart of an 8-year-old girl. It was one of thousands of heart operations he performed during his career.

Giving Online

If you need assistance, please contact Kari Schlachtenhausen at (520) 626-2222 or karis@surgery.arizona.edu.

Each division and program in the UA Department of Surgery now has online giving capabilities, either through the University of Arizona Foundation website (www.uafoundation.org) or through the Department of Surgery website (www.arizona.surgery.edu), linked to the University of Arizona Foundation.

Click on “Give Today” on the Foundation’s website or “Giving” on the Surgery home-page and search for either “Department of Surgery” or the division or program you are interested in (such as Urology, SALSA, or Trauma).
Neurosurgery Division Establishes New Alumni Society

Michael Lemole, MD, chief of Neurosurgery, recently established the L. Philip Carter, MD, Neurosurgery Alumni Society for former residents and fellows, faculty, and friends of the Division of Neurosurgery. The late Dr. L. Philip Carter and his wife, Colleen, had graciously agreed to have the Alumni Society named in honor of Dr. Carter.

Dr. Carter served as surgical medical director of UMC Perioperative Services and was the former chief of the Division of Neurosurgery in the UA Department of Surgery. Dr. Carter died shortly after the inaugural alumni society event held in his honor on May 21, with more than 120 friends and family attending, including the Carters’ extended family.

The society will support the new Neurosurgery Education Fund to encourage neurosurgery residents’ participation in conferences, research, and training.

Awards & Recognition

David G. Armstrong, DPM, MD, PhD, professor of surgery and director of the Southern Arizona Limb Salvage Alliance (SALSA), received the 2010 Roger Pecoraro Award from the American Diabetes Association. The Pecoraro Award is considered the highest honor in the field of amputation prevention and wound healing. The award and lectureship was held in June at the American Diabetes Association’s annual symposium in Orlando. Dr. Armstrong is the youngest award recipient in its two-decade history.

Douglas F. Larson, PhD, professor of surgery, Division of Cardiovascular and Thoracic Surgery, received the Virginia Furrow Award for Excellence in Graduate Student Teaching from the UA College of Medicine.

Joseph Mills Sr., MD, chief of the Division of Vascular and Endovascular Surgery, received the 2011 Edward James Olmos Award for Advocacy in Amputation Prevention at the DFCon Global Diabetic Foot Conference. Dr. Mills is professor of surgery and co-director of the Southern Arizona Limb Salvage Alliance (SALSA).

The Olmos Award was presented by the conference co-chairs and by Mr. Olmos, the Academy Award and Tony Award-nominee at ceremonies at the DFCon meeting in March in Los Angeles.

Amy Waer, MD, assistant professor of clinical surgery, has been appointed interim assistant dean for Medical Student Education at the UA College of Medicine. Dr. Waer, a graduate of the UA College of Medicine, has been the Surgery Clerkship Director, a Societies Mentor, Block Director for Advanced Topics in the ArizonaMed curriculum, and Surgery Residency Director. The interim assistant dean position will be a part-time appointment for Dr. Waer, who will continue in her role as Surgery Residency Director.

Hugo Villar, MD, professor and chief, Division of Surgical Oncology, has been appointed to serve as a co-chair of the Latin American Scientific Advisory Board of the Annals of Surgical Oncology, the official journal of the Society of Surgical Oncology.

TOUR SURGERY

Visit the Department of Surgery and learn about the latest advances in surgery, including the Class 10,000 Clean Room, the Center for Cellular Transplantation, the Pediatric Liver Transplant Program, and the HepatoPancreaticoBiliary (HPB) Center. Tours are regularly available for small groups.

Contact:
Kari Schlachtenhaufen at (520) 626-2222, or karis@surgery.arizona.edu to get on the mailing list for notices about the next tour.

Publications


Presentations

- Keynote lecture, “An Update on Wound Healing”
- “Debridement and Offloading”
- “Risk Assessment: Toward a Therapeutic Lingua Franca”


Armstrong DG, New York College of Podiatric Medicine: The Academic Physician (Meet the Professor), New York City (via video), April 2010.


Armstrong DG, University of South Carolina, Department of Surgery Grand Rounds, “The Diabetic Foot,” Greenville, South Carolina, January 2010.


Bernas B, invited speaker: “A Whirlwind through the Lymphatic System with Imaging and Genetics,” Tauranga Hospital, Tauranga, New Zealand, June 2010.

Dresner M, “What’s in a Name,” ethics lecture, Tripler Army Medical Center, Honolulu.


Krouse RS, accepted for oral presentation, the Interdisciplinary Colorectal Cancer Survivorship Research Program Symposium, American Psychosocial Oncology Society 7th Annual Conference, New Orleans, February 2010:


Galvani C, “Cirugía Bariátrica con Incisión Única: Futuro o Fantasia?” IV CONGRESO INTERNACIONAL DE CIRUGÍA DE CÓRDOBA DEL BICENTARIO, Disertante en Jornada de Residentes, Asociación de Residentes de Cirugía de Córdoba, Simposio Cirugía Minimvasiva, Córdoba, Argentina, July 2010:

• “Incisión Única Generalidades”
• “Colecistectomía por Incisión Única”
• “Banda Gastrica Adjustable por Incisión Única”
• “Gastrectomía en Manga por Incisión Única”

Galvani C, International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO), Long Beach, September 2010:

• “Single-Incision Laparoscopic Adjustable Gastric Band Placement (SI-LAGB) and Hiatal Hernia Repair”
• “Single-Port Sleeve Gastrectomy (SG) and Hiatal Hernia Repair”
• “Trans-Umbilical Gastric Band Placement: Single-Port vs. Multiple-Port”

Krouse RS, accepted for poster presentation, 5th Biennial Cancer Survivorship Research Conference, Washington, D.C., June 2010:


Latifi R, discussant, Daniel CO, West TA, Craig-Blanco PS, Myers JG, Stewart RM, “Full-Time Trauma Service Leads to Improved Level III Trauma Center Outcomes,” and course director and lecturer, Albania Leadership Telemedicine Training Program, Tirana, Albania, July 2010:

• “Telemedicine and e-Health: An Introduction”
• “Telemedicine Communications Technology Review: What Options Are Available?”
• “E-Health Education Aspects”
• “Telemedicine and Telepresence for Trauma and Emergency Management in Extreme Conditions”
• “Establishing Telemedicine in the Balkans: Lessons Learned for Other Countries”


Latifi R, “Telemedicine for Trauma and Emergencies in Austere Conditions,” Ham- mad Medical Corporation, Doha, Qatar, April 2010.


Villar H, ASCO course director - MCMC (Multidisciplinary Cancer Management Course), Abu Dhabi, United Arab Emirates, February 2010, Santiago, Chile, August 2010.

Villar H, coordinator for Department of Surgery collaborative partnership, International Sponsor with the Asociación Mexicana de Cirugía General, yearly academic teaching activities 2010.

Villar H, ASCO director, Train the Trainer Program, Santiago, Chile, August 2010.


To refer a patient or for an appointment, call (520) 694-1000

Visit us online: www.surgery.arizona.edu