Liver – Putting the Pieces Together

The UA Department of Surgery’s Abdominal Transplant Program is moving full speed ahead since getting a boost last summer with the hiring of distinguished transplant surgeon Ernesto P. Molmenti, MD, PhD, MBA, who was recruited from Johns Hopkins University School of Medicine.

Between 1992 and 2002, University Medical Center conducted 170 liver transplants but inactivated its transplant program in 2002 when it lost its liver surgeon. Last summer, the United Network of Organ Sharing (UNOS) approved the continuation of the UMC pediatric and adult Liver Transplant Program with the hiring of Dr. Molmenti, says Hugo Villar, MD, interim head of the UA Department of Surgery.

Since his arrival last June, Dr. Molmenti, professor of surgery and chief of abdominal transplantation, has pulled together a multidisciplinary team focused on providing comprehensive care for abdominal transplant patients.

The first liver transplant since the program’s reactivation was performed in February on a Tucson man. UMC’s first-ever split-liver transplant was performed in July on a 6-month-old girl and a 51-year-old man, both suffering from end-stage liver failure. Each received new livers when surgeons divided a single liver from a deceased donor and transplanted portions of it into each patient in back-to-back surgeries.

Liver transplantation is a life-saving treatment for a variety of irreversible acute and chronic liver diseases for which no other therapy is available.

Kidney – Pediatric Program Added

For the past several years, UMC has focused almost exclusively on adult kidney transplant under the leadership of kidney transplant surgeon, John D. Hughes, MD. Since taking over the program, Dr. Molmenti has been transplanting kidneys at a record pace in partnership with nephrologist Sam James, MD, medical director of UMC’s kidney transplant program.

And the addition of a new pediatric nephrologists, Mona Zawaideh, MD, allows UMC once again to offer kidney transplant to children.

“It’s wonderful that we now have an active pediatric transplant program again,” said Dr. Zawaideh, the only doctor in the nation who is board-certified in pediatric nephrology and board-eligible in pediatric endocrinology. “We are looking forward to helping many children with serious kidney problems,” she says.

Pancreas – New Hope for Diabetics

The first pancreas transplant since the hospital’s revival of its abdominal transplant program was performed by Dr. Molmenti on a 46-year-old Tucson mother suffering from type 1 diabetes. The operation allows her to be insulin free, and also prevents the progression, and even partially reverses many of the complications associated with diabetes.

Kidney and pancreas transplants can eliminate both end-stage renal disease and type 1 diabetes in some patients. While medication is able to control the blood sugars of most patients diagnosed with diabetes, it cannot decrease the rate of secondary complications, which can include amputation, heart problems, and even death.

Type 1 diabetes occurs because your pancreas produces little or no insulin.
Chairman's Message

As I reflect on the 05/06 academic year for the Department of Surgery, I believe that overall, it has been a success. Below are just a few of the highlights.

Our Abdominal Transplant Program is growing at a steady and safe pace. The kidney transplant program, previously under the able stewardship of Dr. John Hughes, has been taken over by Dr. Ernesto Molmenti, who performed more than 70 kidney transplants last year. Three liver transplants also have been successfully performed, the last being a split-liver transplant into a 6-month-old infant with a metabolic disease of the liver, and an adult recipient. The commitment of UMC to our transplantation program has been second to none. Staff education and training have been a major component of our success. I feel blessed being able to assist Dr. Molmenti in harvesting and implanting all these livers.

Dr. Susan Parker, a colorectal surgeon, will be joining us in early January 2007 from St. Paul, Minn., where she works at one of the largest colorectal groups in the country. Her expertise in pelvic disorders and colorectal issues will be a major asset to our department. Our goal is to develop a pelvic disorder center with Urology.

The Tuba City rural rotation for the General Surgery Residency Program continues to be a success. The experience of our residents has been extremely favorable. Dr. Julie Lindholm will replace Dr. Greg Jarrin as our surgical coordinator. Dr. Jarrin was one of the main pillars of this rotation when we first started in 2003 and he will be greatly missed. Dr. Jarrin has relocated to Winslow.

The Section of Cardiothoracic Surgery has hired Dr. Kimberly Gandy, a pediatric heart surgeon and Dr. Shari Meyerson for the thoracic program. With the addition of Dr. Kay Goshima, the Section of Vascular Surgery now has four fellowship-trained surgeons and they expect to incorporate UPH-Kino Hospital as an extra site for their clinical activities, including the development of a vascular laboratory. Trauma continues to be very busy as the only Level I Trauma Center in Southern Arizona.

UPH-Kino Hospital has been a successful addition to our surgical education activities. We now have a second-year and a fourth-year resident rotating there and the volume steadily has increased to an average of 40-45 surgical cases per month. The tireless efforts of Drs. Amy Waer and Jennifer Tittensor are greatly appreciated in the development of the surgical service that has fulfilled the goal of UPH-Kino being an educational opportunity for our residents. Dr. Gerlinde Tyman has replaced Dr. Tittensor who has moved to Utah for family reasons. A trained laparoscopic surgeon is anticipated to join us at Kino in late 2006.

This past year we saw a revitalization of the Department finances. We finished this fiscal year with a rewarding positive margin. The increased efforts of our faculty, residents and staff have allowed us to overcome our deficit. We have been able to provide almost $700,000 in incentives to our clinical faculty, a tribute to their efforts and commitment to patient care.

In summary, the Department continues to move forward in a positive direction. The incorporation of UPH-Kino and Tuba City as important educational sites has been a major accomplishment. The resident match was successful as it has been in the past. All our chief residents successfully have passed their board exams and obtained employment or fellowship positions. The Department’s finances are in the black, and we all look forward to the completion of our Department’s chairman search.

Sincerely,

Hugo V. Villar, MD
Professor and Interim Head
UA Department of Surgery

Cutting-Edge Research

Research Examines Quali

With new innovations in cancer treatments, quality of life is an important consideration for patients and their families when making healthcare decisions, whether their disease can be cured or they are facing the end of life.

Surgeons in particular face unique challenges when it comes to palliative, or end-of-life care. For example, they have to weigh the risks and side-effects of the operation on an incurable disease with the potential relief of symptoms.

As a member of the American College of Surgeons Palliative Care Task Force Executive Committee, Robert Krouse, MD, associate professor, Section of Surgical Oncology, in the UA Department of Surgery, and oncologic surgeon at the Southern Arizona Veterans Affairs Health Care System (SAVAHCS), has been a leader in establishing guidelines and promoting excellence in the practice of end-of-life care. Dr. Krouse is part of two proposed research studies looking at ways to help patients and practitioners deal with difficult quality-of-life decisions.

Model of Support

One study, in conjunction with the City of Hope National Medical Center, is testing an innovative model for patients undergoing palliative surgery.

“The role of surgery in palliative care is to control pain, nausea and other symptoms when no other options exist to cure the disease,” explains Dr. Krouse. The Quality of Life Intervention (PS-QOLI) model uses a scoring system when considering interventions for patients whose disease is not responding to treatment and who are nearing the end of life. The model looks at symptoms, risks and quality-of-life concerns for the patients and their families and helps establish realistic goals for both the patient and the physician.

“A variety of factors influence the way patients make decisions about their treatment,” Dr. Krouse says. “The patient’s culture, age, stage of illness and emotional status all contribute to their decision making and we are looking at how these factors influence palliative surgical care.”

The UA Department of Surgery and SAVAHCS will be the control sites of the
ty-of-Life Decisions

study that compares outcomes of using the PS-QOLI model vs. current standard-care procedures.

Lifestyle Changes for Survivors

Surviving cancer is a success story. But sometimes the treatment of the cancer causes a long-term lifestyle change that impacts the survivor’s quality of life.

A previous research project funded by a grant from the National Cancer Institute focused on the quality-of-life issues of long-term colorectal cancer survivors with intestinal stomas, or ostomies. An ostomy is a surgical opening on the abdomen for the release of stool. This procedure is used when the bowel is removed, partially removed, or does not function normally due to the treatment of the cancer.

The study examined the impact on the health-related quality of life and optimal functioning for patients with ostomies years past their treatment. It then brought participants who had been doing very well or those who had persistent problems together to discuss their continued concerns and barriers, how they were coping, and what they would recommend to others with stomas.

The primary goal of a new follow-up study proposal is to test the feasibility of a Chronic Care Ostomy Self-Management Program that ostomy patients and their doctors follow from the pre-operative stage to post-surgical lifestyle management.

“Managing the long-term effects can be life altering for patients and there are no pre-operative decision-support aids to guide patients and their families in understanding what is involved,” Dr. Krouse says.

The follow-up study, which would be conducted in the VA system, uses a prescribed series of training sessions for ostomates designed to help them adjust to their ostomies. The proposed study includes several evaluation tools to determine the effectiveness of the training sessions, and involves the assistance of experienced ostomates to help new ostomates with their adjustment. It also addresses the importance of a support framework for the ostomates by involving their spouses or significant others in part of the training sessions.

“Researchers and clinicians increasingly are recognizing the importance of examining the role of surgery in quality-of-life care. These studies will provide a framework that will help patients, their families and their physicians in making decisions about surgical intervention,” Dr. Krouse says.

Tiny, Wireless Device Studied for Overactive Bladder

Urologists at the UA Department of Surgery are investigating a tiny, wireless bionic device designed to treat one of the most disconcerting and disabling disorders: incontinence.

Approximately 30 million Americans suffer from urinary frequency or urge incontinence. Urge incontinence is associated with a strong desire to urinate with little warning or time to reach a bathroom. “People who suffer from this disorder may have to urinate dozens of times a day, often causing them to rarely leave their homes,” says Craig Comiter, MD, chief, Section of Urology, and principal investigator for the study. “Current non-surgical treatments for urinary incontinence include medication and diet control, but are only effective in about half of the cases,” he says.

Surgical options include traditional neurostimulators, which act as bladder “pacemakers,” delivering an electrical impulse to a nearby nerve to relieve the sudden and sometimes uncontrollable urge to urinate. Implantation of these devices involves a one to two week test of a temporary externalized wire attached to a battery operated pulse generator worn on the belt. Definitive surgical implantation involves placement of a battery-powered pulse generator, which may result in a prominent bulge under the patient’s skin.

The UA is the only site in Arizona participating in a multi-center clinical trial to evaluate a new miniature device about the size of a matchstick. The bion microstimulator, manufactured by Advanced Bionics Corp, is designed to treat urgency, urinary frequency and urge incontinence through direct electrical stimulation. The small size of the device (less than 1 inch long and ¼ inch wide) allows for sutureless implantation, leaving no visible scar.

The microstimulator bion is implanted under the skin near the pelvis and adjacent to the pudendal nerve, the nerve near the tailbone that influences bladder control muscles. The battery-operated device uses a small amount of electrical current to stimulate the nerve, increasing urine capacity in patients with overactive bladders that have not responded to other treatments.

The clinical trial is a one-year study of 20 patients. There is no cost to patients who qualify for the trial. For more information about this study, contact Cameo Kjose, research specialist, at (520) 626-0033.

Transplant Program CONT. FROM PAGE 1

no insulin. A pancreas transplant is a successful treatment option for people who have advanced type 1 diabetes or who don’t respond well to standard insulin treatments,” says Dr. Molmenti.

Comprehensive Service

UMC is the only transplant center in Arizona, Nevada and New Mexico offering liver transplants to children. It is also the only hospital in Southern Arizona and one of only three hospitals in the state that offer full abdominal transplants – liver, kidney and pancreas.

“Our ultimate goal is to prolong a person’s life while improving the quality of it,” says Dr. Villar.
Quality Patient Care

Varicose Veins Vanish with New Treatment

Varicose vein sufferers can now show off their legs. UA surgeons are performing a minimally invasive procedure that removes varicose veins with little to no pain, bruising, or swelling.

Varicose veins develop when the valves that usually keep blood flowing out of the legs become damaged or diseased. Normally veins carry blood from the extremities toward the heart. With varicose veins, the blood pools in the legs causing the veins to distend. In addition to the unattractive skin discoloration and bulging, some people may have swelling or pain in the legs, itching, soreness or aching.

The primary treatment alternative is to re-route blood flow through healthy veins. Traditionally, this has been done by surgically removing (stripping) the troublesome vein from the leg. This involved manually pulling out the saphenous vein. Patients suffered a lengthy and painful recovery period.

The newer procedure delivers radiofrequency energy to the vein wall, causing it to collapse and seal shut. Patients see results right away and the recovery is much shorter.

First a thin catheter is inserted into the damaged vein through a small incision. Using ultrasound guidance, the catheter is manipulated up the vein, and radiofrequency energy is delivered to the vein wall, causing it to heat, collapse and seal shut. Once the diseased vein is closed, healthy veins take over, and normal blood flow returns to the leg, allowing the swelling and discoloration to improve.

“Those with traditional vein stripping would be on bed rest for one to two weeks with heavy bandages to prevent swelling, pain and bruising. With the new procedure patients go home the same day and are typically back at work in a few days,” says assistant professor Daniel M. Ihnat, MD, a vascular surgeon in the UA Department of Surgery.

“Patients have reported feeling little, if any, pain during the procedure and there is basically no recovery period. Most patients resume normal activity very rapidly,” Dr. Ihnat says. “Patients who had suffered painful symptoms of varicose veins report noticeable improvement in one to two weeks following the procedure.

“People mistakenly think that treating varicose veins is cosmetic, but many patients are very unhappy due to the pain and discomfort,” says Joseph Mills, MD, professor and section chief of vascular surgery at the UA. “Many don’t realize it’s a medical problem and that treatment usually is covered by insurance.”

Varicose veins are caused by a number of things including prolonged standing, heredity, obesity and pregnancy. Some 41 percent of American women may have varicose vein disease by the time they reach their 40s and 50s.

Torn Aorta Trauma Repaired without Open Heart Surgery

In May, doctors at UMC repaired the partially torn aorta of an 81-year-old Tucson man, who had been injured in a car accident, without open-chest surgery.

A majority of patients with a torn aorta bleed to death before they reach a trauma center, but fortunately for this patient, bleeding from the small tear in his aorta was contained in the tissues, forming a “pseudo-aneurysm” at very high risk of rupture.

The traditional treatment for aorta repair is to open the chest, put the heart on a heart-lung machine and sew up the tear. “It’s major surgery that we hate to inflict on a patient who is critically injured already, but we do it because it saves lives,” says cardiac surgeon Raj K. Bose, MD, assistant professor in the UA Department of Surgery.

Instead, the trauma team stabilized the patient while surgeons sought out a new device approved by the Food and Drug Administration just last year to repair thoracic aortic aneurysm on an elective basis.

A few days after the car accident, interventional radiologist Gary J. Becker, MD, and Dr. Bose inserted a catheter into the patient’s femoral artery through a 2-inch incision in the groin. Using X-ray imaging to check their progress, they snaked the catheter about 2 feet through the artery to the aorta. There, they deployed a GoreTex “endograft,” or stent, 4 inches long and slightly more than 1 inch in diameter that covered the hole in the aorta, removing any further threat of hemorrhage.

Drs. Becker, Bose and Joseph Mills, MD, chief of vascular surgery, performed UMC’s first minimally invasive thoracic aortic aneurysm repair using the same type of endograft earlier this spring.

However, use of an endografting procedure to repair a life-threatening aortic injury is a first for UMC, said Dr. Becker. “This is a new weapon in our trauma arsenal that is going to directly benefit the people of Southern Arizona,” he says.
Virtual Surgery for Realistic Training

The Arizona Simulation Technology and Education Center (ASTEC) in the UA College of Medicine now offers a new opportunity for laparoscopic surgery training with a virtual-reality trainer. Like pilots using flight simulators, medical simulators allow surgeons to learn and acquire new skills without risk to human life. Actual laparoscopic instruments interact with the images of anatomies created from real patients, providing the most realistic surgical simulation training available.

To schedule a training or tour, call Alyson Knapp at 626-8585.

UA Neurosurgery’s Postgraduate PA Program First in U.S.

The Association of Postgraduate Physician Assistant Programs has approved the nation’s first Physician Assistant (PA) postgraduate residency program in neurological surgery at the UA Department of Surgery. The one-year residency provides an opportunity for a PA actively to be involved in the care of neurological surgery patients through extensive clinical education in the operative and non-operative management of neurosurgical disease. “We modeled the program based on the UA Neurosurgery Residency Program. This gives all Neurosurgery residents – MDs and PAs – the same clinical and didactic experiences,” says Martin Weinand, MD, professor and section head of Neurosurgery.

Grading Residents/Incoming Interns

General Surgery

The UA Department of Surgery has ended another academic year with six graduating general surgery chief residents: Elizabeth Butler, MD, has begun a cardiothoracic fellowship in Milwaukee; Cris Barrios, MD, has been accepted to a trauma fellowship in Irvine, Calif.; Kent Stevens, MD, is working with former UA faculty member, Steve Johnson, MD, in the trauma/critical care fellowship at Shock Trauma in Baltimore; Shawn Stevenson, DO, has entered private practice in general surgery with Agave Surgical Association in Tucson; Gerlinde Tynan, MD, is serving on the faculty at University Physicians Healthcare Hospital at Kino Campus for a year prior to beginning a vascular surgery fellowship at Northwestern University in Chicago; and Eleazar Ley, MD, has begun a craniofacial surgery fellowship in Utah.

New Residents

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Preliminary in Surgery

| Mark Robinson | Ohio State University | Anesthesiology 2007 |
| Tracy Ansay   | The University of Arizona | Neurosurgery 2007 |
| Michelle Byrne | Midwestern University | Anesthesiology 2007 |
| Eric Cornidez | Stanford University | Anesthesiology 2007 |
| Chris Dillon  | The University of Arizona | Radiology 2007 |

Urology

| David Ritsema | Vanderbilt University |

Cardiovascular and Thoracic Surgery

Griffin Coates, MD, graduated from the UA Department of Surgery Section of Cardiovascular and Thoracic Surgery Residency Program and has accepted a faculty position in the Department. He primarily will be practicing at Tucson Medical Center. Joining the CT Residency Program is Orazio Amabile, MD, who completed his general surgery residency at Maricopa Medical Center in Phoenix.

Urology

Also graduated in 2006 were urology residents Todd Purves, MD, and Duan Copeland, MD. Dr. Purves has been accepted to a pediatric fellowship at Johns Hopkins University, and Dr. Copeland is in private practice in Pinetop-Lakeside, Ariz.

Section of Neurosurgery chief. The UA Department of Surgery performs more than 1,500 neurosurgical operations per year, including trauma.

“We could be like every other neurosurgery department and add another clinical PA position,” Dr. Weinand said. “But we realize PAs are more than physician extenders and providing this training will help us attract those to our service who want to be trained and maintain an academic focus.”

M. Salome Phillips, PA-C, is the program’s first neurosurgery PA resident. Before the UA program was established, she completed a neuroscience residency in New York, but she says she still needed more training to specialize in neurosurgery.

“I think the surgical side of PAs is underutilized, especially in the West,” says Dave Howard, RN, PA-C, the program director. “As we see a move toward accreditation for everything, this program gives PAs the backing of training evaluated by a neurological panel.”

For more information on the UA Department of Surgery PA Neurosurgery Residency Training Program, contact Julie Schippers, program coordinator, at (520) 626-2164.
We Need Your Support

Surgery research aims to develop new treatments and find new cures. Surgical education strives to improve patient care. Gifts play a crucial role in funding these programs in the UA Department of Surgery. Grateful patients, family members and alumni can donate money on behalf of the outstanding surgical care or training they have received at The University of Arizona. Your support will help us reach our goals and advance the field of surgery.

Programs you can support (naming opportunities available):

**Research**
- Palliative Care
- Early Detection of Lung Cancer
- ECMO - extracorporeal membrane oxygenation (heart-lung device) program

**Education**
- Grand Rounds Visiting Professor Lectures
- Resident Fellowships
- Student Scholarships

**Contact:**
- Jo Marie Gellerman
  - UA Department of Surgery
  - (520) 626-7219
  - jgellerm@email.arizona.edu

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Alumni Spotlight

**Greetings from Wine Country**

Henry C. Flores, MD
Class of ‘99

After completing the residency in general surgery in 1999, I had the good fortune to return to a job in California’s Sonoma County. I have an office in a small town called Healdsburg where there also is a small community hospital. I also work at two hospitals in Santa Rosa, one being a Level II trauma center. I primarily perform bread-and-butter surgery, as well as advanced laparoscopy. My wife, Colleen, and I have three children: Alex, 14, Nicholas, 11, and Maggie, 7.

I recruited David Hardin, MD, who completed the program in general surgery in 2003 to join me in Healdsburg. He has been a great asset to our surgical community. He also works in Santa Rosa. Dave and Michele welcomed the birth of their son, Matthew, who turned 1 in August.

Healdsburg is in the heart of the wine country with a population of approx 11,000. It is a community of rolling hills and valleys which are well known worldwide for making great wines. The attraction of the wines in Healdsburg has brought many great restaurants to the area as well. It is a short drive from San Francisco, approximately 65 miles. The Pacific Coast is just 30 miles away.

We have enjoyed the slow-paced lifestyle here in Healdsburg. If anyone has any interest in visiting Healdsburg or Sonoma County, please do not hesitate to contact either Dave Hardin or me. We can share a bottle of wine.

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**What’s Up in Surgery?**

**New Faculty**

Anthony Admire, MD, returns to the UA College of Medicine as assistant professor of clinical surgery in the Section of Plastic Surgery after completing a coordinated general surgery/plastic surgery residency at St. Louis University. Dr. Admire received both his bachelor of science and medical degrees from The University of Arizona. He is a candidate member of the American Society of Plastic Surgeons and advisor to the Arizona Medical Board.

Shari Meyerson, MD, is assistant professor of surgery in the Section of Cardiovascular and Thoracic Surgery. Dr. Meyerson comes to the UA from Duke University Medical Center where she completed a thoracic surgery residency. Prior to that she trained in general surgery at the University of Chicago Hospitals. She received her medical degree from the University of Chicago Pritzker School of Medicine. Her practice will focus on non-cardiac thoracic surgery with a special interest in minimally invasive approaches to lung cancer as well as esophageal surgery.

Gerlinde Tynan, MD, transitions from UA General Surgery Residency Program to assistant professor of clinical surgery in the Section of General Surgery. Dr. Tynan completed her medical degree at University of Washington School of Medicine and is a member of the American College of Surgeons.

Kaoru (Kay) Goshima, MD, is assistant professor of clinical surgery in the Section of Vascular Surgery. She has completed residencies in Vascular Surgery and General Surgery at the UA. Dr. Goshima completed her medical degree at St. Louis University. She received the Exceptional Resident Teaching Award during her general surgery residency, and is a member of the American College of Surgeons.

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**Innovative Education**

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Hugo Villar, MD, Named Distinguished Latin American Surgeon 2007

Hugo Villar, MD, professor and interim chairman, UA Department of Surgery, was named the Distinguished Latin American Surgeon in the United States for 2007 by the Federation of Latin American Surgeons (FELAC - Federacion Latino Americana de Cirugia). FELAC’s mission is to advance the promotion and improvement of the investigation, education and practice of surgery.

Every two years, FELAC selects an American surgeon with Latin American roots who has distinguished him or herself in the U.S. and has worked to advance the practice of surgery in Latin America. Dr. Villar was honored for his leadership in surgical education in Latin America. Among his many achievements, Dr. Villar recently helped develop and implement the American Society of Clinical Oncology (ASCO) Multidisciplinary Cancer Management Course in Latin America, whose purpose is to train physicians in developing countries on a multidisciplinary approach to cancer care. Courses in 2006 have been held in the Dominican Republic, Peru, Panama and Chile.

In addition, as the coordinator of the Latin American Chapters of the American College of Surgeons (ACS), Dr. Villar directs each year the half-day program on Latin American surgical education at the ACS annual clinical congress meeting.

Heart Surgery, Neurosurgery and Urology Move Up in Rankings in U.S. News & World Report

Three surgical subspecialties at University Medical Center moved up in the rankings among the top 50 hospitals in the nation, according to U.S. News & World Report’s annual guide to “America’s Best Hospitals.” Heart Surgery moved up to 16th place in 2006 from 22nd in 2005; Neurosurgery climbed to 22nd from 33rd in 2005; and Urology rose to 27th from last year’s 46th rank.

Michael J. Demeure, MD, professor, Section of General Surgery, is the local host and organizer for the Adrenal Cortical Cancer Symposia in collaboration with TGen October 20 in Phoenix. He also is the local host for the American Association of Endocrine Surgeons meeting April 29-May 1, 2007.

Joseph L. Mills, Sr., MD, professor and chief, Section of Vascular and Endovascular Surgery, was elected president of the Association of Program Directors in Vascular Surgery (APDVS) at the APDVS annual meeting in April in Washington, D.C. He also became the vice chair of the Fellow’s Council of the Society of Vascular Surgery (SVS) at the Annual SVS meeting in Philadelphia in June 2006.

Hugo Villar, MD, professor and interim chairman, received the Best Physician award by the University Medical Center Board.

Amy L. Waer, MD, assistant professor of clinical surgery; chief, Section of General Surgery; and chief of surgery, University Physicians Healthcare Hospital at Kino, has been elected president of the Tucson Surgical Society Association.

Martin E. Wein and, MD, was elected to membership in the Society of Neurological Surgeons.

Best Doctors
Six UA Department of Surgery faculty members are listed as 2006 Best Doctors in America:

Neurological Surgery
Allan J. Hamilton, MD

Surgery
Michael J. Demeure, MD
Joseph L. Mills, Sr., MD

Surgical Oncology
Hugo Villar, MD

Thoracic Surgery
Jack G. Copeland, MD

Urology
Sanjay Ramakumar, MD

Poker, Golf Tournaments Benefit UMC Trauma

Tucsonans teed off and anted up to support University Medical Center’s Level 1 Trauma Center. Since the first golf tournament fundraiser in 2003, almost $100,000 has been raised for the program.

This year two fund-raising events, the inaugural Golden Hour Gamble May 19 and the annual Cecil Family Golden Hour Golf Classic May 20, were held at The Lodge at Ventana Canyon.

The Lodge was transformed into a speakeasy for more than 100 participants of the Golden Hour Gamble. Texas Hold ‘Em poker tournament and casino entertained the crowd. The Golden Hour Golf Classic brought Arizonans out to put for a good cause.

Sponsors of the events include the Cecil Family, SCF Arizona, Wells Fargo, HEALTHSOUTH, SATNET, Hanger, Karl Storz Endoscopy-America Inc., Picis, Aramark and AQUATIC Neurological Rehab Center.


Daniel Ihnat, MD, Gerlinde Tyan-Cuisiner, MD, Joseph L. Mills Sr., MD: Influence of Hyperlipidemia and Its Treatment on Outcome in Patients with Peripheral Arterial Disease. Vascular Disease Management August 2006.


Joseph L. Mills, Sr., MD, presented the talk: “Carotid Stenting: Current Status and Update” at the Department of Surgery Grand Rounds, Salem Hospital in Salem, Oregon in June 2006. Dr. Rajan Nair, a general surgeon in Salem and a graduate of the General Surgery residency program at the University of Arizona directs and oversees the Surgery Grand Rounds series for Salem Hospital.


