Surgons at The University of Arizona Medical Center – University Campus performed the world’s first fully robot-assisted total pancreatectomy with a successful simultaneous autologous islet transplant on a woman suffering from chronic pancreatitis on July 5, 2012.

Surgical team leaders from the UA Department of Surgery, Rainer W.G. Grueßner, MD, professor and chairman, and Carlos Galvani, MD, associate professor and director of minimally invasive and robotic surgery, operated on Tami Alveshere, 39, from North Dakota. Horacio L. Rilo, MD, professor and director of the Institute for Cellular Transplantation, isolated 248,000 islets from Alveshere’s removed pancreas using the department’s Class 10,000 clean room, a state-of-the-art laboratory designed for this procedure.

Chronic pancreatitis progressively destroys pancreatic tissue, causing pain that frequently requires hospitalization and severely compromises quality of life. Analgesics and pancreatic enzyme replacement rarely lead to acceptable relief of the pain. In Western Europe and North America, chronic pancreatitis is diagnosed in 3 to 9 out of 100,000 people each year. Based on estimates from U.S. hospital discharge data, about 87,000 cases of pancreatitis occur annually.

Alveshere had suffered from debilitating chronic pancreatitis for years and required high doses of narcotic pain medication. A pancreatectomy (surgical removal of the pancreas) was her last option to escape the severe pain and narcotic dependency caused by the disease.

However, without a pancreas, she would have faced the prospect of developing brittle (dangerous, impossible-to-control) diabetes because islet cells in the pancreas make insulin, which controls levels of blood sugar (glucose). So she simultaneously underwent an autologous (using her own cells) islet transplant, which carries no risk of rejection.

Using the da Vinci surgical robot with its 3-D visualization and precise movement capabilities, UA surgeons were able to carefully remove Alveshere’s pancreas without damaging the islets. Only five small incisions in the abdomen were needed to insert the robotic instruments, plus another small incision a couple of inches in the bikini region to remove the organ.

Then, her islets were isolated from the pancreas and put back into her liver, where they lodged in small blood vessels and released insulin.

CONTINUED ON PAGE 2
Chairman’s Message

The UA Department of Surgery has had an exciting and productive year. Through our alignment with The University of Arizona Medical Center, we continue to serve Arizonans by providing the most advanced, highest quality surgical care to treat their diseases and conditions.

We are proud of our department’s tradition of excellence in academic surgery. Our department, home to expert surgeons, educators, researchers, and innovators, continues to grow as we recruit more surgeon-scientists with premier training and expertise. We strive to achieve the highest level of patient satisfaction and to improve patient access to our specialized surgical services.

The past year has seen growth in many clinical areas; the latest expansion has been in thoracic surgery with the addition of Dr. Farid Gharagozloo, one of the most renowned experts in robot-assisted surgery for lung cancer. Our lifesaving lung transplant program has been reactivated with the recruitment of Dr. Jesus Gomez-Abraham.

We continue to pioneer new robot-assisted procedures in all surgical divisions as part of our commitment to bringing patients the safest innovations in minimally invasive surgery. Since performing the world’s first successful robot-assisted total pancreatectomy combined with an islet transplant for a patient with chronic pancreatitis, we have done five more such operations.

The keys to safe robot-assisted surgery are training and experience. Before operating with surgical robots, our UA surgeons are thoroughly trained in the use of this technology. Collectively, our surgical teams have some of the most extensive experience in robot-assisted surgery in the country.

As part of an academic medical center, we strive to provide our medical students, residents, and fellows with a comprehensive and diverse education that will inspire them to be the next generation of leaders. We have increased the number of categorical residents in our general surgery residency program from six to eight, and expanded our residency programs in neurosurgery and urology. And we have added a new residency program in otolaryngology. Our graduating residents routinely go on to superb fellowships.

Over the past two years, the Department of Surgery has experienced significant growth in research funding, from about $2 million to $4.5 million. In addition, our funding from foundations and philanthropic donors has significantly increased and we have established a new endowed chair in trauma.

Unfortunately, this past year has brought us sorrow as well. We note with great sadness the loss of our esteemed colleagues Dr. Allan Raczkowski, Dr. Rocky Jackson, and the founding chair of the department, Dr. Erle Peacock.

We are looking forward to another year of significant achievements and exceptional patient care. Thank you for your interest and support.

Sincerely,

Rainer W.G. Gruessner, MD
Professor and Chairman
UA Department of Surgery

---

Quality Patient Care

Surgical Firsts
CONTINUUED FROM PAGE 1

Alveshère was discharged from the hospital 10 days after her surgery. She is off insulin and dramatically reduced her pain medications.

“Our surgeons are pioneers in both pancreatic and robot-assisted surgeries,” Dr. Gruessner said. “Other attempts to perform this procedure robotically have been made, but were incomplete. We are the first to successfully perform all three stages of the procedure robotically: removing the entire pancreas, reconstructing the gastrointestinal tract, and transplanting the islets.”

First in the World Robot-Assisted Surgery for Mesothelioma

On Jan. 9, 2013, at The University of Arizona Medical Center – University Campus, Farid Gharagozloo, MD, performed the world’s first successful robot-assisted extrapleural pneumonectomy for the treatment of mesothelioma.

Dr. Gharagozloo also performed the same procedure – the world’s second robot-assisted extrapleural pneumonectomy – Jan. 14 on Chandler, Ariz., resident Carlos Tarazón.

Tarazón, 67, had been given no hope by Phoenix doctors when he received the devastating diagnosis of malignant mesothelioma. Mesothelioma is a highly invasive cancer, often linked to exposure to asbestos. The disease occurs in the inner lining of the chest cavity and the outer covering of the lung. It usually is fatal within a year after diagnosis.

Tarazón was told nothing could be done to stop the spread of the disease. He was prescribed palliative care to make him comfortable for his remaining days.
infection and death. It enables the lining of the chest – and to catch such diseases sooner.

“Western Region’s First Minimally Invasive Laser Surgery for Epilepsy”

A 48-year-old Tucson man underwent the MRI-guided laser surgery and was released the following day.

Epilepsy is a disorder in which surges of electrical activity in the brain result in seizures or loss of consciousness. About 3 million Americans are thought to have some form of epilepsy. The disorder usually is controlled with medication. However, more than 30 percent of people with epilepsy do not have seizure control even with medication; until very recently, major brain surgery or implantation of a device were their only treatment options.

Minimally invasive laser surgery to treat epilepsy first was used late in 2010 at Texas Children’s Hospital in Houston, which reported excellent results in six pediatric patients. A similar surgical technique has been used successfully for more than a decade to treat patients with certain brain tumors.

In the UA procedure, neurosurgeons Martin E. Weinand, MD, and J.P. Langerman, MD, working alongside a team of neurologists who make up the Arizona Comprehensive Epilepsy Program, placed a thread-like laser applicator into the patient’s brain. Then the surgeons used MRI to visualize epileptic areas inside the patient’s temporal lobe and guided the thermal laser to heat and destroy them. The procedure is a safer, less invasive alternative to opening the skull and cutting out the brain tissue where the disorder originates.

CONTINUED ON PAGE 4
The surgery is exquisitely precise. With this technique we’re able to remove only the areas associated with seizures and spare healthy brain tissue only a hair’s breath away,” explained David M. Labiner, MD, head of the UA Department of Neurology. “The therapeutic effect is immediate for the patient. When the lesions are destroyed, the seizures end.”

“The Division of Neurosurgery is constantly seeking to develop and employ new methods and techniques that minimize our surgical footprint while retaining maximal effect,” said G. Michael Lemole, Jr., MD, chief of the Division of Neurosurgery.

Southwest’s First Invisible Hearing Aid Implant

On Sept. 27, 2012, UA surgeons performed the Southwest’s first total implantation of an invisible hearing aid. LoriAnn Harnish, 53, from Scottsdale, Ariz., had suffered from hearing loss since having a high fever when she was 5 years old. The hearing impairment went undetected until the second grade, when her teacher spoke in a pitch she could not hear.

Tests determined that she had 65 percent hearing loss in both ears. She used hearing aids, but could not hear well when using them. So she learned to lip read.

Today Harnish is hearing more clearly than she has in decades after becoming the first person in the Southwest to receive a totally implantable hearing device at UAMC – University Campus.

Abraham Jacob, MD, associate professor, Division of Otolaryngology, and director of the UA Ear Institute, is the only surgeon in the Southwest and one of only about 15 surgeons in the nation approved to surgically implant the Esteem® device.

The device uses a person’s own ear as a microphone, picking up sounds through the ear canal and using the body’s natural anatomy to reduce the background noise, distortion, and acoustic feedback experienced with conventional hearing aids.

“We are using the eardrum and hearing bones to sense sound and then drive amplified sound to the hearing bones directly,” Dr. Jacob explained. “Compared to conventional hearing aids, it is a fundamentally different way to hear.”

Unlike cochlear implants, which are placed in the inner ear of profoundly deaf individuals, the Esteem® device is implanted in the middle ear of patients with moderate to moderately severe hearing loss, he said.

The device can be left on 24 hours a day and the volume can be adjusted. A battery change is required every five to nine years, depending on use.

During the four-hour procedure, an S-shaped incision and an opening in the bone (for housing the battery/processor and inserting the sensor and driver technologies) were made behind Harnish’s left ear.

Harnish spent one night in the hospital to make sure that she recovered well from her general anesthetic. After waiting the recommended eight weeks for her ear to heal, the device was activated in November.

“When the day came that they turned it on, it was amazing what I could hear,” Harnish said.

She recently went to a movie and caught all of the dialogue. As she and her husband, Ron Harnish, were strolling to the car, she heard the far-off sound of a waterfall. “Without surgery I never would have heard that.”
Regeneration Research Could Revolutionize Organ Transplantation

Every day, an estimated 79 people in the United States undergo transplant surgery. But because of a shortage of donated organs, an average of 18 people die waiting, according to the U.S. Department of Health and Human Services. At the same time, many donor organs are deemed unsuitable for transplant and routinely discarded.

Zain Khalpey, MD, PhD, MRCS (Eng), associate professor and surgical director of the UA Heart Transplant and Mechanical Circulatory Support Program, hopes his research will change that situation. He envisions a medical landscape in which fewer organ transplants are needed in the first place, and in which organs typically disposed of as medical waste can be revitalized to help save lives.

Dr. Khalpey’s research focuses on three key areas.

First, he aims to reduce the number of patients requiring heart transplants by improving stem cell treatments for failing hearts.

“I would rather not put you on the list for a transplant,” Dr. Khalpey said. “I would rather take your fat-derived stem cells, inject them into you, and try to use ventricular assist devices as a bridge to regenerate your heart, rather than using transplanted tissue, where you have to be on immunosuppressive drugs for the rest of your life.”

Second, for patients requiring lung transplants, Dr. Khalpey would like to take donor lungs that would have been thrown away and instead recondition them to make them suitable for transplant.

He is developing the UA’s Ex Vivo Lung Program, which will explore new ways to recondition lungs from DCD (donation after cardiac death) donors by manipulating the metabolism of donor lungs with mechanical devices and designer drugs. This summer, the UA will serve as a national trial site for comparing the survival of “normal” donor lungs with DCD lungs resuscitated on a mobile ex vivo circuit.

Third, for donor hearts that cannot be regenerated and donor lungs that cannot be reconditioned, Dr. Khalpey hopes to grow new organs (in a process called organogenesis) by combining an otherwise unusable donor organ with a transplant candidate’s own stem cells.

The idea is that a donor heart or lung could be put into detergent and decellularized so that nothing but the organ’s matrix (essentially its skeleton) remains. The organ then would be seeded with the stem cells of a transplant candidate and left to grow inside a special bioreactor, developed by Dr. Khalpey and his former colleagues at Harvard University and Harvard Bioscience in Boston.

“A bioreactor is like a sterile, intelligent, well-controlled, and monitored incubator, where one feeds and ‘cooks’ this organ until it reaches a point of clinical integrity ready for implantation,” Dr. Khalpey said.

“The biggest problems right now for heart and lung transplantation are bridging the shortage of organs in the pediatric and adult arenas, increasing the donor pool, and reconditioning or retransplanting organs that have worn out due to chronic rejection,” he said. “I need to not just reform transplantation, I need to revolutionize it.”
JDRF Awards Grant for Work on Implantable Islet Cell Device for Type 1 Diabetes

Klearchos Papas, PhD, professor of surgery in the Division of Abdominal Transplantation and scientific director of the Institute for Cellular Transplantation, has been awarded more than $100,000 by the Juvenile Diabetes Research Foundation (JDRF) for research that could help pave the way for new and improved therapies for patients with type 1 diabetes. JDRF is the world’s largest charitable funder of type 1 diabetes research.

Most patients with type 1 diabetes require routine insulin injections, but in some patients, the injections aren’t enough and surgical intervention may become necessary. Currently, the two main options are either a pancreas transplant or an islet cell transplant, which is still considered experimental in the U.S.

An islet transplant is a minimally invasive procedure in which insulin-producing islet cells from a donor pancreas are infused into a diabetic patient’s liver, where they begin producing the insulin the body needs.

An islet transplant can be effective, but is not without challenges. The supply of human donor pancreases is limited, and for an islet transplant to be successful, it often requires cells from two to three separate donor pancreases.

Also, transplant recipients must take immunosuppressive drugs for the rest of their lives. Those drugs can be very taxing on the body, and for that reason, pancreas or islet transplants are done only in patients who absolutely need it, and rarely in children, Dr. Papas said.

His research focuses on maximizing the effectiveness of an implantable device containing insulin-producing islet cells, which could serve as an alternative to islet transplants in the liver.

The implantable device has semipermeable membranes designed to protect the new islets from attack by the recipient’s immune system, allowing the insulin they produce to pass through to the body. Placed just beneath the skin, a specially engineered immunoisolation device could eliminate the need for powerful antirejection drugs, make islets available to a larger population of people with diabetes, and provide a safer option for children.

The device also potentially could allow for effective use of islets from sources other than a human pancreas, such as porcine islets (islet cells from pigs), which the human body would reject if they were infused into the liver, even with immunosuppressive drugs or human stem cells.

iCAMP Stays a Step Ahead of Diabetic Foot Wounds

Bijan Najafi, PhD, a renowned expert on human motion recently recruited to the Department of Surgery, has brought together UA researchers, clinicians, and biomedical engineers to create the Interdisciplinary Consortium on Advanced Motion Performance (iCAMP).

The iCAMP teams from pediatric and vascular surgery, orthopedics, nursing, geriatrics, anthropology, and engineering employ high-tech body-worn sensors embedded in socks, shirts, straps, patches, and other devices to study physical activity patterns, gait and balance parameters, and three-dimensional joint structures.

“By combining body-worn sensors with virtual reality, thermal imaging, and artificial intelligence, we can gather data that can improve a patient’s function, mobility, and quality of life,” said Dr. Najafi, associate professor, UA Division of Vascular and Endovascular Surgery and iCAMP director.

David G. Armstrong, DPM, MD, PhD, iCAMP scientific director, professor of surgery, and director of the Southern Arizona Limb Salvage Alliance (SALSA), explained that just like monitoring a
Implantable devices currently being tested are about the size of a postage stamp, but can successfully accommodate only about 500 islets, while the human body requires closer to 500,000. Dr. Papas hopes to find a way to make a smaller device more effective.

With the JDRF funding, Dr. Papas and his UA colleagues will test the effectiveness of a battery-operated electrochemical oxygen generator, about the size of a stack of dimes. The addition of the generator would provide the implanted device, and the cells within it, with a continual oxygen supply, providing for survival of a much greater number of cells in a single, small device.

“The key critical limitation that we’re addressing is oxygen supply to the device,” Dr. Papas said. “The key outcome would be that we would minimize the size of the device required to reverse diabetes in a human from that of a 20- or 30-inch TV screen to that of a large postage stamp, while maintaining the ability of the cells to survive and function.”

If the technique proves successful, the ultimate goal would be to develop an implantable version of the oxygen generator to work with the immunoisolation device. And the technology might also prove useful in cell therapies for the treatment of other diseases.

“This could have the potential to treat millions of people with diabetes, and it’s conceivable that it would enable other applications as well,” Dr. Papas said.

UA Studies Blood Transfusions in Trauma Patients

UAAMC’s Level 1 trauma center is among 12 medical centers in the United States and Canada taking part in a trial to determine the most lifesaving combination of blood products for massive transfusions.

The UA Department of Surgery will receive $1.7 million over the next three years to conduct the trial, PROPPR (Pragmatic, Randomized Optimal Platelet and Plasma Ratios). The trial is sponsored in part by the National Heart, Lung, and Blood Institute; the U.S. Department of Defense (DOD); the Defence Research and Development Canada; and the Resuscitation Outcomes Consortium.

UA – University Campus is the only trauma center in the Southwest involved in the study. UA trauma surgeon Terence O’Keeffe, MD, associate professor of surgery and medical director of the Surgical/Trauma Intensive Care Unit, is leading the study at UAMC.

The trial, which started in November 2012, is evaluating the effectiveness of the two most common ratios of blood products used to transfuse trauma patients with massive blood loss: 1:1:1 (1 unit of red blood cells, 1 unit of plasma and 1 unit of platelets) and 1:1:2 (2 units of red blood cells, 1 unit of plasma and 1 unit of platelets). Both combinations are in widespread use across the United States.

A total of 680 patients with blunt or penetrating trauma will be enrolled in the study from the 12 participating sites in the United States and Canada. UAMC hopes to enroll at least 50 patients in the trial during the three-year trial period.

“The trial is the first of its kind and it is expected to have national, and potentially global, impact,” Dr. O’Keeffe said. “We hope to determine what ratio is best for patients.”

More information on the trial is available at www.surgery.arizona.edu/proppr

person’s heartbeat, motion sensors worn on the body can monitor irregularities in the way people move, including subtle changes in activity before and after surgery that can signal potential problems.

“Using the technology of intelligent textiles in clothing that a person hardly knows is there, we can reduce pre- and postsurgical complications and speed recovery,” Dr. Armstrong said.

For example, Dr. Najafi and Dr. Armstrong recently received a research grant to study “Smart Sox,” specialized socks that use high-tech fiber optics to monitor temperature, pressure, and joint angles in the feet of people with diabetes. People with diabetes often lose the sensation of pain and are unaware of developing foot ulcers.

“We are developing a center of excellence for assessing how people move through their world,” said Dr. Armstrong. “I can’t think of anything that is more interdisciplinary and so ideal for discovery.”

To learn more about iCAMP studies, please call 520-261-4492 or email mgilbert@surgery.arizona.edu.

(From left) Manish Bharara, PhD, Bijan Najafi, PhD, and David Armstrong, DPM, MD, PhD
Innovative Education

Surgery Adds Fifth Residency Program: Otolaryngology

The UA Department of Surgery has received accreditation for its fifth residency program from the American Council for Graduate Medical Education (ACGME). Slated to begin July 1, 2013, the Otolaryngology – Head and Neck Surgery Residency Program will be the second otolaryngology training program in Arizona and the sole such program in Southern Arizona.

The five-year residency training program will be based at The University of Arizona Medical Center – University Campus. One resident candidate will be added each year until the program is full with five residents.

The program will train residents to comprehensively evaluate and care for patients of all ages with diseases and disorders of the ears, the upper respiratory and upper alimentary systems (and related structures), and the head and neck.

Led by Alexander Chiu, MD, professor and chief of the Division of Otolaryngology – Head and Neck Surgery, and Audrey Erman, MD, assistant professor of surgery and codirector of Head and Neck Oncology, the new program will follow ACGME standards.

The UA Department of Surgery also has ACGME-accredited residency training programs in General Surgery, Cardiothoracic Surgery, Neurosurgery, Urology, and Vascular Surgery.

“Our emphasis is on top-notch education for the new generation of otolaryngologists for Arizona,” Dr. Chiu said.

General Surgery Residents Rotate in Flagstaff

The UA Department of Surgery has expanded its General Surgery Residency Program by adding a rural/community surgical rotation at Flagstaff Medical Center. Third-year residents now spend about seven weeks each year in Flagstaff, Ariz., learning a wide range of surgical and clinical skills necessary in a rural and community practice. At the not-for-profit 267-bed medical center, more than 5,600 inpatient surgeries (including laparoscopic, open, vascular, and trauma procedures) are performed each year, providing ample opportunity for the residents to learn surgical skills.

The Flagstaff program is the second community outreach surgery rotation offered by the Department of Surgery. Since 2003, UA surgery residents have participated in the rural surgery rotation at Tuba City Indian Medical Center, which serves 35,000 Hopi, Navajo, and Paiute tribal members.

“This rotation provides an excellent opportunity for the residents to do bread-and-butter general surgery in addition to some specialized procedures,” said Valentine N. Nfonsam, MD, residency program associate director. “Just like at Tuba City, the rotation allows the residents to have a better appreciation and varied perspectives of the challenges and rewards of rural and community surgery. The feedback we have gotten so far from the residents has been very positive.”

Spine Research Growing with New Fellowship

The UA Division of Neurosurgery now is offering a fellowship program in spine research.

“This program will provide a unique opportunity for fellows to be involved in the spinal research initiatives at the Division of Neurosurgery,” said Ali A. Baaj, MD, program director.

“The neurosurgical spine team offers comprehensive clinical services, and it is our intention to grow a sound research component in parallel,” he added.

The spine research fellow will be responsible for managing a spine clinical outcomes registry, collecting and analyzing data, and participating in new and existing clinical and biomechanical studies. In addition, the fellow will support resident educational events and spine training workshops.

For more information:
http://surgery.arizona.edu/fellowship/spine-research
## 2012 Graduates

### GENERAL SURGERY CHIEF RESIDENTS

- **Atanu Biswas, MD**, accepted a fellowship in plastic surgery at the Mayo Clinic in Scottsdale.
- **Cristina V. Cueto, MD**, is practicing general surgery at Hopkins County Memorial Hospital, Sulphur Springs, Texas.
- **Conrad F. Diven, MD**, began a fellowship in trauma at the UA Department of Surgery Division of Trauma, Critical Care and Emergency Surgery.
- **Mohammad Khreiss, MD**, accepted a fellowship in surgical oncology at the University of Pittsburgh.
- **Francisco J. Reyes Martin, MD**, began a minimally invasive surgery fellowship at Shawnee Mission Medical Center in Shawnee Mission, Kansas.
- **Erica H. Salinas, MD**, began a vascular surgery fellowship at the University of Missouri in Columbia.

### NEUROSURGERY CHIEF RESIDENT

- **Tracy L. Ansay, MD**, began a fellowship in surgical neuro-oncology at Mayfield Clinic in Cincinnati.

### THORACIC SURGERY CHIEF RESIDENT

- **Adam J. Hansen, MD**, is a thoracic surgeon at United Hospital Center in Bridgeport, West Virginia.

### UROLOGY CHIEF RESIDENT

- **David F. Ritsema, MD**, entered private practice in Greeley, Colorado.

### MINIMALLY INVASIVE SURGERY FELLOWS

- **Amit Kaul, MD**, practices laparoscopic and bariatric surgery in India.
- **Ulises Garza, MD**, began a pediatric surgery clinical fellowship at Children’s Hospital in Los Angeles.

### TRAUMA, CRITICAL CARE AND EMERGENCY SURGERY FELLOWS

- **Jorge Con, MD**, accepted a faculty position at West Virginia University in Morgantown.
- **Dafney Lubin, MD**, began an acute care surgery fellowship in the UA Department of Surgery.
- **Rashma F. Ginwalla, MD**, began an acute care surgery fellowship in the UA Department of Surgery.
- **Moutamn Sadoun, MD**, began his general surgery residency in the UA Department of Surgery.

### VASCULAR SURGERY FELLOW

- **Matthew L. White, MD**, joined a multispecialty group private practice in Des Moines, Iowa.

### PODIATRIC SURGERY FELLOWS

- **Joseph L. Fiorito, DPM**, is building a Limb Salvage Unit at the University of Washington.
- **Brian J. Leykum, DPM**, entered private practice, specializing in wound healing, in Austin, Texas.
Surgery Services Growing at South Campus

Surgery services are growing at The University of Arizona Medical Center – South Campus, with the volume of procedures doubling in recent years.

Since 2007, under Rainer W.G. Gruessner, MD, chairman of the UA Department of Surgery, and John B. Kettelle, MD, chief of general surgery at the South Campus, the number of surgeons at the South Campus has expanded from four to more than 16. And the average number of operations per month has increased from about 160 to 275. Due to the strong partnership with the UA Department of Medicine, the number of gastrointestinal endoscopy procedures per month has jumped from 24 to 145.

“We have expanded to meet the needs of the greater area,” Dr. Kettelle said. “It’s been great to watch surgeons and other specialists come to the campus, build their practices, and provide high-quality care to the people of Southern Arizona.”

Surgery facilities on the South Campus, located at 2800 East Ajo Way, have undergone extensive renovation, especially of the operating rooms and the preoperative and postanesthesia care units. Of the five fully equipped operating rooms, three have ceiling-mounted, state-of-the-art videoendoscopy equipment. A dedicated operating room for urologic procedures and a three-room GI endoscopy suite have been added. Coverage for trauma now is provided 24/7, including, acute care surgery, ENT, hand surgery, and urologic emergencies.

In 2012, the South Campus was named a provisional Level III trauma center by the Arizona Department of Health Services. Donald Green, MD, associate professor of surgery and director of the South Campus trauma center, pointed out that Level III trauma centers have resources for emergency resuscitation, surgery, and intensive care for most trauma patients; transfer agreements with Level I or Level II trauma centers provide backup resources for patients with exceptionally severe injuries. The University Campus operates the only Level I trauma center in Southern Arizona.

“Southern Arizona now has two teaching hospitals, and we expect more growth to occur at the South Campus,” said Dr. Gruessner.

Improving Trauma Care with Burn Program

The University of Arizona Medical Center – University Campus has been adding burn treatment to its trauma program since Peter Rhee, MD, joined the hospital in 2007 as chief of the Level I trauma center. Now, with Gary A. Vercruysse, MD, as the medical director of the new Burn Care Program, the Department of Surgery and UAMC are making huge leaps forward in expanding its burn-care services.

Dr. Vercruysse came to the UA from the Grady Memorial Burn Center in Atlanta, one of the busiest burn centers in the nation. He also served as chief of surgery in the largest military hospitals in Iraq and Afghanistan; most recently, he deployed to Germany in support of our wounded troops.

The new Burn Care Program will significantly decrease the number of patients with serious burns being transferred to Phoenix for treatment. Dr. Rhee and Dr. Vercruysse expect that all burn patients in Southern Arizona now will be sent to UAMC and the vast majority will stay in Tucson for both initial care and follow-up treatment.

As the program expands, Dr. Vercruysse also may add an additional outpatient burn program at the UAMC – South Campus.

“Dr. Vercruysse is truly a treasure,” said Dr. Rhee. “He is just the person Tucson needed – a city of this size simply needs to have burn surgery capabilities. It’s all about providing services to the community.”

South Campus surgeons include:

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindy A. Black, MD</td>
<td>Otolaryngology – Head and Neck Surgery</td>
</tr>
<tr>
<td>Warren C. Breidenbach, MD</td>
<td>Hand Surgery</td>
</tr>
<tr>
<td>Randall S. Friese, MD</td>
<td>Trauma Surgery, General Surgery</td>
</tr>
<tr>
<td>Joel Funk, MD</td>
<td>Urological Surgery</td>
</tr>
<tr>
<td>Carlos Galvani, MD</td>
<td>Minimally Invasive and Bariatric Surgery</td>
</tr>
<tr>
<td>D.J. Green, MD</td>
<td>Trauma Surgery, General Surgery</td>
</tr>
<tr>
<td>Marlon A. Guerrero, MD</td>
<td>Endocrine Surgery</td>
</tr>
<tr>
<td>John B. Kettelle, MD</td>
<td>Minimally Invasive and General Surgery</td>
</tr>
<tr>
<td>James H. McLenathan, MD</td>
<td>General Surgery and Breast Surgery</td>
</tr>
<tr>
<td>Jitesh A. Patel, MD</td>
<td>Colorectal Surgery</td>
</tr>
<tr>
<td>Bruce E. Stewart, MD</td>
<td>Otolaryngology – Head and Neck Surgery</td>
</tr>
<tr>
<td>Andrew L. Tang, MD</td>
<td>Trauma Surgery, General Surgery</td>
</tr>
<tr>
<td>Tolga Turker, MD</td>
<td>Hand Surgery</td>
</tr>
<tr>
<td>Christian O. Twiss, MD</td>
<td>Urological Surgery</td>
</tr>
<tr>
<td>Rebecca Viscusi, MD</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>Jiyao Zou, MD</td>
<td>Hand Surgery</td>
</tr>
</tbody>
</table>

Dr. Gary Vercruysse with burn patient Juliette Contreras. The Tucson sixth-grader did not have to go to Phoenix to get specialized care for her second-degree burns after spilling boiling water on her abdomen and legs.
Maximizing Results with Minimally Invasive Spine Surgery

Minimally invasive spine surgery offers patients less pain and a faster recovery. However, only about 20 percent of spine surgeons in the United States perform minimally invasive surgery.

Ali A. Baaj, MD, assistant professor in the UA Department of Surgery Division of Neurosurgery, specializes in minimally invasive spine surgery and directs the new Spinal Neurosurgery Program. He said surgeons now are able to approach the spine from the patient’s side, in addition to the more traditional front or back. Using small retractors, operating microscopes, and computer-assisted navigation systems inserted through small incisions, surgeons can access the spine while sparing the muscles, which speeds recovery and reduces pain compared with traditional spinal surgery methods.

Dr. Baaj joined the UA in 2012 after completing a premier spinal neurosurgical fellowship at Johns Hopkins University. He brings to Southern Arizona new minimally invasive surgical techniques for patients with disorders of the spine and spinal cord. Furthermore, he is formally trained in complex, open procedures and thus can offer either minimally invasive or traditional techniques, depending on the individual patient’s specific condition.

“Many conditions can be treated with some aspect of minimally invasive surgery. However, certain complex conditions still require standard open treatment. The best treatment should be tailored to the patient,” Dr. Baaj said.

“At The University of Arizona Medical Center,” he added, “we can now treat the full array of adult spinal conditions and offer both minimally invasive and traditional open-spine procedures. Very few academic spine programs in the nation can offer this.”

Lifesaving Lung Transplant Program Reactivated

The University of Arizona Medical Center – University Campus has reactivated its lung and heart-lung transplant programs, following the recruitment of Jesus Gomez-Abraham, MD, who joined the UA Department of Surgery as assistant professor in the Division of Cardiothoracic Surgery.

The hospital stopped performing lung transplants in February 2012 after its then-primary lung-transplant surgeon, Michael Moulton, MD, accepted an appointment as chief of cardiothoracic surgery at the University of Nebraska Medical Center. UAMC received interim approval to reactivate the program effective Feb. 20, 2013, from the United Network for Organ Sharing (UNOS).

UAMC is one of a handful of medical centers in the nation to offer a comprehensive program of heart, lung, liver, kidney, pancreas, intestine, multivisceral, islet, and composite-tissue transplants for adults and children.

“The reactivation of the lung transplant program gives UAMC the opportunity once again to bring a full range of sophisticated, lifesaving care to patients with end-stage lung disease,” said Rainer W.G. Gruessner, MD, chairman, UA Department of Surgery.
New Faces of UA Surgery

Ali A. Baaj, MD, a specialist in minimally invasive spine surgery, has joined the UA Department of Surgery as an assistant professor and the director of the Spinal Neurosurgery Program. He brings to Southern Arizona new minimally invasive spine surgical techniques for patients with disorders of the spine and spinal cord.

He also is trained in complex spinal reconstruction and in the surgical management of spinal tumors and adult deformities. His clinical interests include spinal oncology, complex thoracolumbar and sacropelvic reconstruction, and minimally invasive spine procedures. His research interests include spinal biomechanics and clinical outcomes.

Dr. Baaj recently completed one of the nation's premier spinal neurosurgical fellowships at Johns Hopkins University, with an emphasis on spinal column tumors. He earned his medical degree at Boston University, then completed neurosurgery residency training at the University of South Florida. Afterward, he completed a fellowship in Adult Spine Surgery at the University of Arizona.

Dr. Baaj holds a fellowship in Spinal Biomechanics at the Barrow Neurological Institute in Phoenix. The coauthor of the *Handbook of Spine Surgery*, he has published more than 40 articles and book chapters.

Mindy A. Black, MD, is an assistant professor in the UA Department of Surgery Division of Otolaryngology – Head and Neck Surgery. She specializes in ear, nose, and throat (ENT) medical and surgical care for pediatric and adult patients, including those with voice disorders and swallowing difficulties.

Dr. Black earned her medical degree and completed otolaryngology – head and neck surgery residency training at the University of Toronto, Ontario. She also completed a clinical fellowship in laryngology, clinical voice disorders, and laryngeal microsurgery at St. Michael's Hospital in Toronto.

Before joining the UA, she was in private practice in Tucson. She also previously served as an assistant professor in the Department of Otolaryngology at McGill University in Montreal, Quebec.

Dr. Black is a lecturer for a voice disorders course in the Department of Speech Language Pathology at the UA. She is a member of the Tucson Society of Women Physicians and the Canadian Society of Otolaryngology.

Giles W. Becker, MA, MB, BChir, FRCS (Tr and Orth), has joined the UA Department of Surgery Division of Reconstructive and Plastic Surgery as an assistant professor.

Dr. Becker joins a team of UA plastic and reconstructive microvascular surgeons who are experts in treating the full spectrum of injuries and conditions of the hands and upper extremities, including hand transplants; tendon, artery, and nerve repair; soft-tissue reconstruction; and joint replacements for the hands and wrists.

Dr. Becker attained his primary medical degree in 1996 at the University of Cambridge in the United Kingdom. He served for seven years in the Royal Air Force, participating in an internship and a multispecialty military residency surgical training program. He subsequently completed a trauma and orthopedic surgery residency at the University of Nottingham in the United Kingdom.

In addition, he completed hand and microsurgery fellowships at the Christine M. Kleinert Institute for Hand and Microsurgery in Louisville, Kentucky, and at the University of Oxford in the United Kingdom. He completed the Synthes Hand and Wrist Trauma Fellowship at the Chelsea and Westminster Hospital in London, where he then served as an attending surgeon.

Dr. Becker has published more than a dozen journal articles. His research interests focus on Dupuytren's disease, finger replantation, and trauma.

Zain Khalpey, MD, PhD, MRCS (Eng), has joined the UA Department of Surgery as an assistant professor in the Division of Cardiothoracic Surgery. He also is the surgical director of the Heart Transplant and Mechanical Circulatory Support Program at The University of Arizona Medical Center.

Dr. Khalpey specializes in heart surgery for adults and children. He comes to the UA from Columbia University in New York City, where he also has a tenure-track appointment in cardiothoracic surgery. His surgical interests include adult and pediatric heart transplants, mechanical circulatory support (ventricular-assist devices, the total artificial heart), ex vivo lung perfusion, minimally invasive treatments for valve disease, arrhythmia surgery, and robot-assisted mitral valve surgery.

In his research role at the UA, Dr. Khalpey is the director of the Ex Vivo Lung Program, Clinical and Translational Research, and the Cardiopulmonary Stem Cell Bank. He also holds a position on the UA Institutional Review Board.

Dr. Khalpey has published more than 100 articles, abstracts, and book chapters. He is an American Heart Association reviewer and an Early Career Reviewer for the National Institutes of Health (NIH). He has received numerous teaching and institutional awards, including the Hunterian Medal and Professorship of Surgery from the Royal College of Surgeons, England; the Winston Churchill Medal, bestowed by Queen Elizabeth II; the Excellence in Teaching Award, Harvard University; the United Nations Educational, Scientific and Cultural Organization (UNESCO) Fellowship from Switzerland and France; and the Solly Medal and Prize for Surgery from the University of London.

Bijan Najafi, PhD, associate professor, Division of Vascular and Endovascular Surgery, has joined the UA Department of Surgery as the director of the Interdisciplinary Consortium on Advanced Motion Performance (iCAMP). He also is a scientific member of the UA Center on Aging and a scientific advisory board member of The University of Arizona Arthritis Center.

Dr. Najafi has gained international recognition for his pioneering work using activity monitoring and motion analysis. He has developed biomechanical models of the human body and combined them with small, low-cost sensors to create a system of portable motion sensors worn by patients.

Previously, he served as the director of Dr.
Farid Gharagozloo, MD, an internationally recognized thoracic surgeon with expertise in minimally invasive and robot-assisted procedures, has joined the UA Department of Surgery as a professor and chief of the Section of Thoracic Surgery in the Division of Cardiothoracic Surgery.

He leads the Southwestern Lung Cancer Program, which combines screening for lung cancer and advanced robot-assisted surgery for early-stage disease.

In addition to lung cancer, Dr. Gharagozloo treats a variety of thoracic disorders, including those that affect the esophagus, with new minimally invasive techniques. His clinical and research interests include robot-assisted thoracic surgery, surgery for advanced thoracic malignancies, surgery for benign and malignant esophageal disorders (including a new procedure for the treatment of gastroesophageal reflux disease), and robot-assisted surgery for thoracic outlet syndrome.

Before coming to the UA, Dr. Gharagozloo was chief of clinical cardiothoracic surgery and a clinical professor of surgery at the George Washington University Medical Center. He also served as surgeon-in-chief and director of the Washington Institute of Thoracic and Cardiovascular Surgery in Washington, D.C.

Dr. Gharagozloo earned his medical degree at Johns Hopkins University. He completed residency training in general surgery and in thoracic and cardiovascular surgery at the Mayo Clinic in Rochester, Minn. In addition, he pursued further training in cardiac surgery research as an extracorporeal fellow at Harvard Medical School.

A diplomat of the American Board of Thoracic Surgery, Dr. Gharagozloo also is a board member of the Society of Robotic Surgery. A well-known lecturer and author, he has published more than 140 papers and is the senior editor of the Textbook of Robotic Surgery.

Marian Porubsky, MD, has joined the UA Department of Surgery Division of Abdominal Transplantation as an assistant professor. He performs all types of solid-organ transplants—kidney, liver, pancreas, and intestine—with a focus on pancreas, intestine, and multivisceral transplants.

A member of the HepatoPancreaticoBiliary (HPB) Center team, Dr. Porubsky also treats all conditions that affect the liver, gallbladder, bile ducts, pancreas, and duodenum. Such conditions include benign and malignant tumors, inflammation, congenital abnormalities, and traumatic injuries.

Dr. Porubsky attended medical school at Komensky University Bratislava in Slovakia. After his general surgery residency at the University Hospital Essen, Germany, he completed a research fellowship and a general surgery residency at the University of Illinois at Chicago. He recently finished a fellowship in organ transplantation at Indiana University Medical Center in Indianapolis.

He has published numerous articles in peer-reviewed journals and presented his research findings at national meetings.

Abbas Rana, MD, assistant professor, has joined the Division of Abdominal Transplantation at the UA Department of Surgery. He brings to the UA his expertise in liver transplants and in surgeries for malignant and nonmalignant conditions that affect the liver, gallbladder, bile ducts, pancreas, and duodenum. A member of the HepatoPancreaticoBiliary (HPB) Center team, he provides the latest treatments for patients with tumors, inflammation, congenital abnormalities, and traumatic injuries of the liver and pancreas.

An Alpha Omega Alpha (AOA) graduate of the University of Pittsburgh School of Medicine, Dr. Rana completed residency training in general surgery at Columbia University in New York City, then fellowship training in transplantation at the University of California – Los Angeles. He has published more than 30 research articles, focusing on liver transplant outcomes.

Gary A. Vercruysse, MD, has joined the UA Department of Surgery Division of Trauma, Critical Care and Emergency Surgery as an associate professor. In addition to treating trauma patients, he will serve as the medical director of the Burn Care Program at The University of Arizona Medical Center.

Dr. Vercruysse has extensive experience in the treatment of burns and traumatic injuries. He comes to the UA from Grady Memorial Hospital in Atlanta, where he was codirector of the Grady Memorial Burn Center and an assistant professor at Emory University. He also served as chief of surgery at the U.S. Air Force Theater Hospital in Balad, Iraq, and as senior surgeon and ICU director at the Craig Joint Theater Hospital in Bagram, Afghanistan.

He specializes in skin grafts, wound reconstruction, and critical care management for adult and pediatric patients with acute thermal, chemical, and electrical injuries, as well as with burn-related complications. His research interests include vasopressin deficiency as related to hemorrhagic shock, the economics of burn care, and burn injury education. He is also dedicated to community service and outreach to promote burn awareness and prevention.

Dr. Vercruysse has extensive experience in the treatment of burns and traumatic injuries. He comes to the UA from Grady Memorial Hospital in Atlanta, where he was codirector of the Grady Memorial Burn Center and an assistant professor at Emory University. He also served as chief of surgery at the U.S. Air Force Theater Hospital in Balad, Iraq, and as senior surgeon and ICU director at the Craig Joint Theater Hospital in Bagram, Afghanistan.

He specializes in skin grafts, wound reconstruction, and critical care management for adult and pediatric patients with acute thermal, chemical, and electrical injuries, as well as with burn-related complications. His research interests include vasopressin deficiency as related to hemorrhagic shock, the economics of burn care, and burn injury education. He is also dedicated to community service and outreach to promote burn awareness and prevention.

Dr. Vercruysse has extensive experience in the treatment of burns and traumatic injuries. He comes to the UA from Grady Memorial Hospital in Atlanta, where he was codirector of the Grady Memorial Burn Center and an assistant professor at Emory University. He also served as chief of surgery at the U.S. Air Force Theater Hospital in Balad, Iraq, and as senior surgeon and ICU director at the Craig Joint Theater Hospital in Bagram, Afghanistan.

He specializes in skin grafts, wound reconstruction, and critical care management for adult and pediatric patients with acute thermal, chemical, and electrical injuries, as well as with burn-related complications. His research interests include vasopressin deficiency as related to hemorrhagic shock, the economics of burn care, and burn injury education. He is also dedicated to community service and outreach to promote burn awareness and prevention.
Allen R. Raczkowski, MD, 60, died on Dec. 23, 2012.

Dr. Raczkowski joined the UA Department of Surgery Division of Cardiothoracic Surgery as an assistant professor in October 2011. Recognized as a pioneer in using the da Vinci robot for minimally invasive coronary operations, he performed nearly 400 robot-assisted heart surgeries during the course of his career and was the busiest proctor in the country for teaching his techniques to others.

He graduated from medical school at Wayne State University in 1977, then completed surgical and cardiothoracic training at the University of Wisconsin in 1984. His entire clinical practice, spanning nearly 30 years, was dedicated to the state of Arizona, divided between Tucson (1984-1998; 2011 to present) and Phoenix (1998-2011).

His passion was the use of surgical techniques for complex mitral valve repairs. In 1988, he was a fellow under Alain Carpentier, MD, PhD, the famed French surgeon who is widely credited with inventing the modern techniques used for mitral valve repair.

Dr. Raczkowski was one of the earliest adopters of robot-assisted heart valve surgery, with his first case in 2003. He was the first in the world to perform robot-assisted aortic valve surgery, as well as the first in the world to use the robot for mitral repairs on the non-arrested, beating heart. In Arizona, he was the first to perform robot-assisted mitral valve replacement and repair, as well as the first to use a surgical maze procedure to treat atrial fibrillation.

Erle E. Peacock, Jr., MD, 86, founding chairman of the UA Department of Surgery, died on Oct. 25, 2012.

Dr. Peacock graduated from the University of North Carolina in Chapel Hill, Harvard Medical School, and the University of North Carolina School of Law. During World War II, he served in the U.S. Navy. During the Korean War, he served in the U.S. Army Medical Corps, where he specialized in hand surgery at Valley Forge Army Hospital. He founded the University of North Carolina’s Plastic Surgery Division and Hand Rehabilitation Center.

In 1968, Dr. Peacock was recruited to be the founding chairman of the UA Department of Surgery and the chief of surgery at the new University Hospital until 1973.

From 1977 to 1982, Dr. Peacock taught and practiced surgery at Tulane University in New Orleans. He then returned to Chapel Hill and the private practice of plastic surgery until 1993. After retiring from surgical practice, he practiced health care law in Raleigh, North Carolina (with Hollowell, Peacock & Meyer), then began a solo practice back in Chapel Hill.

Dr. Peacock was president of the American Board of Plastic Surgery, the Plastic Surgery Research Council, and the Womack Surgical Society. He served on the editorial boards of five surgical journals and on two National Institutes of Health (NIH) Study Sections. He was a consultant to the U.S. Army Research and Development Office of Medical Examiners and an active or honorary member of 27 professional organizations, including the American College of Legal Medicine.

In addition to numerous publications in scientific journals, Dr. Peacock authored a surgical textbook, Wound Repair. He coauthored a book with Richard Peters, MD, The Scientific Management of Surgical Patients. His many honors include the North Carolina Junior Chamber of Commerce Young Man of the Year Award in 1967, the University of North Carolina School of Medicine Distinguished Service Award in 1979, the American Society of Plastic and Reconstructive Surgery “Clinician of the Year” Award in 1985, and the Southeastern Society of Plastic Surgery Special Achievement Award in 2001.

Rockwell E. Jackson, MD, 87, a former clinical professor in the UA Department of Surgery, died Dec. 5, 2012.

He won the prestigious Henry Newell Scholarship and attended Stanford University, starting in 1942. In 1943, he entered the Navy V-12 program and attended the University of Michigan College of Medicine from 1944 to 1948. His residency training in Ann Arbor was interrupted when he volunteered for active service during the Korean War.

After returning to Michigan, he finished his residency and became a clinical instructor in surgery. His long career as a general surgeon in Tucson, which began at the Thomas Davis Clinic, included a lengthy partnership with Dr. Bud Simons and service as the chief of staff at St. Joseph’s Hospital.

After retiring from private practice in the early 1990s, Dr. Jackson performed volunteer surgical work in South Sumatra, the Caribbean, and on the Navajo reservation in Ganado. He was a clinical professor at the UA Department of Surgery and the attending surgeon at the Southern Arizona Veterans Affairs Health Care System.

A member of the American College of Surgeons, he served as president of the Arizona Chapter, which recently honored him with a Lifetime Achievement Award for Pioneering Innovations in Surgery. He also served as president of the Tucson Surgical Society and was a member of the Frederick A. Coller Surgical Society.
The UA Department of Surgery hosted its annual reception for alumni and friends during the Clinical Congress of the American College of Surgeon in Chicago last October. Save the date – this year’s reception will be held Monday, Oct. 7, 2014, in Washington, D.C.

Mustafa Aman, Bernardo Rocha, Carlos Galvani, John Kettelle, Albert Amini

Irada Ibrahim-Zada, Evan Glazer, Michelle Glazer

James Warneke, Lisa Warneke, Shauna Weinand, Martin Weinand

Kathrin Troppmann, Rainer Gruessner, Christine Gruessner

Rifat Latifi, Peter Rhee, Rainer Gruessner
Philanthropy News

Dr. Peter Rhee Named to Martin Gluck Endowed Chair

Peter Rhee, MD, professor and chief of the UA Department of Surgery Division of Trauma, Critical Care and Emergency Surgery, is the inaugural holder of the Martin Gluck Endowed Chair.

One of 41 endowed chairs in the UA College of Medicine, the Martin Gluck Endowed Chair represents the second endowed chair for a division chief in the department. The first endowed chair for a division chief currently is held by Robert Poston, MD, chief of the Division of Cardiothoracic Surgery and holder of the Jack G. Cope- land Endowed Chair of Cardiovascular Surgery.

The enduring support of the Martin Gluck Endowed Chair will allow Dr. Rhee to continue his distinguished public service in medical education, patient care, and research at the UA. The chair position will be held by the division chief in perpetuity.

The endowment was created with a $1.7 million commitment by Tucson Foundations, a group of 12 private foundations under the direction of the Lohse family. That generous gift was supplemented by the proceeds of the 2011 M*A*S*H Bash (the annual trauma fundraising event), bringing the total to $2 million.

“The University of Arizona and the Division of Trauma serve our Tucson community and beyond in critical ways,” said Linda Lohse, who holds a UA degree in nursing and has served in a number of volunteer leadership positions across campus, including her current post on the UA Foundation’s Board of Trustees. “We are so pleased to be able to support this division, and particularly Dr. Rhee, through an endowed gift.”

Department Chairman Rainer W.G. Gruessner, MD, added, “The annual proceeds of this endowment will allow Dr. Rhee to focus on pivotal research in the field of trauma, including blood substitutes in patients with life-threatening injuries, suspended animation techniques for critically injured patients, and innovative treatments for patients suffering shock.

“We hope this gift inspires more endowed support for all of our subspecialty division chiefs, facilitating seminal advances in medical research and clinical surgery.”

George W. Drach, MD, Visiting Professorship Hosts Dr. Marshall Stoller

The UA Department of Surgery has created the George W. Drach, MD, Distinguished Visiting Professorship in Urology to recognize the achievements of Dr. Drach, the founding chief of urology, as well as professor emeritus of both the UA and the University of Pennsylvania. The visiting professorship’s mission is to bring nationally recognized urology leaders to the UA.

The first visiting professor was Marshall L. Stoller, MD, professor and vice chair of the Department of Urology at the University of California, San Francisco. He presented lectures on urinary stone disease and nephrolithiasis to urology residents and community urologists on Feb. 13, 2013.

The UA Division of Urology seeks to create the George W. Drach, MD, Endowed Chair in Urology, to be held by the chief of the division. Until this ultimate goal is achieved, the Distinguished Visiting Professorship will continue to bring the latest developments and scientific advancements in urology to the Arizona medical community.
**S** *H Bash

**SAVE THE DATE:**
**M*A*S*H Bash**
April 5, 2014

You are invited to attend
**The Latest and Greatest Development in Trauma Care**
Updates on the Level I Trauma Center at the University of Arizona

Please join the Friends of the UA Trauma Center for a series of updates on the Level I trauma center at the University of Arizona. Presentations include the latest research and medical technologies in trauma surgery, as well as stories about the people whose lives were saved at the trauma center.

**WHEN:** Thursdays, 4:00-6:00 p.m.
**DATES:** Sept. 26, 2013 • Nov. 21, 2013
Jan. 23, 2014 • March 27, 2014
**COST:** $40 per person

For more information: Laura Ballesteros, 520-626-5056

---

**Donations**

Recognizing gifts of $1,000 or more in 2012

Aesculap, Inc.
Air Methods Corporation
Monica A. Akyol
Alice and Paul Baker
Mr. and Mrs. J. Emery Barker
Peggy M. Barrett (deceased)
David J. Berwick
Mario A. Carrasco
Dr. and Mrs. Sam DeFrancesco
Donor Network of Arizona
Edwards Lifesciences
Anita and Bradley H. Feder
John M. and Patricia Feeney
Dr. and Mrs. Murray S. Feldstein
Dr. and Mrs. Randall S. Friese
Joseph A. Gervasio
DeeAnne G. Gibbons
Nina and Nick Gibson
Global Investment Strategies LLC
Nancy and Michael Goodman
Dr. and Mrs. D.J. Green
Dr. Lynne Gries
Drs. Angelika and Rainer Gruessner
HealthSouth
HealthSouth Rehabilitation Hospital
Hugeo Foundation
Mrs. Pam Jackson and the late Dr. Rockwell Jackson
Jim Click Nissan, Inc.
Dr. Bellal Joseph
Kate Jennings Charitable Trust
Dr. and Mrs. Daniel Klemmedson
Dr. and Mrs. Narong Kluvatunyou
Pamela L. Lacy
Allen Langer
Dr. and Mrs. G. Michael Lemole
James J. Leos
Lloyd Construction Co.
Lohse Foundation
Dr. Lorraine L. Mackstaller
Margaret E. Mooney Foundation
Dr. Jacqueline L. Mok
Donald and Donna Mosites Family Foundation
Dr. Terence O’Keeffe
Dr. and Mrs. Peter Rhee

---

Dr. Peter Rhee
Former Rep. Gabrielle Giffords (D-Ariz.) and husband Mark Kelly
Sandy Maxfield, Dr. Bob Maxfield, Laura Brown

---

Dr. Rainer Gruessner
Donations

Antonio Robles
Nancy G. and James Rodolph
Mr. and Mrs. James F. Ronstadt
Rosemont Copper
Rural/Metro Fire Department, Chief
Tom Brandhuber
Sanofi-Aventis
Mr. and Mrs. Jerry Schuchardt
Dr. and Mrs. Gulshan Sethi
Southern Arizona Trauma Network Inc. (SATNET)
Robert L. Steinberg
Mr. and Mrs. Robert A. Strauss
Dr. and Mrs. Andrew L. Tang
Drs. Michael and Janet Teodori
The University of Arizona Medical Center – South Campus
Tucson Electric Power
Two Rivers Financial Group
Dr. and Mrs. Evan Unger
United Way of Tucson and Southern Arizona
Ventura-Pacific Development, Inc.
Count and Countess Ferdinand Von Galen
W.L. Gore & Associates, Inc.
Dr. and Mrs. Martin Weinand
Western Alliance Bank
Dr. Wendell Whitacre and Dr. Teresa Cisler
William and Mary Ross Foundation
Dr. Julie L. Wynne
Zuckerman Family Foundation

Awards & Recognition

David G. Armstrong, DPM, MD, PhD, received the first-place Clinical Research Award from the Symposium for the Advancement of Wound Care/Wound Healing Society for his article “Comparative Effectiveness of Mechanically and Electrically Powered NPWT Devices: A Multicenter Randomized Controlled Trial,” coauthored with Marston WA, Reyzelman AM, and Kirsner RS. He also was recognized as one of the Most Influential Podiatric Physicians by being named to the “Podiatry Management VIP List” of 2012. In addition, he was the first U.S. podiatric surgeon to be named a Fellow in the Royal College of Physicians and Surgeons (Glasgow). And he is now the U.S. chair of the International Working Group on the Diabetic Foot for the International Diabetes Federation and the World Health Organization (WHO).

Carlos A. Galvani, MD, received the “Carl J. Levinson Award for Best Video” and the “Best General Surgery Video” award for “Single-Incision Sleeve Gastrectomy” at the SLS-MIRA-SRS Joint Annual Meeting & Endo Expo, Sep 2012.

Stephen A. Goldstein, MD, has been named president-elect of the Arizona Otolaryngology Society.

Matthew Gretzer, MD, was elected vice-president of the Arizona Urological Society.

Rainer W.G. Gruessner, MD, received the 2012 Cure Award from the Southern Arizona American Diabetes Association.

Bellal Joseph, MD, won the 2012 Trauma Care and Injury Prevention program award from Indian Health Service.

Rifat Latifi, MD, received the Recognition of Medical and Surgical Mission award for his continuous volunteer efforts from the Association of Filipino Physicians of Southern Illinois USA and the Philippine Gift of Life Foundation Province of Bohol, Tagbilaran, Bohol Islands, Philippines. He also was given the Excellence in Surgery Services Award at the Hamad General Hospital in Doha, Qatar, by the Arab Health 2012 Achievement and Innovation program. In addition, he was appointed an international advisor to Albania’s minister of health, Dr. Vanghel Tavo, to help reform that nation’s trauma and emergency system. He was elected to the board of the International Society for Telemedicine and Health.

G. Michael Lemoile, Jr., MD, won first place for his research abstract at the 12th International Meeting on Simulation in Healthcare, San Diego, Jan 2012. In addition, he was named a Top Doctor by U.S. News & World Report in 2012.

Randall S. Friese, MD, was awarded honorary induction into the Gold Humanist Honors Society in 2012.

Joseph L. Mills, Sr., MD, was elected president of the Western Vascular Society, president of the Rocky Mountain Vascular Society, and chair of the Association of Affiliated Vascular Societies (AAVS) of the Society for Vascular Surgery in 2012. He also became a miembro honorario (honorary member) of the Asociación Colombiana in 2012.

Peter Rhee, MD, received the Laurel Highlands High School Inaugural Lifetime Achievement Award and the Korean American Medical Association Career Achievement Award in 2012. He also was presented with a Certificate of Accomplishment by U.S. Congressman Ed Royce. In addition, he was named a Top Doctor by U.S. News & World Report in 2012.

Sreekumar Subramanian, MD, won the Best Poster Presentation award at the International Society of Minimally Invasive Cardiothoracic Surgery, Jun 2012.

Publications


**Presentations**


Armstrong DG, “Diabetic Foot Care: Battling an Era of Decay with Teamwork and Tenacity,” “Offloading the Diabetic Foot: What We’ve Learned Over the Last 50 years,” 100th Annual Symposium of the Society of Chiropodists and Podiatrists, Keynote Address, Glasgow, Scotland, United Kingdom, Oct 2012.


Armstrong DG, “The Diabetic Foot,” Boonshoft School of Medicine, Wright State University/American College of Certified Wound Specialists National Symposium, Dayton, OH, Sep 2012.


Armstrong DG, “Negative Pressure Wound Therapy: Could All the Data Be Wrong?,” 25th Symposium for the Advancement of Wound Care, Plenary Session, Atlanta, Apr 2012.


Armstrong DG, International Diabetic Foot Conference, Conference Chair, Los Angeles, Mar 2012.


Chiu AG, “Infection vs. Allergy as Cause of Chronic Rhinosinusitis (CRS),” North American Rhinology and Allergy Conference, San Juan, PR, Feb 2012.


Chiu AG, Southern California Kaiser Permanente Head and Neck Symposium, Huntington Beach, CA, Jun 2012.

Chiu AG, “Seattle Summer Sinus Course,” Virginia Mason Medical Center, Seattle, Aug 2012.


Galvani CA, “Minimally Invasive Revisitional Bariatric Surgery,” University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine, Department of Surgery, Stratford, NJ, Apr 2012.


Green DJ, “Tension Pneumothorax: Treatment in the Field, in the Intensive Care Unit (ICU), and on the Big Screen,” 20th Annual Emergency Medical Services (EMS) on the Border Conference, Tucson, Jan 2012.

Green DJ, "10 Years Away from Tucson: Naval Trauma Training Center and Forward Experiences in Iraq," Tucson Surgical Society Presidential Address, Tucson, Mar 2012.


Gruessner RWG, "Impact of Donor and Recipient Factors on Outcome After Pancreas Transplantation," Transplant Surgery Grand Rounds, University Hospital, Ghent, Belgium, Mar 2012.


Joseph B., “Prospective Evaluation of Noninvasive Hemoglobin Monitor in Trauma Patients,” “Fatal Gunshot Wound to the Head: One Life Lost but Many Saved,” “Low-Dose Aspirin Therapy Is Not a Reason for Repeat Head Computed Tomography (RHCT) in Patients with Traumatic Brain Injury (TBI),” Annual Southwest Trauma and Acute Care Symposium, Phoenix, Nov 2012.


Joseph B., “Coagulopathy in Patients with Traumatic Brain Injury (TBI),” “Clinical Efficacy of Repeat Head Computed Tomography (RHCT) in Pediatric TBI Patients,” “Trauma Center Volume and Outcome,” “Prospective Evaluation of Platelet Function in Patients with TBI on Aspirin Therapy,” “Are All Trauma Centers Equal: Analyzing Pediatric Outcomes,” Annual Southwest Trauma and Acute Care Symposium, Phoenix, Nov 2012.


Joseph B., “Prospective Evaluation of Frailty in Pediatric TBI Patients,” “Trauma Center Volume and Outcome,” “Prospective Evaluation of Platelet Function in Patients with TBI on Aspirin Therapy,” “Are All Trauma Centers Equal: Analyzing Pediatric Outcomes,” Annual Southwest Trauma and Acute Care Symposium, Phoenix, Nov 2012.


Latifi R, “Trauma in Morbidly Obese Patients,” “Establishing Trauma Systems in Developing Countries: Challenges and Opportunities,” “Nutritional Support in Septic and Trauma Patients,” 8th Middle East Trauma Conference, Abu Dhabi, United Arab Emirates, Oct 2012.


O’Keeffe T, “Not All Beta-Blockers Are Better for Traumatic Brain Injury,” 71st Annual Conference of the American Association for the Surgery of Trauma, Kauai, HI, Sep 2012.


Tang A, “Predictors of Advanced Trauma Life Support (ATLS) Failure” “Modified Veress Needle for Tension Pneumothorax Decompression: A Randomized Trial,” Annual Southwest Trauma and Acute Care Symposium, Phoenix, Nov 2012.


Witte M, “Curriculum on Medical and Surgical Ignorance,” Resident and Medical Student Seminar, Central Military Hospital, Buenos Aires, Nov 2012.


**Abdominal Transplantation**

**Tun Jie, MD**
Portable Gas Perfusion System for Pancreas Preservation (Federal)

**Angelika C. Guussner, PhD**
International Pancreas Transplant Registry (IPTR) (Non-federal)

**Klearchos K. Papas, PhD**
Enhanced O2 Supply to Immunoisolated Islets (Non-federal)

**Cardiothoracic Surgery**

**Robert S. Poston, MD**
A Comparative Effectiveness Trial of Patient Recovery After Robotic Assisted vs. Traditional CABG (Non-federal)

**Gulshan K. Sethi, MD**
Clinical Trial of the On-X Valve Using Low Dose Anticoagulation (Non-federal)

**Omega-3 Fatty Acids for Prevention of Post-Operative Atrial Fibrillation** (Non-federal)

**Otolaryngology**

**Abraham Jacob, MD**
Preclinical Testing of a Novel Pdk1 Inhibitor for Treating Vestibular Schwannoma (Federal)

**Surgical Oncology**

**Valentine N. Nfonsam, MD**
An Extended Pain Relief Trial Utilizing the Infiltration of a Long-Acting Multivesicular LiPosome Formulation of BupiVacaine (SKY0402): A Phase 3b Health Economic Trial in Adult Patients Undergoing Ileostomy Reversal, (IMPROVE – Ileostomy Reversal) (Non-federal)

**Trauma, Critical Care and Emergency Surgery**

**Randall S. Fries, MD**
ROC Protocols (Federal)

**Sleep Promotion in Critically Ill and Injured Patients Cared for in the Intensive Care Unit** (Non-federal)

**Terence S. O’Keeffe, MD**
Randomized Predicted MT Patients (Federal)

**Urology**

**Matthew B. Gretzer, MD**
Clinical Investigation of the Proact Adjustable Continence Therapy for Treatment (Non-federal)

**Vascular Surgery**

**David G. Armstrong, DPM, MD, PhD**
A Randomized, Prospective, Double-Blind, Vehicle-Controlled, Dose Ranging, Multicenter Study to Assess the Safety and Clinical Effect of Hexagon (Non-federal)

**Body Worn Sensor Technology for Improving Diabetic Care during Activity of Daily Living** (Non-federal)

**Foot Infrared Rolling Scan Transducer (First)** (Federal)

**Game-Based Virtual Reality Approach for Improving Balance, Reducing Falls, and Preventing Complications in Diabetes** (Non-federal)

**Instant Total Contact Cast to Heat Diabetic Foot Ulcers: An Investigator Blinded Randomized, Controlled Clinical Trial with Three Parallel Treatment Groups** (Federal)

**Smart Sox: Using Intelligent Textiles to Dose Activity and Prevent Complications** (Non-federal)

**The Effect of ORC/Collagen/Silver on Protease Reduction in Diabetic Foot Ulcers** (Non-federal)

**Wound EMR to Decrease Limb Amputations in Persons with Diabetes** (Federal)

**Joseph L. Mills, MD**
A Prospective Randomized Study to Evaluate the Efficacy, Safety, and Tolerability of IXMYELOCEL-T in Subjects with Critical Limb Ischemia and No Options for Revascularization (Non-federal)

**Carotid Revascularization Endarterectomy vs. Stenting (Crest) Trial** (Federal)

**Non-Invasive Treatment of Abdominal Aortic Aneurysm Clinical Trial (N-TA3CT)** (Federal)

**Phase II Clinical Trial of The Safety and Efficacy of Pythagoras: Prospective Aneurysm Trial: High Angle Aortix Bifurcated Stent Graft** (Non-federal)

**Bijan Najafi, PhD**
Fall Prevention in Elderly with Diabetes Using Wearable Technology (Federal)

**Portable Device for Telecare Monitoring of Elderly People** (Federal)

**Smart Insoles for Real Time Feedback to Diabetic Patients** (Non-federal)

**Smart Thermometric Mat for Imaging Diabetic Feet** (Non-federal)

**Training Dual-Task Walking After Stroke: Effects on Cognitive-Motor Interference and Locomotor Control** (Non-federal)

**True Functional Restoration and Analgesia in Non-Radicular Low Back Pain: Prospective, Single Blind Placebo Lead In, Then Double Blind Placebo Control** (Non-federal)

**Marlys H. Witte, MD**
BBB Protection in HIV Infection: Barrier-shielding effects of PARP Inhibition (Federal)

**High School Student Neuroresearch Program (HSNRP)** (Federal)

**Infection and Immunity K-12 Science Program: Exploring Knowns/Unknowns via VCRC/Q Shielding** (Federal)

**K-12 Virtual Clinical Research Center and Medical Ignorance Exploratorium: Phase I** (Federal)

**Lymphatic Vascular-Based Therapy for IBD** (Federal)

**Mouse Models of Lymphedema** (Federal)

**Progression of Inflammatory Bowel Disease to Cancer: Is the Patient “Better Off”** (Federal)

**Short-Term Training to Increase the Diversity Pipeline in Heart/Lung/Blood Research** (Federal)

**Translating Translation and Scientific Questioning in the Global K-12 Community** (Federal)
To refer a patient or make an appointment, call 520-694-1000

Visit us online: www.surgery.arizona.edu