

Surgical Solutions

Singer Bobby Rydell Receives a Combined Liver and Kidney Transplant at Jefferson

Bobby Rydell, actor and hit singer from the 1950s and 60s recently underwent a combined liver and kidney transplant at Jefferson, smack dab in the middle of the “Wildwood Days” (1963) of summer.

The South Philadelphia native, known for such hits as “Volare” (1960), “Kissin’ Time” (1959), and “Wild One” (1960), still calls the city home. So, when he needed a lifesaving transplant, he came to Jefferson.

“Mr. Rydell did not have very long to live,” says Cataldo Doria, MD, PhD, FACS, the Nicoletti Family Professor of Transplant Surgery and director of the Division of Transplant Surgery at Jefferson.

Dr. Doria performed the liver transplant on the singer assisted by fellow transplant surgeon Carlo Ramirez, MD, FACS. The two surgeons then reversed their roles for Rydell’s kidney transplant.

The patient had been placed on the transplant waiting list in late spring.

The seriousness of his condition and the rarity of his situation – he needed simultaneous transplants of two organs – placed him close to the top of the list.

“I was at home eating breakfast when the call came from Jefferson that they had both organs,” recalls Rydell. “My wife and I packed up and headed to Jefferson immediately to prepare for surgery.”

In fact, Rydell was not the primary recipient of the liver, rather a child on the waiting list for a new liver at Alfred I. duPont Hospital for Children was the call [see sidebar]. But because a liver can regenerate, surgeons can now perform so-called split-liver transplants, doubling the number of beneficiaries.

In Rydell’s case he would get the larger portion of the liver and a kidney from the



A vibrant Bobby Rydell reunites with his surgical team, Drs. Carlo Ramirez, Warren Maley and Cataldo Doria, 10 weeks after his double transplant in July.

donor, with the smaller part of the donor liver – about 25 percent – going to the pediatric patient.

Warren Maley, MD, director of Jefferson’s Live Donor Liver Transplant Program traveled to the hospital where the deceased donor was to procure the organs. First he split the liver inside the donor’s body before removing the two parts.

Dr. Maley sent the larger portion of the liver and one kidney to Jefferson where Rydell waited in an operating room; he then accompanied the smaller portion of the liver to Alfred I. duPont Hospital for Children in Delaware to assist with the pediatric transplant.

Back in Philadelphia Drs. Doria and Ramirez proceeded with Rydell’s double transplant.

The surgery was a great success. Rydell’s recovery continues to progress on schedule.

“We are thrilled with his results and hope that he will resume his normal life – including a return to the stage,” says Dr. Doria.

With his new lease on life, Rydell advocates for organ donation, telling KYW Newsradio it truly is “the gift of life”.

With the help of his team of transplant surgeons at Jefferson, this American icon of the early days of rock and roll still has “A Lot of Living to Do” (*Bye Bye Birdie*, 1963).

For more information about the Transplant Program at Jefferson visit: www.jeffersonhospital.org/transplant



Assiah Phinisee, age 4, with her transplant surgeon, Dr. Stephen Dunn.

Philly Preschooler Shares Liver with Rock and Roll Legend

The same liver that’s helping restore the health of rock and roll legend Bobby Rydell is also giving a little girl her first chance at a normal childhood.

Born in Philadelphia in May 2008, Assiah Phinisee spent the first four years of her life battling biliary atresia – a blockage of the ducts that carry bile from the liver to the gallbladder and intestines. By the time Assiah’s mother, Rasheena, visited Stephen P. Dunn, MD, Chair of the Department of Surgery at Nemours/Alfred I. duPont Hospital for Children and Professor of Surgery at Jefferson Medical College, in 2010, Assiah had undergone numerous surgeries and spent hundreds of days in the hospital.

At another area hospital in 2009, Assiah received her first transplant, a full liver from a toddler donor. Despite initial positive signs, that transplant ultimately failed. The team at duPont – with whom Jefferson partners to provide pediatric transplants – re-listed Assiah on the transplant waiting list in March 2011.

After waiting nearly a year and a half, Rasheena got the news that Assiah would receive a partial liver transplant in July. Since then, Rasheena says her daughter has never been healthier.

Read the full story at: www.jeffersonhospital.org/assiah

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Charles J. Yeo, MD, FACS

Samuel D. Gross Professor and
Chair, Department of Surgery

Reflection: A Long Lasting Birthday Present

I wrote a check this week. I do it yearly; this time, \$169, for my annual subscription renewal to the New England Journal of Medicine (NEJM). Writing this check reminds me of my dad... he started me on this tradition.

During the autumn of my senior year in medical school I was approaching my 25th birthday (1978) and my father asked if there was anything I "needed" for my birthday. My initial list was met with his comment that I didn't need the items requested (new car, new stereo system, my own pair of new snow skis.) He was correct – I just wanted them. I then altered my approach, and told him that I really could use a subscription to the NEJM. After he heard my rationale, he started me off with my first issues: a 3 year subscription, at student rates, which I have renewed religiously... this will be my 35th year!

I love reading it. Filled with op-ed pieces on health care or global health issues, landmark original articles, review articles and of course the weekly mysterious clinicopathological conference (CPC) cases, it provides me an hour of broad medical education amidst the usual hectic work week. I recommend it to all physicians, and especially to all surgeons. I can't tell you how much I have learned from this amazing journal on a year to year basis.

A very belated thanks to my now departed father, for starting me on this weekly tradition.

P.S. The NEJM is celebrating its 200th birthday this year.

Jefferson Surgeon Performs Minimally Invasive Robotic Mitral Valve Repair

Routine physical exams often reveal the presence of a heart murmur, which can be the first sign of mitral valve prolapse. Typically diagnosed with an echocardiogram, mitral valve prolapse is a condition in which the valve separating the upper and lower chambers on the left side of the heart doesn't close properly. For some individuals, the condition is asymptomatic; for others, mitral valve prolapse results in mitral regurgitation, leading to symptoms of heart failure as the disease progresses.

Until the last decade, the best surgical treatment was to replace the valve – which traditionally required invasive surgery, a lengthy recovery and a lifetime of anticoagulation therapy. Consequently, patients with mitral valve prolapse often chose to "wait and see" if the condition worsened. In many cases, the delay in treatment led to cardiac compromise and a host of related symptoms, such as swelling of the lower extremities, atrial fibrillation ("palpitations") and shortness of breath.

*"With today's minimally
invasive techniques,
there's no need to take the
'wait and see' approach."*

"Twenty years ago, mitral valve replacement was really the last and only resort," explains Jefferson's Gurjyot Bajwa, MD. "With today's minimally invasive techniques, there's no need to take the 'wait-and-see' approach, as we know the progression leads to deterioration of cardiac function."

Indeed, minimally invasive mitral valve repair has become the standard of care – and in September 2011, Dr. Bajwa was the first surgeon in Philadelphia to perform the procedure robotically. Safe and reproducible, repair preserves cardiac function, helping patients maintain their quality of life.

Dr. Bajwa came to Jefferson from the Cleveland Clinic Foundation, where in 2008 she became a clinical associate in complex adult cardiac surgery. In 2009, she remained at the Cleveland Clinic for fellowship training in minimally invasive and robotic cardiac surgery. To date, she has used the robot to perform over 25 minimally invasive mitral valve repairs.



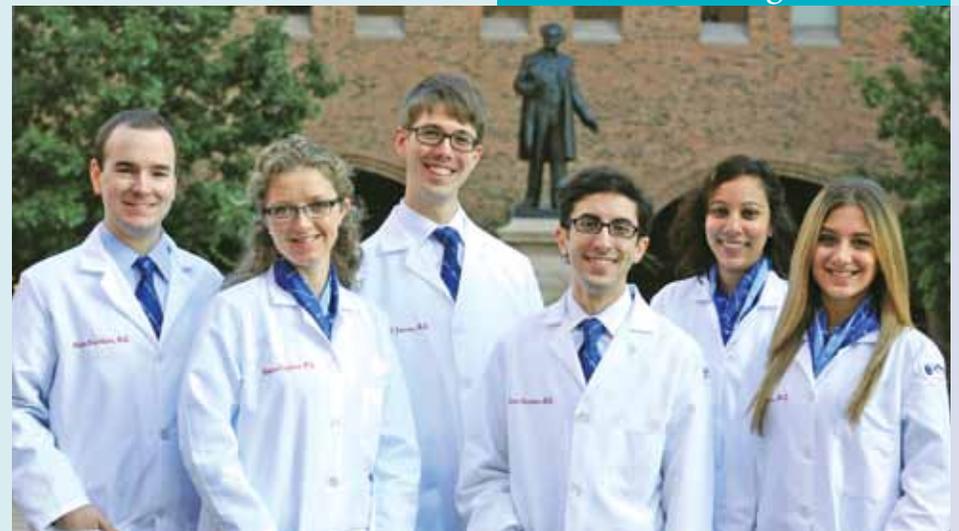
In September 2011, fellowship-trained robotic surgeon Dr. Gurjyot Bajwa became the first surgeon in Philadelphia to perform a robotic mitral valve repair. One year later she has performed over 25 of the procedures.

"Most people don't have the option of taking three months off of work or life," Dr. Bajwa says, adding that patients also prefer to avoid large, unsightly scars. By using the minimally invasive robotic procedure to perform the mitral valve repair, patients are typically discharged from the hospital in just three or four days. Most are able to resume normal activities within two weeks – with no restrictions on driving because the sternum (breastbone) is untouched.

Dr. Bajwa urges patients with mitral valve prolapse to obtain a surgical evaluation: "If you have mitral valve prolapse, please don't wait for your heart to deteriorate," Dr. Bajwa advises. "Come in when you're diagnosed or as you're progressing but *before* you have symptoms. That's how you can enjoy the best quality of life."

For more information about robotic cardiac surgery at Jefferson visit:
www.jeffersonhospital.org/cardiothoracic

Meet Our Surgical Interns



The Department has welcomed an impressive new group of categorical interns, selected from over one thousand applicants to our program. These doctors, who recently matched with Jefferson, started on June 20, 2012. Just a few months into their Jefferson surgical residency, we have all noticed their dedication to patient care, their energy and their excitement in joining the Jefferson community.

Please welcome (from left to right):

Adam Strickland, MD, East Carolina University, **Danika Giugliano, MD**, Drexel University, **Adam Johnson, MD**, Tulane University, **Sami Tannouri, MD**, Pennsylvania State University, **Deepika Koganti, MD**, University of Miami, **Talar Tatarian, MD**, George Washington University

We are also pleased to welcome back the following Jefferson Medical College 2012 graduates as preliminary interns in general surgery: **Lawrence Lee, MD**, **Andrew Margules, MD**, and **Jared Meshekow, MD**.



Jonathan Brody, PhD



George C. Prendergast, PhD



Janet Sawicki, PhD

Jefferson and Lankenau Institute of Medical Research Collaborate on Cancer Research

Located along Philadelphia's Main Line in Wynnewood, Pa., the Lankenau Institute for Medical Research (LIMR) aims to advance health and well-being through research to improve the detection and treatment of disease; the rapid transfer of new technology to the clinic; and the training of the next generation of scientists and physicians.

Founded in 1927, LIMR now has a team of 120 – including 20 resident faculty members – working to advance its mission. Those investigators include LIMR President and CEO George C. Prendergast, PhD, who also serves as editor in chief of Cancer Research, the most highly cited journal in the field, and Janet Sawicki, PhD, Professor, whose work focuses on cancer nanotherapy and related technologies.

In recent years, Drs. Prendergast and Sawicki have been collaborating successfully with the Jefferson Department of Surgery on research related to diagnosis and treatment of pancreatic and ovarian cancers. As Jonathan Brody, PhD, Director of the Division of Surgical Research recalls, the relationship took root in 2007, when Dr. Sawicki delivered a presentation on cancer nanotherapy at the monthly Surgical Research Seminar hosted by the Division.

Since then, Jefferson and LIMR have co-authored multiple publications and secured four nationally recognized grants (including from NIH and the American Cancer Society) worth roughly a million dollars.

The grants have funded research on predicting and optimizing the effect of gemcitabine therapy in ovarian and pancreatic cancers; using the HuR stress response gene to enhance Gemcitabine therapy; using HuR to combat chemotherapeutic resistance in ovarian cancer; and IDO2 targeting for pancreatic cancer treatment. Early work seeding the IDO2 collaboration was published initially by the Jefferson-LIMR team in the Journal of the American College of Surgery in 2009.

“Both these collaborations are unique and allow us to attack these tumors with different strategies,” Dr. Brody says. “Drs. Prendergast and Sawicki are the only people in the world I could do this particular work with, and luckily, they are in our backyard.”

The collaboration has been beneficial to the researchers at LIMR, as well: “I met Dr. Brody not long after he moved to Jefferson from Johns Hopkins with Dr. Charlie Yeo's team, when we were each

Chuck Rowland, MSN, CRNP

Chuck Rowland, MSN, CRNP, first came to Jefferson in 1986 as a newly graduated clinical perfusionist. Over the next 25 years, he worked in several states and returned to Jefferson as a perfusionist before pursuing a career in nursing. In 2007, he completed his BSN in Villanova University's accelerated nursing program and continued his studies to earn his MSN as an Adult Nurse Practitioner in 2010.

Since April 2011, Rowland has been supporting Jefferson's Division of Cardiothoracic Surgery as an outpatient nurse practitioner. More recently, he assumed additional responsibilities as director of the Smoking Cessation, Counseling and Therapy (SCCT) Program, for which he became a Certified Tobacco Treatment Specialist.

What is the SCCT Program?

The SCCT Program is a relatively new endeavor that began with the progressive ideas and support of Scott Cowan, MD, FACS, one of our thoracic surgeons. The program's goal is to jumpstart smoking cessation prior to surgery. During the appointment process, we screen all patients for smoking. If the patient agrees, we schedule him or her for a separate appointment for smoking cessation planning.

We've designed the SCCT Program to provide one-on-one counseling tailored to individual patient needs. Each smoking cessation plan of care is formulated with



patient input. For most patients, the goal is to quit smoking over a period of a few weeks – and then sustain that success over the long term.

What is your philosophy of patient care?

Patients are multidimensional. When they come to us with physical issues, they also bring social, cultural and spiritual dimensions. I believe it's important to formulate a plan of care that incorporates and adapts to these needs.

What most energizes you about your career?

I'm energized by the ability to help patients navigate through their journey with cardiothoracic surgery and/or smoking cessation, which for most is a very stressful time. I always strive to help patients and their families truly understand what's happening – from admission through final discharge and even weeks after surgery.

Learn more at: www.jeffersonhospital.org/SCCT

just beginning to become interested in how IDO2 may affect cancer,” recalls Dr. Prendergast. “We had discovered this gene as a result of our work in cancer immunotherapy, but its connections to pancreatic cancer would not have been made so soon without Dr. Brody's initial observation that brought us together.”

“Drs. Prendergast and Sawicki are the only people in the world I could do this particular work with, and luckily, they are in our backyard.”

Dr. Sawicki feels similarly about the interactions that started with the seminar at Jefferson: “Jonathan and I quickly identified a few high-impact questions of common interest where our research programs could readily benefit from collaborative work,” she said. “We were fortunate that the multidisciplinary

synergies in the work we started were welcomed so readily by the grant review committees who have made its development possible.

“For me, the ability to benefit from access to clinical specimens and linked databases was critical, given that few groups have assembled such a valuable foundation to enable research into the questions I wished to pursue.”

Jefferson and LIMR are currently preparing two grants for roughly \$1.25 million each from the NIH Research Project Grant Program (R01). If awarded, these grants will fund research targeting HuR and IDO molecules for the treatment of pancreatic cancer and ovarian cancers – which all three investigators hope will be translated to the clinic within the next few years.

For more information about the Division of Surgical Research visit: www.jefferson.edu/surgery

Susan Donahue Honors Husband with Endowed Lectureship in the Department of Surgery

Susan Donahue has made a gift to establish the Philip E. Donahue, MD, Lectureship in Benign Gastrointestinal Diseases, an endowed lectureship in the Department of Surgery.

Dr. Donahue was a graduate of La Salle College High School, La Salle College and Jefferson Medical College (class of 1968). After completing his surgical residency and a fellowship in Surgical Gastroenterology at the University of Illinois in Chicago, he extended his interest and expertise in gastric and esophageal diseases to include highly selective vagotomy procedures for peptic ulcer disease.

Dr. Donahue and his colleagues at the University of Illinois developed the principles and techniques of the “floppy Nissen Fundoplication” procedure to cure gastro-esophageal reflux disease without incurring what had been common, and sometimes disabling, side effects. He published more than 200 articles and book chapters devoted to the medical study of the GI tract, especially the esophagus and stomach.



Donor Susan Donahue (right), her daughter Maria Donahue Greeley (center) and cousin Julia Donahue Hanahan (left) attended the first annual Philip D. Donahue Lectureship in Benign Gastrointestinal Diseases on September 20, 2012. Dr. William Nealon (left) from Vanderbilt University presented the inaugural lecture hosted by Dr. Charles J. Yeo (right), Chair of Surgery.

At the time of his death in 2009, Dr. Donahue was Chairman of the Department of General Surgery at Cook County (John H. Stroger Jr.) Hospital in Chicago. He was also Professor Emeritus of Surgery at the University of Illinois College of Medicine at Chicago.

“My husband was very interested in the education of residents and staff,” Susan says, noting that he was repeatedly nominated for and was a three-time recipient of the “Attending Surgeon of the Year” award from his medical students. “I wanted to give to the medical school that helped train him, which he thought was important, as well.”

In accordance with Mrs. Donahue’s wishes, the focus of the lectureship is on detection, diagnosis and/or treatment of benign diseases of gastrointestinal tract – including the stomach, esophagus, small and large intestine, and accessory organs, such as the liver, pancreas

or gallbladder – and on such topics as surgical endoscopy, hernia surgery and treatment of achalasia and gastrointestinal bleeding.

“I wanted to give to the medical school that helped train him, which he thought was important, as well.”

The first lecture was held on September 20, 2012, and was given by William Nealon, MD, FACS (JMC Class of 1979) on the topic of pancreatitis.

For additional information about planned giving, or to make a contribution to the Department of Surgery, please contact Lucinda Dautrich in the Jefferson Foundation at 215-955-4126 or lucinda.dautrich@jefferson.edu



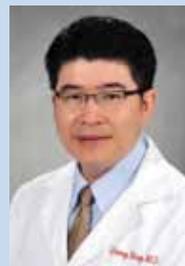
Babak Abai, MD, FACS, has joined the Jefferson Vascular Center and Division of Vascular and Endovascular Surgery. Dr. Abai completed residency training in 2005 at Drexel University and a fellowship program in vascular surgery in 2007 at the University of Medicine and Dentistry of New Jersey. He will practice in Center City and at Methodist Hospital.

John (Trey) Entwistle, III, MD, PhD, has joined the Division of Cardiothoracic Surgery. Dr. Entwistle was a resident in general surgery at the Medical College of Virginia from 1990 – 1998 during which time he also spent three years as a research fellow in cardiac surgery and earned a PhD in Physiology. He completed his training in cardiothoracic surgery at Hahnemann University Hospital in 2001. He comes to Jefferson from Drexel University where he was the surgical director of cardiac transplantation and mechanical circulatory support for the last nine years.

Matthew Rosen, MD, has joined the Division of Acute Care Surgery. Dr. Rosen graduated from Jefferson Medical College in 2005 and completed his residency at Thomas Jefferson University Hospital. In June, Dr. Rosen completed a surgical critical care fellowship at the Beth Israel-Deaconess Medical Center of Harvard Medical School. He will practice in Center City and at the Trauma Center at Paoli Hospital.



Dawn Salvatore, MD, FACS, has joined the Jefferson Vascular Center and Division of Vascular and Endovascular Surgery. Dr. Salvatore completed a combined residency program in medicine and pediatrics at the Cleveland Clinic. After a couple years in practice, she changed specialties and completed a general surgery residency and vascular fellowship at Ohio State University. She will practice in Center City and at Methodist Hospital.



Qiong (John) Yang, MD, has joined the Division of Cardiothoracic Surgery. Dr. Yang completed residency training at the Second Affiliated Hospital of Jiangxi Medical College and received a Master of Science degree from North Dakota University in cardiovascular pharmacology. He will be working as a nocturnist in the Surgical Cardiac Care Unit.

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