

DEPARTMENT OF SURGERY | ANNUAL REPORT 2012

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MEDICINE



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On the cover

Albert Losken (right), plastic surgery program director, with plastic surgery resident **Claire Duggal** (middle) and medical students on the way to the OR. The recent addition of an integrated training model to the plastic surgery residency—considered one of the top training programs of its type in the country—has increased interaction between medical students and surgery residents.

FROM THE CHAIR

Progress is fueled by cycles of defining and meeting ambitious goals, then setting new and even more courageous ones. During my years at Emory spanning college, training, and into my faculty tenure and chairmanship, I've



witnessed the Department's growth from being greatly respected to becoming one of the nation's leading academic surgical programs in one of the nation's leading academic medical centers.

Emory Surgery strives to be the best place to receive surgical care, the best place to work, and the best home for investment as we seek to develop pioneering solutions to address the major, unmet needs of our patients. Our relentless pursuit of excellence is inspired by fierce resolve balanced by personal and professional humility; a data-driven yet compassionate and caring focus on our patient care, research, and education outcomes; and the knowledge that attending to the complex problems faced by our patients will be achieved by building highly reliable, robust processes of care that intersect with individual accountability and continuous personal and system learning.

We are ready to confront and draw energy from the friction between our commitments and those forces that would impede them. In order to integrate rapidly accumulating knowledge from our research and other disciplines to establish new therapies, to develop new training paradigms, and to realize today's unprecedented opportunities for improving medical care delivery, we must also overcome the challenges of designing a new sustainable-care model for our nation in uncertain times, of discovering and delivering new treatments in the face of sustained decline in federal investment in research, and of attracting and training the next generation of surgeons to alleviate a looming workforce shortage. To accomplish the latter, we must maintain a safe and healthy work environment without a clear national plan to expand residency training programs.

In the midst of such transition and potential for anxiety, our touchstone is loyalty to our mission. For me, this is best encapsulated by the title of the 1983 Presidential Address to the American Surgical Association, "Not for the Profession, for the People...", delivered by W. Dean Warren, one of my mentors and chair of Emory Surgery from 1971-1989. I extend that mission of service to our students and trainees, our faculty and staff, our communities, and our patients and their families. It is an honor to serve them, and an honor to lead a Department that serves them so well.

Christian P. Larsen, MD, DPhil

Joseph Brown Whitehead Professor and Chairman, Department of Surgery
Emory University School of Medicine

EDUCATION

engage

We confidently accept the responsibility of preparing our trainees for the duties, endeavors, and services

they must fulfill to be world-class physicians.

This conviction is fortified by an outstanding roster of faculty mentors and role models, a wide range of clinical experiences offered by six distinct high service clinical sites, broad opportunities for participation in progressive research, and support for the pursuit of advanced



Barbara Pettitt's teaching schedule includes guiding medical students through trauma care scenarios at Grady Memorial Hospital that involve actors playing patients. Pettitt was named Best Clerkship Director by the 2012 SOM class and received the 2010-2011 Dean's Teaching Award.

degrees. The educational experience we foster is as varied and intensive as the careers that many of our graduates will navigate.



Christopher Dente (above right) played a key role in developing Grady Memorial Hospital's updated resuscitation and transfusion protocols for injured patients. He teaches American College of Surgeons-sponsored courses in surgeon-performed ultrasound, advanced trauma life support, and advanced surgical skills for exposures in trauma to faculty, fellows, residents, and medical students.

FIRST IMPRESSIONS

Today's medical students are tomorrow's residents, making Barbara Pettitt, the Department's director of medical student education, a vital ambassador. The declining national numbers of medical students pursuing surgery are belied by Pettitt's program, which has received excellent ratings on the national AAMC graduation questionnaire from two-thirds of Emory medical students for three consecutive years.

Pettitt considers this documentation of student satisfaction "a tribute to the dedication of our faculty and housestaff to teaching. Whether students seriously consider surgery as a career is largely a function of their interactions with the teachers."

Since taking over the clerkship in 2002 and the M4 programs in 2004, Pettitt has chiseled and polished. Her most recent achievements include the development of assessment tools and curriculum for the M4 surgical sub-internship and the addition of trauma and emergency scenarios using full-body simulators to the M4 course on surgical anatomy and operative techniques.

HONING TECHNIQUE OUTSIDE THE OR

Our surgical skills and simulation training program, housed in the Medical School's Experiential Learning Lab (ExCEL), continues to refine the opportunities and resources it offers to residents and medical students.

The M4 surgical anatomy course, one of the few classes of its kind in the country, was augmented with nasogastric tube and Foley insertion simulation sessions, team-training activities using mannequins that emphasized patient safety, and unannounced nightly "call" events replicating scenarios that are often experienced during the first year of residency.

As part of the newly inaugurated M4 surgical sub-internship rotation, core-curriculum students supplemented their OR training with specific suture, vascular exam, and minimally invasive surgery simulation labs that included a laparoscopic cholecystectomy virtual reality system.

Jahnvi Srinivasan, director of surgical simulation and elective programs, successfully integrated a small groups training model into the program's resident curriculum as an antidote to large-scale training sessions in an already-saturated core curriculum. "The low student-teacher ratio individualizes each resident's experience and allows more interaction between peers and faculty facilitators," she says.

HYBRID OPTION

Responding to the dramatic evolution in technique and practice propelling their respective fields, the divisions of cardiothoracic surgery and plastic and reconstructive surgery have initiated integrated residencies as alternatives to their traditional programs. Instead of focusing on general surgery rotations exclusively during the first years of train-



David McClusky (foreground, left) leading a group of fourth-year medical student sub-interns through a session of laparoscopic simulation training.

ing, integrated residencies blend the resident's chosen specialty with general surgery and other related disciplines from the outset.

"Tomorrow's surgical leaders will be expected to be familiar with all aspects of the diagnosis and management of diseases and conditions, not just the surgical options in their field," says Albert Losken, director of the plastic surgery residency. "Surgical treatment is becoming team driven, with members from a variety of specialties."

A PROVEN TEAM MODEL

As the Department's most mature, team-oriented training program, the Emory transplant surgery fellowship is primed to prepare surgeons for their life's work. "Transplant surgery requires substantial involvement in the medical management of transplant recipients," says Andrew Adams, a recent fellowship graduate who has joined the Emory transplantation faculty. "The fellowship follows the clinical practice's emphasis on interdisciplinary cooperation."

By accompanying combined medical and surgical teams on daily rounds; having active roles in leading sessions that discuss surgical, medical, ethical, and practical aspects of transplantation; and attending multi-disciplinary evaluations of potential transplant recipients and living donors; Emory transplant fellows learn that separate teams with varying responsibilities must work together harmoniously to care for shared patients.

ACROSS CONTINENTS

For the fifth year in a row, Emory Medishare visited L'Hôpital Sainte-Thérèse de Hinche in Haiti's Central Plateau during July. The team included faculty attendings such as Jahnvi Srinivasan, Barbara Pettitt, and Jyotirmay Sharma; medical students; one senior general surgery resident; and mid-level providers. Despite such difficulties as minimal running water, an OR powered by a diesel generator, and barely adequate lighting, the team performed 74 cases over a 21-day period in collaboration with Hinche's general and OB/GYN surgeons.

Centered in Ethiopia's Soddo Christian Hospital, the Department's Global Surgery Program, one of the first American Board of Surgery-approved international surgical training experiences, will offer a variety of unique opportunities to our general surgery residents. Beginning in July 2013, two Emory residents per year will spend six-week rotations at Soddo under the mentorship of Jon Pollock, an Emory surgeon who is also assistant program director of the hospital's general surgery residency for Ethiopian doctors.

Timothy Love, a surgical resident who recently received his MPH in global health from the Emory Rollins School of Public Health, is already at Soddo on research sabbatical. While he is studying global surgery outcomes and surgical epidemiology, Love is supporting the Ethiopian surgical residents and participating in a breast cancer project with eminent Emory surgical oncologist William Wood. Wood was recently appointed first academic dean of the international Pan-African Academy of Christian Surgeons, the program that originally partnered with Soddo to create the hospital's surgical residency. ■



Malcolm MacConmara (center), a 2012 first-year transplant fellow, assisting faculty transplant surgeons Thomas Pearson (left) and Paul Tso (right) on a kidney/pancreas transplant just a few weeks after he started the program.



In addition to the breadth of clinical experiences available in an Ethiopian region where more than three-million people have limited access to healthcare, the rotations at Soddo Hospital (pictured) will present stimulating prospects for research in such areas as outcomes, public health, provision of treatment in resource-poor surgical environments, and advanced and unusual disease states.

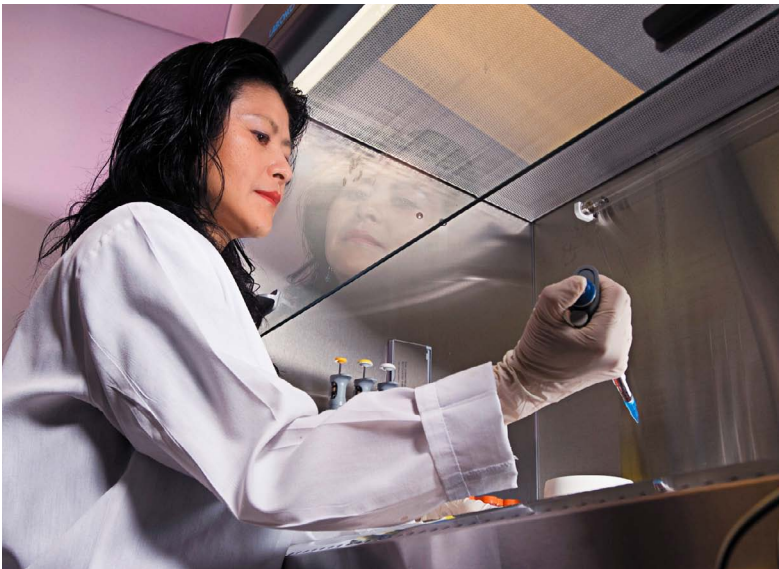
RESEARCH

explore

Moving pioneering research through its various stages requires determination, resilience, and ingenuity. Our faculty's command of these qualities is signaled by our fourth consecutive 5th place ranking in NIH awards for all Departments of Surgery nationwide in FY2011, as reported by the Blue Ridge Institute for Medical Research.

Christian Larsen and Allan Kirk were listed in the top five funded

surgeon PIs, and Craig Coopersmith, Mandy Ford, Stuart Knechtle, David Lefer, Kenneth Newell, and Lily Yang in the top 250. However, the track record of successes and volume of proposals that made this NIH ranking possible also allowed us to work towards diversifying beyond the NIH as the Department's most significant funding source.



With multiple NIH and NCI grants, **Lily Yang** is one of the most well-funded cancer researchers in the Department of Surgery.

With other federal funders such as the FDA, the Department of Defense, and the Agency for Healthcare Research and Quality rewarding our grant applications, the Department has sustained its ability to produce highly relevant advances for healthcare.



Linda Cendales (right) with hand transplant recipient Linda Lu shortly after she received her new hand in March 2011. Following several months of extensive physical therapy, Ms. Lu returned home. Unlike her life pre-transplant, she can now perform activities with both hands such as cooking and driving.

OUTWARD FROM THE LAB

Basic science cancer researcher Lily Yang is developing novel therapies for practical applications that could dramatically refine cancer care worldwide. Her studies focus on unique approaches for cancer detection and treatment, particularly the development of nanoparticles for targeted, non-invasive tumor imaging and the delivery of chemotherapeutic agents to cancer cells. Measuring the ability of MRI to track and monitor these processes is often a factor in her work.

John Calvert and Emory Cardiothoracic Research Lab director David Lefer were the first and senior authors of one of *Circulation Research's* ten most read articles of 2011, which presented new evidence that an essential component to protecting the heart after a heart attack appeared to be its ability to store the nitric oxide generated during exercise. Such visibility magnetizes future opportunities. Lefer was named Emory PI of an NIH P20, five-year multi-institutional grant in 2012 to study

functional cardio-metabolomics. Using animal model systems, his team will identify and characterize novel gut-derived metabolites that contribute to cardiovascular diseases, including atherosclerosis, acute myocardial infarction, and heart failure.

FACILITIES AID ADVANCES

Recent work undertaken by allograft transplant surgeon Linda Cendales at the Yerkes National Primate Research Center exemplifies its role in expediting scientific momentum on campus. Using non-human primates, Cendales' team determined that costimulation blockade-based regimens could support prolonged graft survival and prevention of rejection of vascularized composite allografts (multiple tissues transplanted as a functional unit), an observation that informs the relevance of the new hand transplant trial described in the next section.

Such studies will be further empowered when the additional, nearly 20,000-square-foot research

Muralidhar Padala with a prototype of his transcatheter mitral valve repair system, which was recognized with an Emory Office of Technology Transfer 2011 Innovation of the Year award and a development grant from the Georgia Research Alliance. The device has the capability to eliminate the need for more risky open-heart surgery.



building at Yerkes is completed. Made possible by NIH stimulus funds, the structure's leading-edge technology and increased research space will house several disciplines, including programs for developing immune therapies to reduce morbidity and mortality associated with bone marrow, organ, and tissue transplants.

Bioengineer and cardiothoracic researcher Muralidhar Padala's work is routinely aided by the animal research facility at the Carlyle Fraser Heart Center. In 2011, Padala received a Leducq Foundation Career Development Award to fund exploration of new research avenues in cellular biophysics related to heart valve disorders. He was awarded an NIH R41 STTR grant in 2012 to develop a polymeric heart valve, employing a novel ultra-polymer that can "remember" multiple shapes and transition between them when triggered.

CULTIVATING BREAKTHROUGHS

A trial combining two of the Department's cardinal advances in 2011—the first hand transplant in the Southeast, led by Linda Cendales, and the FDA approval of belatacept for prevention of graft rejection after kidney transplants—received four-year funding from the Department of Defense Medical Research and Development Program. With a focus on evaluating the use of belatacept as an immunosuppressant in hand transplant patients, the trial will complement ongoing trials of belatacept for kidney transplant, liver transplant, and pancreatic islet transplant.

The timely nature of the DoD-funded trial was underscored by the four-year results from the extension of the BENEFIT study—a randomized, phase III study of adults receiving kidney transplants from living or deceased donors—presented by

Michael Halkos' expanding clinical practice in robotic coronary artery bypass and hybrid coronary revascularization complements his goal of developing operative strategies that reduce the incidence of complications that can follow on-pump coronary artery bypass surgery. The Mentored Patient-Oriented Research Career Development K-23 Award that Halkos received from the National Heart, Lung, and Blood Institute—a first for the Department—has done much to fund his work.



belatacept co-developer Christian Larsen at the 2012 American Transplant Congress. The results continued to describe belatacept as safe, effective, and having comparable patient and graft survival rates and better renal function rates than those of patients taking a cyclosporine-based regimen, although the rates and grades of acute rejection remained higher with the relatively new drug.

QUESTIONING THE STATUS QUO

Identifying the optimal time to discharge a surgical patient to avoid unplanned readmissions is a 21st century priority. John Sweeney, director of clinical quality and patient safety for the Department, is collaborating with Georgia State University economist James Cox on a detailed analysis of hospital length of stay and discharge decisions

that examines clinical, behavioral, cultural, social, and demographic factors. The team is currently testing a unique software tool designed to increase physicians' effectiveness in discharging patients at the appropriate time.

Heart transplant director David Vega examined policies of the Organ Procurement Transplant Network and United Network for Organ Sharing (OPTN/UNOS) regarding the allocation of organs. He concluded that guidelines should be amended to include the type of support patients are receiving and their urgency criteria. In addition to the current UNOS mandates—donor hearts should go first to patients of an eligible body size and blood type who have waited the longest as status 1A patients, or to patients on mechanical or monitoring support—Vega suggested that outcomes after heart

Rachel Patzer often leads or participates in studies of the role of poverty and race in transplantation. Always emphasizing that further research is needed to clarify findings, these recent studies have concluded that racial disparities and poverty hinder access to health care in both the early and later stages of transplantation, and that pediatric racial minorities are much less likely than white counterparts to receive kidney transplants before they need dialysis, regardless of socioeconomic status.





Vice chair of research **Allan Kirk**, shown here mentoring medical student **Steven Kim**, is a member of the highly selective national research consortium Clinical Trials in Organ Transplantation in Children (CTOT-C), which is supporting Kirk's development of new methods to make kidney transplants more tolerable for children. Kirk's team is currently investigating ways to "fingerprint" children's immune systems so that therapy can be tailored to each individual child, thereby avoiding the negative side effects of too much immunosuppression.

transplantation and the risk of post-transplant mortality should also be considered. His findings were based on intensive examination of the OPTN database of 6,000 adult heart transplant patients between January 2007 and June 2010.

NATIONAL IMPACT

Since 2007, cardiothoracic surgeons Vinod Thourani and Robert Guyton have been co-principal investigators with Emory interventional cardiologists Vasilis Babaliaros and Peter Block in the Emory-based site of the multi-center PARTNER trial. A study of patients with aortic stenosis who are too old or too sick

to undergo traditional surgery, PARTNER I measured a new nonsurgical procedure, transcatheter aortic valve replacement (TAVR), against traditional open heart surgery. Emory was one of the highest-volume centers in the trial. Initial results were so promising that the FDA approved the new valve in November 2011. "This is a major breakthrough in the treatment of patients who are considered non-operative," says Thourani. "Now we can offer an option to patients who used to have no options." PARTNER I is coming to a close, while PARTNER II—which will study the use of a smaller device and test the procedure in healthier patients—is gearing up. ■

PATIENT CARE

deliver

In a time when healthcare policies and procedures are under intense scrutiny and academic medical centers are bracing themselves for shortfalls in the

types of funding that often fuel advancements, the salient purpose for our undertakings—to provide the best medical care possible—can be obscured. Since the appointment of Dr. Daniel C. Elkin as the first official chair of the Department of Surgery at Emory in 1930, our faculty and staff have dedicated



Given her varied training and clinical background, and her commitment as director of the Grady-based AVON Comprehensive Breast Center to provide breast health care services to underserved inner city populations, **Sheryl Gabram's** (left) appointment as surgeon-in-chief of Grady Memorial Hospital was richly deserved.

themselves to this precept, and it remains the most vital and core motivating factor in our evolution.



Surgical oncologist **Monica Rizzo** (right) and plastic surgeon **John Culbertson** (center) have performed many oncoplastic breast conserving procedures together. Here, they are being assisted by plastic surgery resident **Wright Jones**. "When a plastic surgeon and a surgical oncologist collaborate," says Culbertson, "we are able to remove the appropriate amount of tissue for effective cancer control and maximize cosmetic outcomes."

THE PROMISE OF GRADY GROWTH

Broadening our clinical scope at Grady Memorial Hospital—one of the largest public health systems in the U.S. and our busiest teaching facility—will yield additional educational and research opportunities to the Department that will, in turn, increase advantages for Grady's patients.

Upon her 2011 appointment as surgeon-in-chief of the hospital, prominent breast surgical oncologist Sheryl Gabram announced that she planned "to build on the existing strengths of our trauma, surgical critical care, and burn services while developing and expanding our Grady programs in vascular, cardiac, minimally invasive, oncologic, and plastic surgery. Taking services typically identified with other Emory-affiliated facilities and making them available and familiar at Grady as well is a win-win proposition for all of us."

This process has already begun with the formation of Grady's vascular and endovascular surgery service, directed by Ravi Rajani, which first began providing support for vascular trauma at Grady's level I trauma center. Rajani's familiarity with Grady, a by-product of his trauma/surgical critical care fellowship at the hospital, enabled his establishment of a more comprehensive vascular clinic that has grown to treat the entire spectrum of vascular disease, a first for Grady's patient population.

Jeffrey Nicholas' appointment as the first official chief of trauma for the Grady Health System and director of the Marcus Trauma Center—the trauma service's newly-renovated resuscitation section—further stabilizes our Grady-based organization. With an extensive track record of amplifying Grady's



Grady veteran Walter Ingram has directed the Grady Burn Center since 1992. Growing under his leadership, the service now admits over 500 burn patients per year and provides the vast majority of pediatric burn care in Georgia. In May 2012 it received verification from the American Burn Association, the highest recommendation a burn center can receive and the culmination of Ingram's efforts.

service capacities that includes the initiation of Grady's Donation after Cardiac Death program, which earned him an HHS Organ Donation Medal of Honor, Nicholas will oversee the entire trauma program from pre-hospital care to rehabilitation and implement quality changes throughout. He will also direct Grady's effort to become an American College of Surgeons-verified level I trauma center.

ACTION PHASE

While strategy building is essential, our faculty have moved from deliberating quality and safety issues to translating plans into practice.

Timothy Buchman, director of the Emory Center for Critical Care (ECCC), engineered the network known as the North Georgia Critical Care Collaborative (NGCCC) to address the shortage of critical care in underserved areas of rural North Georgia. Composed of the ECCC, Saint Joseph's Health System, Northeast Georgia Health System, Southern Regional Medical Center, and telemedicine provider Philips Healthcare, the NGCCC received a \$10.7 million Health Care Innovations Award from the federal Centers for Medicare and Medicaid Services. The award will fund the NGCCC's plan to train critical care professionals from these ICU-challenged communities, send them back to their local hospitals, and assist them in providing high-quality care through the aid of telemedicine ICU services.

The Department's participation in such national quality alliances as the University HealthSystem Consortium (UHC) has been integral to the examination and redefinition of our treatment protocols and processes. UHC's annual rankings are perceived as providing the best, most non-biased national quality measurement system available for teaching hospitals, giving a historic resonance to its announcement that Emory University Hospital (combined with Emory University Orthopaedics and Spine Hospital) had ranked second and Emory University Hospital Midtown sixth in the 2012 UHC Quality Leadership Awards. "At all staff and physician levels, we've worked very hard to improve treatment and service indicators in multiple areas, from mortality to infection rates," says John Sweeney, director of the Department's quality and safety efforts. "In UHC's 2011 rankings, Emory University Hospital jumped from 45th to 10th and Midtown from 42nd to 11th. That was amazing enough. I would say our leap this year is virtually unprecedented."

STORY BEHIND THE STATS

According to the Scientific Registry of Transplant Recipients (SRTR) national and center-specific January 2012 report on patient outcomes, the Emory Transplant Center's heart, kidney, kidney-pancreas, liver, and lung transplant programs maintained excellent patient and graft survival rates. Of particular note is the performance of 215 kidney transplants in 2011, the largest number of transplants in the history of the program. Sixty-seven of these involved living donors.



Thanks to Edie Hudgins and many other clinical trial enrollees, belatacept is on the way to becoming the new standard for immunosuppressants. Ms. Hudgins is gratified to have contributed to this groundwork. "With all of the innovations coming out of Emory and all the amazing things they've been able to do, it's just an exciting time."



Designed and developed by Tim Buchman's multi-disciplinary critical care team, the recently opened 12-bed ICU suite at Emory University Hospital Midtown features such highly advanced technology as dialysis connections, moveable power columns, and computers in all rooms. The ICU's components were configured to improve hospital stays and patient outcomes.

While such data is a suitable barometer of success, it can abstract the patient experiences it signifies. Consider Edie Hudgins. Last year, the FDA approved the use of belatacept for the prevention of graft rejection after kidney transplants. Since then, many recipients of kidney transplants at Emory have begun taking the drug. Meanwhile, Ms. Hudgins, as a participant in an investigational study, has been taking belatacept for ten years.

Following her 2002 kidney transplant at Emory, Ms. Hudgins was offered the opportunity to be one of the first enrollees in a belatacept clinical trial led by Christian Larsen and Thomas Pearson. She learned that belatacept could be a less toxic alternative to cyclosporine, the standard immunosuppressant medication at the time, and that it might better preserve kidney function. “I thought to myself, well,

if it helps somebody else down the road, I’ll do it,” she says. “And here I am, still taking it, doing great, and now many others will have the same option.”

BUILDING SYNERGY

The evaluation, refinement, and establishment of new technologies and methods is a Department staple. The robotic da Vinci Surgical System is now an accepted option for the performance of various minimally invasive heart surgeries by Michael Halkos and John Puskas. It is being used and assessed for such surgical oncology procedures as pancreatotomy by David Kooby and Shishir Maithel. Certain minimally invasive procedures, such as the form of laparoscopic liver resection designed by Juan Sarmiento and Edward Lin, are now offered routinely. New procedures such as hybrid endoscopic and laparoscopic treatment

Emory’s ventricular assist device (VAD) destination therapy program was certified by The Joint Commission for the second time with no requirements for improvement. Heart transplant director **David Vega** (left), who leads Emory’s VAD team, was the first physician in Georgia to implant a VAD as a form of destination therapy for individuals who are not eligible for or are unwilling to undergo a heart transplant.





Emory plastic and reconstructive surgeons and oral and maxillofacial surgeons regularly collaborate on procedures to reconstruct lower portions of the face that are damaged by massive trauma such as gunshot wounds. Here, the teams of plastic surgeon **Mark Walsh** and OMS surgeon **Steven Roser** are repairing a patient's lower jaw and soft tissues at the floor of the mouth with a composite hard tissue-soft tissue vascularized graft taken from the patient's fibula.

of upper GI cancer—which involves surgeons and gastroenterologists removing tumors without taking the entire organ—are being developed and tested. This procedure could become an alternative to total gastrectomy or Whipple surgery, methods that impact the patient's quality of life.

What the prior example makes clear, however, is that gifted specialists collaborating on treatment can increase the odds of clinical success as dramatically as advanced technology. In Emory ORs, oncoplastic breast conserving therapy was one of the earliest models of surgeons bringing their divergent skills to the same operating table. Surgical oncologist Toncred Styblo and plastic surgeon Albert Losken did much of the pioneering work to establish this combination of breast cancer surgery and reconstructive surgery, which allows women to avoid mastectomy.

Pediatric surgeon Megan Durham was recently appointed medical director of a multidisciplinary colorectal program at Children's Healthcare of Atlanta (CHOA) that treats a variety of acute

conditions with a battery of specialists: Emory, CHOA, and private practice pediatric surgeons; private practice pediatric gastroenterology physicians; and private practice pediatric urologists. Durham and other Emory pediatric surgeons are also members of a new CHOA liver tumor program composed of Emory-based pediatric oncologists, hepatologists, pathologists, radiologists, and transplant surgeon Stuart Knechtle. Following patient examinations and evaluations, the group confers with patient families, giving them an active role in determining treatment decisions. ■

New faculty



Andrew Adams, MD, PhD, joined us after finishing his Emory transplant surgery fellowship, during which he focused on basic immunology and translational models at Yerkes National Primate Center. His clinical time is divided between the liver and kidney services. Adams' clinical research focuses on resource utilization following solid organ transplantation.



The translational studies using patient and animal tissue of vascular surgeon **Luke Brewster, MD, PhD**, characterize the regenerative potential in bone marrow from ischemic limbs and the mechanisms of arterial stiffness. He is also affiliated with the Parker H. Petit Institute for Bioengineering and Bioscience of the Georgia Institute of Technology.



Yazan Duwayri, MD, did his vascular surgery fellowship at Washington University in Saint Louis. He specializes in endoluminal and open vascular surgery, with particular emphasis on complex aortic pathology, limb salvage, and thoracic outlet syndrome. His research interests are vascular surgery outcomes, endovascular device design, limb salvage, and mesenchymal stem cell biology.



Carla Haack, MD, is an attending surgeon at the acute and critical care surgery service of Emory University Hospital, which responds to acute/emergent surgery needs in the hospital's emergency department. While she was an Emory chief resident, the Grady Health Foundation honored Haack as a Grady Healthcare Hero.



Bradley Leshnower, MD, completed his Emory cardiothoracic surgery residency before joining us. His clinical specialties are thoracic aortic surgery, endovascular aortic surgery, aortic valve replacement, mitral valve repair/replacement, and coronary artery bypass.



Among other positions, **Joseph Magliocca, MD**, was surgical director of adult and pediatric liver transplantation at the University of Florida College of Medicine. In a recent Emory-based study, he concluded that livers from donors who are older than 50 present a much higher risk to recipients who are hepatitis C positive and a slightly higher risk to recipients who are hepatitis C negative.



A specialist in surgical critical care, sepsis, and multiple organ failure, **Kevin McConnell, MD**, splits his time between the acute and critical care surgery service and the surgical intensive care unit of Emory University Hospital. His research focuses on the use of immune modulating agents in trauma and critical illness.



Dana Meaney-Delman, MD, MPH, at the core a general gynecologist with a focus on cancer issues, has a dual appointment with the Department's division of surgical oncology and the division of gynecologic oncology of the Department of Gynecology and Obstetrics. She has expanded the multidisciplinary High Risk Assessment Program of the Winship Cancer Institute by offering gynecologic care to high risk patients.



Rachel Patzer, PhD, MPH, holds a joint appointment in the Department of Epidemiology, Rollins School of Public Health. In addition to investigating the role of poverty and race in transplantation, Patzer advises students, residents, and faculty on research study design and analysis.



Ravi Rajani, MD, joined Emory as director of the vascular and endovascular surgery service at Grady Memorial Hospital. A specialist in the treatment of vascular trauma and blunt aortic injury, Rajani also provides vascular care to the underserved patients of Atlanta.



James Reeves, MD, is a full-fledged Emory alumnus: he received his MD and completed postgraduate training here. His clinical specialties include endovascular treatment of abdominal and thoracic aortic aneurysms, carotid stenting, and limb salvage. Reeves' primary research area is minimally invasive treatment of thoracic dissections and aneurysms.



Virginia Shaffer, MD, completed her colorectal surgery fellowship at the Cleveland Clinic Florida. In addition to her clinical work, she has research interests in inflammatory bowel disease, cancer treatment, outcomes research, and transplant immunology.



Before joining the Department, **A. L. Jackson Slappy, MD**, held several positions at the Naval Hospital in Charleston, SC, followed by affiliation with Emory Johns Creek Hospital. His clinical interests are advanced laparoscopy, endoscopy, and acute care surgery. Slappy's research focuses on the application of process design, lean six sigma implementation, and machine learning in healthcare.



Patrick Sullivan, MD, specializes in colorectal surgery. He has a particular interest in Enhanced Recovery After Surgery (ERAS) programs, which aim to minimize the metabolic stress of surgery through the use of minimally invasive techniques, avoidance of opioids, early feedings, and early ambulation. His research interests also include rectal and presacral tumors.



Faculty achievements

Timothy Buchman, PhD, MD

- 2012 Master of Critical Care Fellow, American College of Critical Care Medicine
- Johns Hopkins Society of Scholars, 2012
- Atlanta magazine's Top Doctors, 2012

Linda Cendales, MD

- Atlanta magazine's Top Doctors, 2012
- "Personaje Destacado del Año" (Outstanding Individual of the Year), "Work" category, Mundo Hispanico, Georgia's largest Hispanic newspaper (affiliated with the Atlanta Journal Constitution), 2011

Craig Coopersmith, MD

- Fellow, Woodruff Leadership Academy, 2012

Seth Force, MD

- Atlanta magazine's Top Doctors, 2012
- Region 3 representative, UNOS Thoracic Organ Transplantation Committee, 2012

Mandy Ford, PhD

- Associate Editor, American Journal of Transplantation, 2012
- Associate Editor, Journal of Immunology, 2012
- Co-Chair, Community of Basic Scientists, American Society of Transplantation, 2012-2013

Sheryl Gabram, MD

- America's Top Doctors, Castle Connolly, 2012
- Atlanta magazine's Top Doctors, 2012
- 2011 Outstanding Cancer Liaison Physician Performance Award, ACS Commission on Cancer

John Galloway, MD

- Atlanta magazine's Top Doctors, 2012

Robert Guyton, MD

- Atlanta magazine's Top Doctors, 2012

Kurt Heiss, MD

- Executive Committee, Surgical Section, American Academy of Pediatrics, 2012

T. Roderick Hester, MD

- Atlanta magazine's Top Doctors, 2012

Kirk Kanter, MD

- Atlanta magazine's Top Doctors, 2012

Stuart Knechtle, MD

- Atlanta magazine's Top Doctors, 2012

Christian Larsen, MD, DPhil

- America's Top Doctors, Castle Connolly, 2012
- Atlanta magazine's Top Doctors, 2012
- Named an Emory University History Maker, 175th Anniversary Celebration, 2011

Albert Losken, MD

- Appointed William G. Hamm, MD Chair in Plastic Surgery, 2012
- Atlanta magazine's Top Doctors, 2012

Kamal Mansour, MBBCh

- Named an Emory University History Maker, 175th Anniversary Celebration, 2011

Daniel Miller, MD

- Atlanta magazine's Top Doctors, 2012

Kenneth Newell, MD, PhD

- Atlanta magazine's Top Doctors, 2012

Muralidhar Padala, PhD

- Innovation of 2011 Award, Office of Technology Transfer, Emory University

Rachel Patzer, PhD, MPH

- Young Investigator Award, American Transplant Congress, 2012

Richard Ricketts, MD

- Atlanta magazine's Top Doctors, 2012

Steven Roser, DMD, MD

- 2011 Humanitarian Award, American Association of Oral and Maxillofacial Surgeons

Jeffrey Salomone, MD

- President, Eastern Association for the Surgery of Trauma, 2012
- Dennis Lockridge EMS Pioneer Award, Georgia's Region III EMS, 2012

Jyotirmay Sharma, MD

- Editorial Board, World Journal of Surgery, 2012

Charles Staley, MD

- Atlanta magazine's Top Doctors, 2012

John Sweeney, MD

- Atlanta magazine's Top Doctors, 2012

Nicole Turgeon, MD

- Region 3 representative, UNOS Kidney Transplantation Committee, 2012

J. David Vega, MD

- Board of Directors, OPTN/UNOS, 2012

Collin Weber, MD

- Atlanta magazine's Top Doctors, 2012

William Wood, MD

- Academic Dean, Pan-African Academy of Christian Surgeons, 2012

Mark Wulkan, MD

- 1st Vice President, International Pediatric Endosurgery Group, 2012
- Atlanta magazine's Top Doctors, 2012

Department of Surgery specialties and training facilities

Department of Surgery faculty specialize in burn care, cardiothoracic surgery, general and gastrointestinal surgery, minimally invasive surgery, oral and maxillofacial surgery, pediatric surgery, plastic and reconstructive surgery, surgical oncology, transplantation, trauma surgery, surgical critical care, and vascular surgery. Residents and fellows of these disciplines train at the following facilities.

EMORY UNIVERSITY HOSPITAL

A 579-bed, adult, tertiary care facility staffed by 1,171 Emory School of Medicine faculty physicians. Known for cardiology, cardiac surgery, orthopaedics, oncology, neurology/neurosurgery, and one of the most comprehensive transplant programs in the Southeast. Ranked 2nd for quality out of 116 academic medical centers by the University HealthSystem Consortium (UHC) in 2012. Ranked the top hospital in both metro Atlanta and Georgia and nationally ranked in five specialties in U.S. News & World Report's 2012 guide to "America's Best Hospitals."

EMORY UNIVERSITY HOSPITAL MIDTOWN

A 511-bed, tertiary care facility located in downtown Atlanta. Staff includes 1,089 Emory School of Medicine faculty. Known for services in cardiology, cardiac surgery, gastroenterology, neurosurgery, cancer, emergency medicine, and such women's services as high-risk pregnancy. Ranked 6th for quality by the UHC in 2012.

GRADY MEMORIAL HOSPITAL

One of the largest public hospitals in the Southeast and an internationally-recognized teaching hospital. Emory provides care in collaboration with Morehouse School of Medicine. Services include a level I trauma center and one of only two regional burn services in Georgia.

ATLANTA VETERANS AFFAIRS MEDICAL CENTER

Emory faculty provide virtually all physician care for this 178 hospital-bed, 50 nursing home-bed, and 12 psychiatric residential rehab-bed facility. Annual patient services: 7,107 admissions and 1,009,203 outpatient services.

CHILDREN'S HEALTHCARE OF ATLANTA AT EGGLESTON

Emory clinicians provide 80% of care at this 255-bed facility. Annual patient services: 11,021 admissions, 254,419 outpatient services. A component of the Emory-Children's Center, a joint venture between Emory Healthcare and Children's Healthcare of Atlanta that is the largest pediatric multispecialty group practice in Georgia.

PIEDMONT HOSPITAL

A private, not-for-profit, acute-care tertiary facility with 529 beds and a medical staff of more than 1,000 board-certified physicians.



EMORY
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MEDICINE

Department of Surgery

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*without
hesitation*

- evaluate ourselves
- seek new insights
- pursue our vision
- refine our paradigms
- lead the way

www.surgery.emory.edu