

Atrial Fibrillation Treatments

Thomas Beaver, MD, MPH, and **William M. Miles, MD**, offer an uncommon twist on the so-called hybrid treatment used to treat atrial fibrillation. The treatment combines two procedures originally performed separately — catheter ablation and the “Mini-Maze” surgical procedure — to address problems on the heart’s interior and exterior to prevent the abnormal electrical signals that cause atrial fibrillation.

Beaver, director of minimally invasive cardiac surgery at UF, said a limited number of centers nationwide offer the approach that he and Miles, director of clinical cardiac electrophysiology at UF, employ for the hybrid. He noted two advantages of this method.

“The pulmonary veins that have triggers for atrial fibrillation are completely isolated with an epicardial bipolar transmural clamp,” he explained. “Other hybrid-type



Thomas Beaver, MD, MPH, is director of minimally invasive cardiac surgery at UF&Shands. MARIA FARIAS/UF HSC PHOTOGRAPHER

procedures are not as consistent. Also, we are able to clip off the atrial appendage, which is felt may reduce the long-term risk of stroke, though this is under study.”

Beaver said the special approach has yielded great results for patients.

“There are other hybrids being offered, but we feel they will be less successful in the long run,” he said.

But the hybrid procedure isn’t for everyone. That’s why UF&Shands offers a variety of treatment options.

“The key to our center is that we have a team approach,” Beaver emphasized, “with an experienced surgeon and electrophysiologist working closely together to find the best treatment for each individual patient.”

Other therapies include medications to restore normal rhythm, cardioversion to shock the heart back into normal rhythm, catheter-based cryotherapy ablation to eliminate trigger points on the heart that initiate abnormal rhythms, the Mini-Maze operation (minimally invasive pulmonary vein isolation) and traditional open “Maze” surgery for patients who are refractory to all other therapies.

The newest of these procedures is cryoablation, used for patients who have recurrent atrial fibrillation that is unresponsive to medications. Traditional ablation treatments use radiofrequency to destroy faulty electrical circuits in the heart. The cryoballoon catheter procedure uses coolant, which affords greater catheter stability and which Miles said he feels “will increase the overall success rate of therapy.”

To make an appointment, call our patient access center at 352.273.5503.

Surgical Treatment for Endocrine Conditions

UF surgeons are experts in the surgical treatment of endocrine conditions and cancers. They offer diagnostic and treatment options, including ultrasound-guided fine-needle aspiration biopsies for thyroid nodules, and total or partial thyroidectomies for cancer and benign thyroid conditions. They also see patients with hypercalcemia, and are experts in diagnosing and treating hyperparathyroidism, parathyroid adenomas, parathyroid hyperplasia and parathyroid cancer.

UF surgeons treat cancerous and non-cancerous adrenal tumors, including functional adrenal tumors (pheochromocytoma, aldosteronoma, Cushing’s syndrome and sex hormone-producing tumors), adrenal incidentalomas, adrenal metastases and adrenocortical carcinomas.

Christiana Shaw, MD, MS, is the UF department of surgery’s primary surgeon for endocrine system conditions. She joined the department in 2010 after completing a surgical oncology fellowship at Fox Chase Cancer Center in Philadelphia and is well-versed in the latest surgeries and treatment options, including laparoscopic adrenalectomy and other minimally invasive surgical approaches. She is an expert in surgical treatment of endocrine conditions and of cancer of the endocrine system, including cancerous and non-cancerous conditions of the adrenal, thyroid and parathyroid glands. Shaw offers sensitivity, compassion and a high level of care to her patients, and welcomes the challenge to provide cures for the most complex cases.

“Endocrine surgery is very satisfying,” she said. “It’s a challenging and interesting mix of cases, and the patient care is very rewarding.”

UF Vascular Surgeons Form Statewide Study Group



UF UNIVERSITY RELATIONS

Surgeons in the UF division of vascular surgery and endovascular therapy have created the Florida Vascular Study Group to foster collaboration statewide among physicians and hospitals to collect and analyze clinical data from patients undergoing vascular procedures.

Led by **Adam W. Beck, MD**, an assistant professor of surgery in the UF College of Medicine, the group's focus is to improve the care of vascular patients throughout Florida. Participating institutions include UF's Health Science Center, Florida Hospital in Orlando, Tampa General Hospital and Bethesda Memorial Hospital in Boynton Beach.

"Patients with vascular disease tend to have some of the most complicated and challenging cases that any physician must deal with," Beck said. "The procedures performed and the conduct of their care can vary widely between surgeons, hospitals and regions, making identification of best practice difficult. Collaboration among surgeons throughout the state and the country through the Society for Vascular Surgery Vascular Quality Initiative will help identify variations in care that lead to complications and poor outcomes."

The Florida group will be part of this national society, which includes other, similar regional study groups, such as the Vascular Study Group of New England. The New England group started in 2001, and ultimately led to a designated national patient safety organization and other regional study groups. With oversight by the national patient safety organization, regional groups collect procedural data, as well as information regarding pre- and postoperative care. This allows benchmarking of outcome variables, such as technical success, cardiovascular complications and death, among others.

These benchmarks will ultimately help surgeons identify best practices and areas for quality improvement. The Florida Vascular Study Group will hold biannual meetings to discuss quality improvement initiatives.

"Without measuring our outcomes, we cannot define quality," Beck said. "Since the Vascular Study Group of New England was developed in 2001, their group has successfully demonstrated that quality improvement programs can change practice across a large region and improve the care of patients. My hope is that we will have similar successes in Florida."

The Florida Vascular Study Group plans to hold its first meeting in late October.

For more information, contact Julie Mayo, MSPH, FVSG database manager, at 352.273.8344.

Talbert Lecture Features Expert in Congenital Diaphragmatic Hernia Treatment

Charles Stolar, MD, surgeon-in-chief and director of pediatric surgery at Morgan Stanley Children's Hospital, Columbia University Medical Center, was this year's guest speaker at The James Lewis Talbert Lectureship and Mini-Symposium Program in March.

James Talbert, MD, founding chief of UF's division of pediatric surgery, joined the College of Medicine in 1967.

Stolar's lecture, titled "Congenital Diaphragmatic Hernia: Infants Becoming Adolescents and Young Adults," described the progress he and colleagues have made in treating infants with diaphragmatic hernia over the past several decades.

"When I finished my fellowship (at the Children's National Medical Fellowship in Washington, D.C., in 1982), I had never seen a baby with this diagnosis survive," Stolar recalled.

Today, he said, the survival rate for babies with CDH born at Morgan Stanley Children's Hospital, Columbia University Medical Center is about 82 percent. Nationwide, the survival rate is about 60 percent, estimated **David Kays, MD**, an associate professor and chief of pediatric surgery at UF. He specializes in treating CDH.

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LAURAMIZE

David Kays, MD, chief of pediatric surgery at UF; Charles Stolar, MD; and James Talbert, MD, pose for a photo after Stolar's lecture. The division presented Stolar with a plaque commemorating his lecture.

Patient Success Story

A Risky Journey and a Happy Ending

Mandie and Robert Cokley and their son Patrick piled into their Lincoln Navigator on April 15 and began the 2,400-mile drive from their home in Bakersfield, Calif. to Gainesville.

The couple was determined to arrive before the birth of their second son, due in just two weeks. Doctors in California

had told them he had a congenital diaphragmatic hernia and little chance to live. They suggested Mandie abort the pregnancy. Instead, she took to the Internet,

Read more online about how UF pediatric surgeons are helping children survive once-fatal congenital diseases.

<http://post.health.ufl.edu>
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looking for answers. Other parents shared encouraging stories of children living with CDH. Many recommended **David Kays, MD**, a UF pediatric surgeon who specializes in treating the condition.

When Cokley found a Shands web page describing Kays' high success rates, she said she knew what she needed to do.

"When it's your child, you don't have a choice," she said. "You see 92 percent and you're like 'OK, that's where we are going.'"

Kays advised her not to drive across the country so late in the pregnancy, but she was determined to make the trip. The family arrived in Gainesville on April 20. Matthew Cokley was born a week later.

Matthew responded well to the gentle ventilator support that is central to successful CDH treatment at UF. Kays operated



MARIA FARIAS/UF HSC PHOTOGRAPHER

Mandie Cokley cradles her son Matthew, who underwent surgery for congenital diaphragmatic hernia at Shands Hospital for Children.

on him a few days later, moving his abdominal organs from his chest into their proper place, then closing the hernia.

After a one-month hospital stay, Matthew and his family returned to California. He has some reflux problems, but has not experienced any major complications. His mother is thrilled and said she wants other parents to know there is hope for children with CDH.

"I could never say enough or do enough to thank Dr. Kays for saving my son," she said.

Pediatric Emergency Room Opens

Children are not small adults. The new Pediatric Emergency Room at Shands Hospital for Children is a place just for them, with its own entrance, waiting area, treatment and exam rooms and a radiology imaging room designed to deliver the right amount of radiation for children. Read more online about the new facility: <http://shands.org>



JESSE S. JONES/UF HSC PHOTOGRAPHER



UF-HSC NEWS & COMMUNICATIONS

Dear Friends:

The summer months at academic health centers and departments of surgery are times of transition with the arrival of new trainees and the bittersweet departure of trainees who will gain further training or enter the workforce. This past year we graduated a cadre of excellent general surgeons and quality individuals. We are proud of the accomplishments

of **Alyson Waterman, MD; Darrell Hunt, MD, PhD; Dean Yamaguchi, MD; Georgios Rossidis, MD;** and **Robert Winfield, MD.** We wish them the best and welcome them to the UF Woodward Society as graduates of the program.

In their stead, we have five excellent general surgery trainees who have joined us from across the nation: **Christopher Kuppler, MD** (Wake Forest University), **Brittany McCabe-Young, MD** (Rush Medical Center), **Benjamin Spzila, MD** (University of Arkansas), **Elisha Scott, MD** (University of Miami), and **Daniel Delitto, MD** (University of Pittsburgh). We look forward to working with, learning from and teaching these excellent students.

The general surgery training program is the backbone of a good department of surgery because these bright, energetic and hard-working professionals provide the minute-to-minute care of patients. They are the legacy of the department and our future in health care. What if their training was jeopardized? In fact, the talk around the debt ceiling deal this summer proposed a cut of more than \$14 billion to graduate medical education in the United States. In Florida, this could mean a \$300 million loss of federal funding for teaching hospitals and graduate medical education programs. Decreased funding to these safety net hospitals would have a tremendous impact on patient care, and severely compromise our ability to train high-quality residents, especially in a time of further-reduced duty hours. Ultimately, changes like these could significantly decrease our future workforce, and we already are projected to have a shortage of physicians in Florida.

Maintaining current graduate medical education funding and preserving our access to care must be a priority.

Kevin E. Behrns, MD
Chairman

UF Welcomes New Chief of Acute Care Surgery

Frederick A. Moore, MD, joined the UF College of Medicine's department of surgery in July as the new chief of acute care surgery.

Moore previously headed the division of surgical critical care and acute care surgery at The Methodist Hospital in Houston, Texas, and served as a professor of surgery at Weill Cornell Medical College.

He said one of his goals for the acute care surgery program at Shands at UF medical center is to establish an acute care surgery fellowship.

Seven institutions in the U.S. offer training programs in acute care surgery that are approved by the American Association for the Surgery of Trauma.

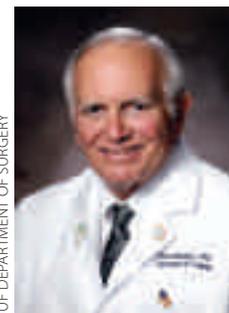
Such programs emphasize the need for trauma surgeons to operate on and care for patients with non-traumatic conditions and those with critical illnesses, Moore said.

Caring for such patients requires knowledge of biological processes that can occur after trauma or surgery, that may impair a patient's ability to survive and recover.

Moore's research and clinical interests include two of these processes, known as systemic inflammatory response syndrome and compensatory anti-inflammatory response syndrome, and factors that may affect them, such as nutrition. He also is interested in exercise and the effect it may have on muscle loss that occurs with age and with inactivity during serious illness.



COURTESY OF THE METHODIST HOSPITAL



UF DEPARTMENT OF SURGERY

Hollenbeck Retires

John Hollenbeck, MD, retired in July after a distinguished career in acute care surgery and trauma surgery.

Hollenbeck began his surgical residency at UF in 1968, then served in the U.S. Army from 1970 to 1972.

He returned to UF to complete his residency and a research fellowship in gastrointestinal surgery and

physiology. After finishing both, Hollenbeck moved to North Carolina and worked as a private practice surgeon in a large general surgery group practice serving Carolinas Medical Center and Presbyterian Hospital, both in Charlotte.

Hollenbeck helped train residents at the two hospitals and, in the 1990s, led the effort to create a trauma center at Carolinas Medical Center. He remained in North Carolina until 2005, when he and his wife returned to Gainesville. Shortly afterward, he began training UF surgical residents and medical students.

Now that he's retired, Hollenbeck said he plans to enjoy lots of time with his wife and friends in Gainesville, spend summers at the couple's North Carolina beach house and journey across the U.S. to experience small-town America. But the memories he's built during a fruitful career will stay with him.

"I've had a great wife stand by me through all of this," he said. "I cannot thank the University of Florida department of surgery enough for the opportunity they gave me to come back."

Surgical Residents Earn Education, Research Awards

Luke Gutwein, MD, earned The Breast Journal Award for the paper "Tumor Endothelial Marker 8 (TEM 8) Expression in Triple Negative Breast Cancer," presented in February at the 16th Annual Multidisciplinary Symposium on Breast Disease.

"Triple negative breast cancer is a lethal subtype of breast cancer for which we have no adequate therapy," explained Gutwein. "This patient population is treated with conventional breast cancer algorithms, with subsequent increase in recurrence and poor survival, relative to other breast cancer types. TEM 8 is a novel protein on the tumor surface that may provide an avenue for targeted breast cancer treatment."

Stephen Grobmyer, MD, served as Gutwein's faculty mentor for this project.

While spending two years in the laboratory, **Michael Hong, MD**, received a \$70,000 National Institutes of Health Loan Repayment Program award. He has returned to a focus on clinical care for his remaining three years of residency.

Hong won a 2011 American Venous Forum Travel Scholarship for his abstract, "The State of Endovenous Ablation For Venous Insufficiency In Florida." The award enabled him to attend the American Venous Forum, 23rd Annual Meeting.

He also attended the Peripheral Vascular Surgery Society's 21st Annual Winter Meeting in January. His abstract "Quality of Life Outcomes Following Lower Extremity Revascularization"

earned him a travel scholarship that paid for him to attend the meeting.

Hong's faculty mentors include **Scott Berceli, MD, PhD**; **Peter Nelson, MD**; and **Zhi Hua Jiang, PhD**.

Alex Cuenca, MD, earned the bronze award in the UF Medical Guild's research competition for his work examining the role of CXCL10/CXCR3 in the neonatal immune response to sepsis. Cuenca funded his research with an individual (F32) Ruth L. Kirschstein National Research Service Award from the National Institute of General Medical Sciences.

Hugh Hill Outstanding Resident Teacher Award

Tad Kim, MD, a surgical resident at UF, was one of two recipients of the 2011 Hugh Hill Outstanding Resident Teacher Award.

The 2011 UF College of Medicine graduating class selected Kim and a neurology resident to receive the award. Kim will complete his general surgery residency and begin a fellowship in cardiothoracic surgery at the University of Mississippi in July 2012.

Georgios Rossidis, MD, received the Hugh Hill Outstanding Resident Teacher Award in 2010. Rossidis recently completed his general surgery training with the department and began a fellowship at UF in minimally invasive surgery. He was inducted into the Chapman Chapter of the Gold Humanism Honor Society in March.

MARIA FARIAS/UF HSC PHOTOGRAPHER



Hugh Walters Award Goes to Aspiring Vascular Surgeon

Dean Yamaguchi, MD, who just completed his general surgery residency training, was honored in March with the department's Hugh A. Walters Humanism in Medicine Award.

The award honors the memory and legacy of surgical resident **Hugh Walters, MD**, who died in 2008.

UF surgical residency program director **George Sarosi, MD**, an associate professor, presented the award and reflected on

Walters' traits of humility, hard work and commitment.

"He was a quiet leader," Sarosi said, "always there when you needed him."

Yamaguchi, who started a vascular surgery fellowship program at the University of Alabama-Birmingham this summer, said Hugh was one of his role models.

Tad Kim, MD, the 2010 recipient of the award, also spoke during the award ceremony. He encouraged his fellow surgeons to create a self-sustaining culture of teaching within the residency program.

"For me, this award serves as a reminder to first think about how I can contribute to my program and then think about how it can help me," he said.

Talbert Lecture continued from page 2

Stolar attributed the dramatic increase in survival rates to improved treatment methods, including more sparing use of ECMO and the practice of waiting a few days to operate on newborn CDH patients so they can grow stronger.

Stolar and his colleagues pioneered many of these changes, which are becoming more popular nationwide.

Kays studied under Stolar during a fellowship at Columbia University and has implemented what he learned there in his practice at Shands Hospital for Children.

"Since I've been here, we've taken care of over 260 congenital diaphragmatic hernia patients with an overall survival that exceeds 80 percent," Kays said in an interview before the lecture.

Research Briefs

UF Researchers Find Surgical Breast Biopsies Overused In Florida

Thousands of women receive unnecessary surgical breast biopsies in Florida each year, according to an article published in February by the *American Journal of Surgery*.

These surgeries are more risky and more expensive than needle biopsies, which are less invasive and equally effective.

UF researchers analyzed state public health data for the years 2003 to 2008 and found about 30 percent of breast biopsies were performed through open surgery. The study reflects conditions outside Florida, too, said **David P. Winchester, MD**, a professor of surgery at NorthShore University HealthSystem, and former chairman of the National Accreditation Program for Breast Centers.

"This is an important message and should be generalizable to other parts of the country, in terms of the desirability of using minimally invasive biopsy techniques," he said.

Needle biopsies are usually more appropriate when the lesion can be seen clearly through imaging techniques, according to reports by breast health specialists. The procedure, typically performed by radiologists, requires inserting a needle through a tiny incision to extract breast tissue samples.

Most breast biopsies show the lesion in question to be benign.

A report published in the *Journal of the American College of Surgery* in 2009 stated that open breast biopsies should be used to initially diagnose a lesion in less than 5 percent to 10 percent of cases.

Though use of needle biopsies increased significantly during the years studied, the researchers found that overuse of open breast biopsies in Florida leads to \$37.2 million in charges yearly. The study did not take providers' charges into account, meaning the actual amount wasted is much greater.

Patients with very small breasts, those with lesions near an implant or the chest wall and women with certain other characteristics should not undergo needle biopsies.

If a needle biopsy reveals cancer, physicians can begin treatment before surgery and better plan for removing the cancer.

Stephen Grobmyer, MD, an associate professor of surgery and medical director of the UF Breast Center, said he regularly sees patients who have needlessly undergone an open biopsy.

"It makes determining how big a lesion is, or if there's any residual cancer, difficult," Grobmyer said. "It often makes the surgery that is required more extensive. It often will mean that patients (unnecessarily) end up with more than one operation."

UF's **Luke Gutwein, MD**, a surgical resident; **Darwin Ang, MD, PhD, MPH**, an assistant professor of acute care surgery; **Huazhi Liu, MS**, a statistical coordinator; **Julia Marshall, MD**, a clinical

assistant professor in the department of radiology; **Steven Hochwald, MD**, an associate professor and chief of surgical oncology; and **Edward Copeland III, MD**, a distinguished professor of surgery, also participated in the project.

Viruses Could Play Key Role in ICU Patients' Outcomes

Common viral infections appear to play a role in some critically ill patients' struggles to recover, according to UF researchers who studied how four viruses affect the health outcomes of patients in ICUs.

"It's reasonable to assume that when a critically ill patient also has a viral infection, it can adversely affect their clinical outcome," said **Darwin Ang, MD, PhD, MPH**, a UF assistant professor of surgery and senior author of the paper.

Still, scant evidence exists to justify more aggressive screening and treatment. As a result, ICU patients are not normally tested for viral infections throughout their hospital stay.

UF researchers analyzed the role infections played in the health outcomes of more than 200,000 critically ill patients across the U.S. using data from the University HealthSystem Consortium. The research was led by surgical resident **Makesha Miggins, MD**, and the results published in the online journal *PLoS ONE*. Studying patients who appeared infection-free at hospital admission, investigators focused on influenza, cytomegalovirus, herpes simplex virus and respiratory syncytial virus, and their role in various complications, including death.

Patients who were apparently infection-free had much shorter hospital stays, on average, than those infected with viruses or bacteria. Patients with both infections were more likely to have poor outcomes.

Researchers also found an "upstroke" in infections as winter months approached. They said viruses may lie dormant in some patients, then reactivate as the body is weakened by fighting critical injuries or illnesses.

The study deals with a poorly understood component of recovery in critically ill patients.

"The impact of secondary viral infections and/or reactivation may be critical to the survival of these tenuous patients and to date has been little studied," said **Ronald V. Maier, MD**, a professor and vice chair of surgery at the University of Washington.

UF's **Lyle Moldawer, PhD**, vice chairman of research for the department; **Huazhi Liu, MS**, a statistical coordinator; **Phillip Efron, MD**, an assistant professor of surgery and anesthesiology; **Azra Bihorac, MD**, an assistant professor of anesthesiology; **Fred Southwick, MD**, chief of the division of infectious diseases; **Denise Schain, MD**, an associate professor of medicine; and **George Casella, PhD**, chair of statistics in the College of Liberal Arts and Sciences; also co-authored the article.

Visit www.surgery.ufl.edu/news.asp for the complete articles and more news about other research initiatives.

Community Outreach: Shaw Speaks to High School Students

UF UNIVERSITY RELATIONS



Christiana Shaw, MD, MS, a clinical assistant professor in UF's College of Medicine, visited the Eastside Striders, a group of students from Eastside High School, in February to discuss developments in treatments for breast cancer and changes in rates of diagnosis and survival. Shaw said the group, which focuses on raising funds for the American Cancer Society, included about 50 students, half male and half female.

She connected with the group after a member, whose mother works at the Clinical and Translational Science Institute's biorepository, contacted her and asked her to speak.

"The students were very well-educated and very mature," Shaw wrote in an email after the event. "They asked about ethnic disparities, triple negative disease, age of patients, male breast cancer. I was impressed by how well-educated they were and by their dedication to the cause. Most of the women I see are older, with a few in their 20s, 30s and 40s. It gave me a little perspective to see how much breast cancer touches people of all ages — men and women."

Berceli Wins Research Award

Researchers from across the College of Medicine shared their research and sowed the seeds of new collaborations during the 2011 Celebration of Research in March.

"A lot of our time is spent worrying about numbers — money, space and faculty time," said **Stephen Sugrue, PhD**, senior associate dean for research affairs. "Tonight is a little bit more about worrying about discovery and sharing some interactions with colleagues."

Scott Berceli, MD, PhD, a professor of surgery in the division of vascular surgery and endovascular therapy, received one of the event's top honors.

He won the Clinical Science Research Award and was cited for his work examining how the accelerated thickening of grafted blood vessels after heart bypass surgery contributes to failure of the procedure.

"Scott is a great example of physicians going from the bedside to the bench, and then eventually back to the bedside with therapeutic interventions," said **David Nelson, MD**, director of the UF Clinical and Translational Science Institute.

JESSE S. JONES/UF HSC PHOTOGRAPHER



UF UNIVERSITY RELATIONS

7th Annual Department of Surgery Research Day

The department's 2011 research day, held in April, featured **Alexander W. Clowes, MD**, a professor and the V. Paul Gavora-Helen S. and John A. Schilling Endowed Chair in Vascular Surgery at the University of Washington, as the Lester R. Dragstedt Visiting Professor. He lectured on "Novel Approaches to Controlling Intimal Hyperplasia and Restenosis."

Oral and poster presentations by department faculty, residents and fellows followed Clowes' lecture. Faculty and residents received recognition for recent research projects during an awards luncheon.

Several faculty members received Research Career Development Awards, \$25,000 grants funded by the department.

- **Winston T. Richards, MD**, received a grant for his project "Evaluating Transfer Patterns for Elderly Burn Patients."
- **Adam W. Beck, MD**, received a grant for his project "CSF Biomarkers of Spinal Cord Injury in TEVAR patients."
- **Christiana Shaw, MD, MS**, and **Sanda Tan, MD, PhD**, received a grant for their project "Evaluation of Technology in Surgical Resident Research Education in the Era of Increased Accreditation Council for Graduate Medical Education (ACGME) Regulation."

Surgical residents **Alex Cuenca, MD**, and **Makesha Miggins, MD**, were honored with awards for Best Basic Science Abstract and Best Clinical Science Abstract, respectively.

Research Day concluded with overviews from faculty about new developments in the department. Beck and **Tomas D. Martin, MD**, spoke about advances in endovascular aortic surgery; **Kfir Ben-David, MD**, and **Steven N. Hochwald, MD**, discussed an integrated esophageal cancer research and treatment program; and **Steven J. Hughes, MD**, highlighted the latest in the division of general surgery.

The Stitch

Advancing the
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