



During a follow-up visit, Robin Hoon, RN, and Dr. Klodell speak with Ron Vetter about his ventricular assist device, which was implanted in October 2007 at Shands at UF as part of the HeartMate II Destination Therapy Clinical Trial.

MAGDALENA PASZKA/SHANDS MARKETING AND PUBLIC RELATIONS

## UF Surgeons Perform New Carotid Artery Stenting Procedure

UF vascular surgeons are using a new cerebral protection device for carotid artery stenting, or CAS, in symptomatic patients who have experienced a stroke or transient ischemic attack.

According to **Peter Nelson, MD**, a UF vascular surgeon, previous studies have shown carotid endarterectomy, an open procedure, to be superior to the less invasive CAS, but a recent report from the clinical trial CREST (Carotid Revascularization versus Stenting Trial), has suggested equivalence between these open and minimally invasive procedures.

“With that said, it has renewed enthusiasm to understand where this minimally invasive approach fits into our current treatment plan,” he said.

Nelson and UF vascular surgeon **Adam Beck, MD**, were the first in the region to use the new FDA-approved device, Mo.MA Ultra. The device deploys two balloons to suspend blood flow prior to placing a stent to open the plaque narrowing the artery. Older-generation devices, including various types of filters, require a wire to first pass through the plaque-filled carotid artery before establishing cerebral protection, thus creating the risk of debris loosening and potentially traveling to the brain and causing a stroke before intervention can even be attempted. The new flow stasis concept has shown that far fewer particles travel to the brain during the procedure, Nelson said.

“We want to prevent the debris from going up to the brain and one way to capture it is with a filter,” he said. “Another, and perhaps better way, is to arrest the flow so that when you place the stent and dilate with a balloon there is no flow going up toward the brain. We might dislodge some particulate matter, but it is not going anywhere because there is no flow, and we simply aspirate it out before completing the procedure.”

To learn more, visit [www.surgery.ufl.edu/vascular](http://www.surgery.ufl.edu/vascular).

## VAD FDA-approved for Destination Therapy

Earlier this year the Food and Drug Administration approved the use of the HeartMate II, a left ventricular assist system designed for heart failure patients, for destination therapy. The University of Florida played a key role, as one of 38 trial centers, in evaluating the efficacy of the device for this purpose.

Left ventricular assist systems, also known as VADs, have been FDA-approved for “bridge to transplant” therapy, which is when someone is on the transplant list, but their heart may not be strong enough to wait until a donor heart becomes available. The more recent approval makes the device commercially available as a long-term, or destination therapy, treatment to qualifying patients who do not meet transplant requirements and who have not responded to other therapies.

UF thoracic and cardiovascular surgeon, **Charles Klodell, MD**, UF’s principal investigator on the HeartMate II study, said, “We hope it is going to impact a lot of people.”

He added that destination therapy is for people who look like good transplant candidates, but for one reason or another they are excluded from transplantation, most commonly because of being over age 65, but also because of co-existing health problems such as cancer, peripheral vascular disease or diabetes. “For those people this is just such an incredible therapy,” said Klodell, who says patients see remarkably improved quality of life after receiving a VAD.

Another patient population benefiting from the FDA approval is those falling under the ‘bridge to decision’ category. Klodell said sometimes physicians are unsure if someone can be a transplant patient, so they put in a VAD and if it helps strengthen a patient they can move to the transplant list; if not, now they have a destination therapy opportunity.

According to the American Heart Association, more than 5 million people age 20 and older have heart failure, which is when the heart does not pump enough to sustain people at a comfortable level. Klodell said most heart failure patients can be medically managed.

Approximately 1,000 VADs are implanted annually in the United States, a number Klodell expects to see grow with the extended approval. Shands at UF is a high-volume VAD institution, performing about 25 procedures each year.

*The devices are very expensive and while some insurance programs cover the procedure, not all do. To learn more, view the VAD video at [www.surgery.ufl.edu](http://www.surgery.ufl.edu), or call 352.265.0751.*

# Pancreatic Cancer

## *UF surgeons offer advanced care, investigate novel therapies*

Pancreatic cancer is being treated in a uniquely aggressive manner at Shands at UF.

It is often called “the silent killer” because patients can have the disease for months or years before diagnosis, said **Kevin Behrns, MD**, chairman of the UF Department of Surgery.

Survival from pancreatic cancer is directly tied to the development and advancement of the tumor, Behrns said. Therefore, UF physicians use an integrated multidisciplinary approach because patients arrive at different stages of the disease and require tailored treatment programs. At UF there is a specific pancreatic cancer tumor conference where new cases are discussed and a comprehensive treatment plan



is outlined, incorporating standard and novel therapies. In addition, single-day evaluations are coordinated, so that new patients can see, in one visit, specialists in surgery, chemotherapy or radiation therapy, genetic counseling, dietetics and rehabilitation services.

According to the American Cancer Society, patients usually have no symptoms until the cancer has spread. Due to the pancreas' location deep inside the body and behind the stomach, medical professionals cannot see or feel pancreatic tumors during physical examinations. The disease is the fourth-leading cause of cancer death, with less than 4 percent of diagnosed patients surviving after five years.

Risk factors for pancreatic cancer include tobacco use, diabetes, familial history of the disease and chronic pancreatitis.

Men and women have about the same risk for developing pancreatic cancer.

The UF surgical approach is distinct from that of other institutions because it involves aggressive tumor resection, despite often close proximity to the superior mesenteric or portal veins, which are the main veins draining the intestine, Behrns said. UF experts found resection of these tumors leads to the same survival of patients who do not have the venous resection, and there is no increased risk of infection with the venous resection. Depending on location and size of the tumor, vascular resection and reconstruction is a common form of treatment because of limited treatment options.

The “Whipple” procedure is one example of resection. This procedure removes part of the bile duct, and sometimes a portion of the stomach, as well as the head of the pancreas, where the tumor frequently forms, said Behrns. In some cases, procedures can be performed laparoscopically.

Studying results from procedures such as the Whipple and performing basic science research enables UF physicians to offer patients the best treatment plans.

Investigators in the UF Department of Surgery are performing groundbreaking research to offer new treatment options for patients with pancreatic cancer. For example, **Steven Hochwald, MD**, UF's chief of surgical oncology, said he is studying how pancreatic cancer cells thrive in relation to the overabundance of focal adhesion kinase, FAK, a protein that helps cells adhere to their surroundings and survive in the human body. This results in the increased ability of cancer cells to spread and resist chemotherapy. His research, funded by the National Cancer Institute, shows that FAK and a protein called insulin-like growth factor receptor-1, or IGF-1R, are present at high levels in pancreatic cancer.

Hochwald said the hope is that novel treatment approaches move rapidly from the laboratory to become patient care options for people with this aggressive disease.

“We also present eligible patients an opportunity to take part in national and regional trials for chemotherapy, proton beam radiotherapy and other novel molecular targeted therapies,” Behrns said. Such therapies may give patients a better chance at long-term survival, he added.

UF's pancreatic clinical and research work will expand this August with the addition of **Steven Hughes, MD**, who has been named chief of the division of general surgery.

---

*To make a referral or an appointment, please call 352.265.0990.*

# UF Pelvic Floor Program Confronts Bowel and Bladder Disorders with Multidisciplinary Approach

As the number of people affected by pelvic floor disorders continues to grow, the University of Florida is using a multidisciplinary approach for diagnosis and treatment.

Pelvic floor disorders include constipation, fecal and/or urinary incontinence, overactive bladder, painful bladder syndrome, and bladder, uterine or rectal prolapse.

A team of UF physicians works together to provide an individualized treatment plan to correct the problem and improve quality of life. The team includes gastroenterologists, colorectal surgeons, gynecologists, urologists and radiologists, as well as dietitians and physical therapists.

**Sanda Tan, MD, PhD**, a UF colorectal surgeon, said what makes UF's program unique is the group of specialists who work together to solve an individual patient's problems.

"More than two-thirds of patients with pelvic floor problems have greater than one symptom and organ involvement; therefore, they will need to have visits with multiple physicians," Tan said. "We offer an approach where we will coordinate the care for our patients to minimize their discomfort and offer the best care that they need."

Tan added that people often are embarrassed to talk about these issues and are reluctant to go to different physicians and repeat the same thing over and over.

"We formed a centralized phone call area so we can arrange for all of these issues to be handled in an efficient and timely manner for the comfort of the patient," Tan said. A nurse coordinator serves as a single point person so patients only have to make one initial call for appointments.

While pelvic floor disorders affect women and men of all ages and races, they do occur more often in women and increase in frequency with age, said **Louis Moy, MD**, a UF assistant professor of urology.

According to Tan, more than 50 percent of people over the age of 55 will have some issue with pelvic organ symptoms or dysfunction.

If a patient has bothersome symptoms or symptoms that affect the quality of his or her life, then it is worthwhile to seek an evaluation, Moy

said. For example, overactive bladder, the urgent and sudden desire to urinate, can cause a person to wake in the middle of the night to urinate or experience other inconvenient, troublesome symptoms.

Medical evaluations by UF pelvic floor experts can help determine the course of treatment.

"Depending on the cause of incontinence, medical treatment will be geared toward treating the underlying problems in a particular patient," said **Baha Moshiree, MD**, director of motility at UF in the division of gastroenterology. The team performs specialized diagnostic procedures to correctly identify who can be treated with medical therapy versus physical therapy versus surgery.

**John Davis, MD**, director of the UF division of gynecology, said, "For women with prolapse, nonsurgical treatment as well as traditional vaginal and abdominal repairs are available. We utilize mesh-augmented repairs when indicated, and are comfortable with the management of complications related to mesh placement."

For overactive bladder, invasive therapies are generally reserved for severe cases only, said Moy. The team works together from the beginning to create a systematic approach involving medications and more conservative therapies.

For constipation, surgery is the last resort as well, Tan said. Other treatments are exhausted first, such as medications, dietary changes, physical therapy and biofeedback.

## Therapies & Treatments

- Physical Therapy
- Biofeedback
- SECCA (procedure to improve bowel control)
- Artificial Bowel Sphincter
- Sphincteroplasty
- Colectomy
- Rectocele Repair
- Rectopexy
- Sacral Nerve Stimulator (Interstim®)
- Sling Procedures
- Urethral Bulking Agent
- Vaginal Prolapse Repair

## Diagnostic Procedures

- Pudendal Nerve Testing
- Anorectal Manometry
- Anal Ultrasound
- MRI Defecography
- Proctoscopy
- Flexible Sigmoidoscopy
- Urodynamics
- Cystoscopy

*To learn more about pelvic floor disorders and the procedures and treatment options available, please visit [www.pelvicfloor.health.ufl.edu](http://www.pelvicfloor.health.ufl.edu).*



SARAH KIEWEL/UF HSC PHOTOGRAPHER

Dear Colleagues:

The passage of health care reform legislation will provide coverage for millions of Americans who currently have no means of obtaining adequate health care. It will also dramatically change our reimbursement for the care we provide, especially for Medicare and Medicaid patients. Although there has been polarizing debate regarding passage of this reform, the legislation clearly

contains necessary provisions such as prohibiting insurance companies from denying coverage based on pre-existing conditions; however, providers are skeptical about how we can deliver high-quality care for the seemingly little reimbursement dictated by the new plan. Furthermore, the process was deeply flawed and this was in no small part because of the lack of physician involvement.

The passage of health care reform should be a call to action for physicians, and especially surgeons, so that as the provisions of the legislation become reality we have consistent impact on the implementation. This will require a concerted and organized effort from the surgical community. As most of you know, the American College of Surgeons opposed the legislation for several good reasons. The ACS serves as our most powerful vehicle in Washington, and, therefore, we should be heavily involved in providing input to this organization. How can we do this? Our Florida chapter of the ACS is one of the most active in the country and has significant input to the Chicago offices of the ACS. This is in no small part due to the leadership of the chapter, including Dr. Lawrence Lottenberg, the current chapter president. Also, on the national stage, Dr. Edward Copeland, past ACS president, provided superb leadership. We should also support the ACS effort through the ACS Professional Association–Surgeons PAC, chaired by our own Dr. John Armstrong. In addition, Dr. Timothy Flynn serves as the vice chairman of the Board of Governors, and I have recently been elected to this group.

Clearly, UF surgeons have played a significant role in surgical organizations, but as we move forward we need more involvement in the implementation of health care reform. I urge you to voice your concerns and be an active member of our surgical organizations such as the ACS.

Best wishes,  
Kevin E. Behrns, MD, Chairman

## New Vascular Chief Named



**Thomas S. Huber, MD, PhD**, a UF professor of surgery, has been named chief of the Department of Surgery's Division of Vascular Surgery and Endovascular Therapy. He has served as interim chief since October, assuming the leadership role after the death of **James Seeger, MD**.

Huber joined the UF College of Medicine in 1994 after completing his medical, surgical, vascular and physiology training at the University of Michigan in Ann Arbor.

His clinical work focuses on complex aortic disorders, dialysis access and visceral artery occlusive disease. He currently holds a \$1.1 million five-year National Institutes of Health grant to evaluate a common surgical procedure, called an arm fistula, used to create access sites for patients needing hemodialysis. Through the grant he is heading up a team of physicians, surgeons and scientists at UF who are partnering with five other groups from across the country to study fistulas in an effort to improve patients' long-term prospects for dialysis.

He has earned numerous honors, including induction into the Alpha Omega Alpha medical honor society, recipient of the department's Lester R. Dragstedt Physician Scientist Award and recognition for his teaching excellence. He also has served as a distinguished reviewer of the *Journal of Vascular Surgery*.

## Fund Honors Dr. James Seeger's Legacy



The UF Department of Surgery has established the Dr. James M. Seeger Vascular Surgery Fund — with the goal to create a fully endowed Eminent Scholar Chair — to honor his memory and further enhance the vascular surgery division he created, nurtured and led for more than 20 years.

An internationally recognized leader in the field of vascular surgery, Seeger devoted all but one year of medical practice to the UF College of Medicine, Shands at UF and the Malcom Randall Veterans Affairs Medical Center. This spring he was honored by the UF College of Medicine's Faculty Council with a Lifetime Achievement Award. Support from the fund will be used to provide program support and professional development opportunities for a new generation of vascular surgeons. Dr. Seeger died on Oct. 21.

*If you would like to help support this initiative, please contact Kimberly Hankerson at 352.265.0646.*

## Humanitarian Award Honors Memory of a Colleague

Before an auditorium of mentors, peers and those just beginning their medical careers, **Tad Kim, MD**, a third-year



*Tad Kim, MD, gathers with Hugh's parents, Mr. and Mrs. Walters, and last year's honoree Darrell Hunt, MD, PhD.*

surgical resident, was honored March 3 with the Hugh A. Walters, MD, Humanitarian Award, reminding all of a core value of medicine — the act of humanism.

The award was created by the UF Department of Surgery to honor the memory of Dr. Walters' qualities of compassionate care and

selfless dedication to excellence. Kim is the second recipient of the award.

**George A. Sarosi, MD**, an associate professor of surgery and residency program director, introduced Kim as this year's Hugh A. Walters Humanitarian Award winner, saying the award is about a sense of understanding, commitment and compassion to patients. Upon accepting the award, Kim said, "He was an incredible person. This is a great honor."

Kim also was inducted into the Arnold P. Gold Foundation's Gold Humanism Honor Society as a medical student at the University of Virginia.

"We give this award to one person, but the goal is to be able to give it to everyone," concluded Sarosi, as he encouraged all in attendance to embrace the compassionate, caring side of medicine.



## America's Pivotal Surgical Developments Highlighted in 'Gifted Hands' Lecture

**Seymour Schwartz, MD**, (*left center*) speaks with UF College of Medicine Dean **Michael Good, MD**, UF Department of Surgery Chairman **Kevin Behrns, MD**, and UF's Senior Vice President for Health Affairs and President of the UF&Shands Health System **David Guzick, MD, PhD** (*left to right*) following his lecture this January. Pulling from his book, "Gifted Hands," Schwartz highlighted pivotal moments in the history of American surgery, as well as key surgeons who contributed to the advancement of the field.



## UF Surgical Resident Earns National Funding

As the first surgical resident at the University of Florida to receive an individual postdoctoral fellowship award (F32), **Alex Cuenca, MD**, is now one step closer toward pursuing his dream of becoming an academic surgeon.

In February, Cuenca, a fourth-year surgical resident, was notified he received a one-year \$52,000 grant given by the National Institutes of Health under the Ruth L. Kirschstein National Research Service Award Program. He is currently in his second year of research in the Laboratory of Inflammation Biology and Surgical Science under the leadership of **Lyle Moldawer, PhD**, a professor and vice chairman of research in the UF Department of Surgery.

"This award will help establish a track record and show the NIH that I am motivated to become independently funded, which is the goal for most of us who are doing academic medicine," he said. "It's a step toward that goal."

Moldawer said, "Receiving this award is recognition of Dr. Cuenca's considerable talents, as well as his efforts to compete at the highest academic levels. Indirectly, it also signals that the Department of Surgery and the College of Medicine are committed to providing the support and infrastructure for talented individuals like Dr. Cuenca to be successful."

The F series of grants is the highest award someone can obtain as a postdoctoral trainee, Cuenca said. Typically, the F32 grant is for people who have received their MD or PhD and are not in a position to be on faculty at an institution because they are still completing their training programs.

Cuenca's research goal is to better understand the signaling differences in a set of cell surface receptors, known as toll-like receptors, or TLRs, and how these differences impact neonatal and adult responses to infection. These TLRs are expressed on many different cell types in the immune system and are important for the recognition of bacteria or viruses. His other research project focuses on severe infection in cancer patients.

## Research Briefs

### New Scale Grades Shark Bite Severity

To better communicate the actual severity of a shark bite, UF surgeons and biologists created a grading scale that rates the wounds similar to how burn severity is ranked by degrees.

The new scale, described in *The American Surgeon*, creates a standardized way for medical personnel to assess patient risk and for researchers to evaluate trends, and offers a consistent method for media and officials to communicate the bite's severity to the public.

UF researchers reviewed 96 cases containing complete medical records from more than 4,000 entries in the International Shark Attack File, a record maintained by UF's Florida Museum of Natural History. Assigning scores to clinical findings such as blood pressure, location and depth of injury, damage to organs and death, the team created a scoring system called the Shark-Induced Trauma Scale, or SIT Scale.

Findings showed 41.7 percent of attacks were Level I, 16.7 percent were Level II, 18.8 percent were Level III, 14.6 percent were Level IV and 8.3 percent were Level V.

UF researchers also hope the scale will add perspective about shark attacks, in that Level I and II injuries are most common; very rarely do Level IV and V attacks occur.

Injury Level	Description
I	Simple lacerations involving the skin and soft tissue, blood pressure is typically unaffected, loss of function is not seen
II	Skin and soft tissue injuries that tend to involve a muscle, tendon or bone; patients are quickly stabilized without much blood loss; function of extremity is not compromised
III	Complex lacerations that typically involve muscle, tendon or bone; patients may have transient hypotension and loss of function of a tendon; they likely require future surgical procedures for adequate repair of the wounds
IV	Aggressive attacks that result in deep tissue damage and loss of function of an extremity or organ; a major vessel is likely to be injured; patients are hypotensive and require immediate surgical intervention to prevent fatality
V	Most likely a fatal injury resulting from the severity of the bite, hypotension, loss of function of an extremity or organ and rapid blood loss

### UF Burn Surgeon Wins Research Competition

Winston T. Richards, MD, a UF clinical assistant professor of acute care surgery, recently won first place in a burn research competition.

Presenting at the 22nd Annual Southern Regional Burn Conference, Richards predicted that the elderly burn patient population will require more post-hospital resources than the younger group, and as this population expands there will be additional strain on the system to provide for these post-hospital needs.

"Predicting Resource Utilization of Burn Patients in the Baby Boomer Era" evaluated the needs of older burn patients and found that while length of hospital stays tend to be the same as younger patients, older patients need more care after they leave the hospital.

Richards said the older group, ages 65 and over, when compared with the younger group, ages 18 to 64, more often needed home health care and rehabilitation facilities.

"Our point is that since the population over 65 is going to increase in the next couple of years — becoming almost 26 to 30 percent of the total population of the state of Florida — that we are going to need to be prepared with regard to post-hospital care for our burn patients in this age group," said Richards, adding that the need would come for more skilled nursing and rehabilitation facilities.

### UF Research Efforts Strongly Represented at International Trauma Conference

Faculty, residents and fellows from the UF Department of Surgery attended the 8th World Congress on Trauma, Shock, Inflammation and Sepsis, held this March in Munich, Germany. Seven department members, the second-highest U.S.-based university representation, presented at the meeting.

Participating members, who led sessions as moderators or presented their latest findings, were Department of Surgery Vice Chairman **Lyle Moldawer, PhD**, who heads UF's Laboratory of Inflammation Biology and Surgical Science, **Philip Efron, MD**, an assistant professor and co-director of the laboratory, surgical residents **Alex Cuenca, MD**, **Matthew Delano, MD, PhD**, **Makesha Miggins, MD**, and **Robert Winfield, MD**, and research fellow **Kindra Kelly-Scumpia, PhD**.

The Congress brings together basic science and clinical researchers from around the world for collaboration emphasizing translational research and the biomedical sciences.

Visit [www.surgery.ufl.edu/news.asp](http://www.surgery.ufl.edu/news.asp) for the complete articles and more news about other research initiatives, including the department's **6th Annual Research Day**, held in April.

## New Faculty Join the Department



**Adam Beck, MD**, is a UF assistant professor of vascular surgery. His clinical focus is on general vascular surgery and advanced endovascular therapy for thoracic and abdominal aortic pathologies.

His research interests include evolving technologies effectiveness research, outcomes research and quality improvement in vascular surgery. His research projects involve a regional quality benchmarking in vascular surgery and development of a Florida regional vascular study group.

Prior to joining UF, Beck completed a two-year fellowship in vascular and endovascular surgery at Dartmouth-Hitchcock Medical Center in New Hampshire.



**Sonu A. Jain, MD**, is a UF assistant professor in the division of plastic and reconstructive surgery. His clinical interests include hand/upper extremity/microvascular surgery, craniomaxillofacial surgery, facial reconstructive surgery and aesthetic surgery.

His research interests are in hand and wrist surgical outcomes.

He completed his surgery internship and otolaryngology residency at Louisiana State University, followed by his plastic and reconstructive surgery training at the Lahey Clinic and Harvard's Brigham and Women's Hospital, Beth Israel Deaconess Medical Center and Children's Hospital Boston. He then completed an orthopedic hand, upper extremity and microvascular surgery fellowship at Massachusetts General Hospital/Harvard Medical School.

*Learn more about these surgeons at [www.surgery.ufl.edu/faculty.asp](http://www.surgery.ufl.edu/faculty.asp).*

## College of Medicine Honors Exemplary Teachers

Seven surgical faculty have been distinguished as Exemplary Teachers by the UF College of Medicine. They are among 117 recipients named this year.

The following faculty surgeons earned the designation:

- **Darwin Ang, MD, PhD, MPH**, an assistant professor of acute care surgery
- **Scott Armen, MD**, a clinical assistant professor of acute care surgery
- **Thomas Beaver, MD, MPH**, an associate professor of thoracic and cardiovascular surgery
- **Juan Cendan, MD**, an associate professor of general surgery
- **Robert Feezor, MD**, an assistant professor of vascular surgery
- **Matthew Steele, MD**, an assistant professor of plastic and reconstructive surgery
- **George Sarosi, MD**, an associate professor of general surgery

To be eligible, faculty must devote at least 15 percent of their time to training students.

## Grobmyer Prepares for Leadership Roles in ASCO



**Stephen Grobmyer, MD**, a UF assistant professor of surgery, will take part in the American Society of Clinical Oncology's leadership development program.

Grobmyer, one of only 10 physicians nationwide selected for participation in this prestigious program, is a surgical oncologist whose clinical practice currently focuses on melanoma, sarcoma, breast and other solid tumors. He is an active researcher investigating the use of nanotechnology to improve cancer diagnosis and treatment.

The leadership development program identifies physicians who could become leaders in the ASCO. Throughout the yearlong program, participants will enhance valuable leadership skills, network with current Society leaders, learn about key research initiatives and receive first-hand advocacy experience.

## UF Surgeons Recognized by the ACS



**Kevin E. Behrns, MD**, chairman of the UF Department of Surgery, is now serving as a Governor-at-Large for the American College of Surgeons.



Behrns was elected to a two-year term on the organization's Board of Governors during the annual member business meeting. In this role he represents the College's fellows in the state of Florida, serving as a communications link between the fellows and members of the Board of Regents.



**Kfir Ben-David, MD**, a UF assistant professor and director of the UF Weight Loss Surgery Center, who specializes in bariatric, gastrointestinal, esophageal and laparoscopic surgery, and **Joseph F. Magliocca, MD**, a UF assistant professor of

transplantation/hepatobiliary surgery and surgical director of the pancreas transplantation program, were initiated this past fall as fellows of the American College of Surgeons.

## Hochwald Inducted to Southern Surgical Association



**Steven N. Hochwald, MD**, a UF associate professor of surgery and chief of surgical oncology, has been elected into the Southern Surgical Association.

Hochwald was one of 24 surgeons elected into the association during its 121st annual meeting held last fall.

The second-oldest surgical society in the nation, the Southern Surgical Association focuses on furthering the study and practice of surgery, especially among the profession in the Southern states.

# The Stitch

Advancing the  
Science of  
Surgical Care

THE UNIVERSITY OF FLORIDA DEPARTMENT OF SURGERY | WINTER/SPRING 2010



**Inside this issue:**  
Expanded FDA Approval for VADs  
New Carotid Artery Procedure  
Pancreatic Cancer  
UF Pelvic Floor Program  
Research & Discoveries  
Department News & Notes

UNIVERSITY of  
**UF** FLORIDA

Department of Surgery  
PO Box 100286  
Gainesville, FL 32610

UNIVERSITY of  
**UF** FLORIDA

The Stitch

[www.surgery.ufl.edu](http://www.surgery.ufl.edu)

EDITOR

Jennifer Brindise

352.265.0646

[jennifer.brindise@surgery.ufl.edu](mailto:jennifer.brindise@surgery.ufl.edu)

CONTRIBUTORS

Sarah Kiewel, Magdalena Raszka and

Danielle Siranni

DESIGN

J5 Design Studio

UF DEPARTMENT OF SURGERY

352.265.0646

Kevin Behrms, MD, Chairman

GENERAL SURGERY

352.265.0761

Kevin Behrms, MD, Chief

• Acute Care Surgery

Larry Martin, MD, Director

• Gastrointestinal Surgery

Kevin Behrms, MD, Director

• Surgical Oncology

Steven Hochwald, MD, Director

PEDIATRIC SURGERY

352.273.8825

David Kays, MD, Chief

PLASTIC AND

RECONSTRUCTIVE SURGERY

352.273.8670

M. Brent Seagle, MD, Chief

THORACIC AND

CARDIOVASCULAR SURGERY

352.273.5501

Tomas Martin, MD, Interim Chief

TRANSPLANTATION AND

HEPATOBIILIARY SURGERY

352.265.0606

Richard Howard, MD, PhD, Interim Chief

VASCULAR SURGERY AND

ENDOVASCULAR THERAPY

352.273.5484

Thomas Huber, MD, PhD, Chief

RESEARCH LABORATORIES

352.265.0494

Lyle Moldawer, PhD, Vice Chairman