

# Team Screening Approach in Adolescent Bariatric Surgery Program

The bariatric surgery program at UF Health, led by **Kfir Ben-David, M.D.**, director of bariatric surgery and an associate professor at UF Health, recently received accreditation from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program as a “Comprehensive Center with Adolescent Qualifications.”

Only 34 institutions nationwide have an accreditation that covers adolescent bariatric surgery from this group. The group was created to be the national accrediting body for bariatric surgery programs when the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery combined their respective national bariatric surgery accreditation programs into one program.

Though UF Health’s accreditation from the MBSAQIP is relatively new, its adolescent bariatric surgery program is not. Ben-David has been performing bariatric surgery for qualified adolescent patients since 2007. He and UF Health pediatric endocrinologist **Janet Silverstein, M.D.**, a professor and chief of the division of endocrinology in the department of pediatrics, were part of the Centers for Medicare and Medicaid Services committee that formulated Florida guidelines on adolescent bariatric surgery in 2008.

Ben-David also noted that the nursing support staff for bariatric surgery has received special training in dealing with adolescent patients.

The adolescent bariatric surgery program at UF Health follows a formalized team approach to evaluating potential patients. Doing so helps ensure high-quality outcomes for patients by allowing only those with adequate family support

and those deemed physically, mentally and psychologically ready for weight-loss surgery to undergo it.

“All the patients get referred to our program and we go through a pretty stringent workup for these patients,” Ben-David said.

The team that assesses teenage candidates for surgery and meets monthly to discuss potential patients includes Ben-David, Silverstein, a child psychiatrist, a nutritionist, a pediatrician and the surgical coordinators and nurse coordinator for the bariatric surgery program.

To qualify for surgery, patients must be at least 16 years old and free of underlying endocrine disorders, metabolic disorders or psychiatric conditions that contribute to their morbid obesity, as well as genetic predispositions to overeating.

Teens who do have endocrine or metabolic problems causing their morbid obesity must work with UF Health physicians to correct those problems before they are considered eligible for weight-loss surgery.

Ben-David and the team also look at more intangible factors.

“I want them to show me that they’re motivated, so they have to do well in school. They have to be disciplined at home. They have to make sure that they’re losing weight before the surgery to show me that they actually are able to do it,” Ben-David said. “We have to make sure

that the parents are involved in the care. Unfortunately, the 16-year-old’s not going food shopping. It’s the parents that are going food shopping. We just have to make sure that this is a team effort to take care of these children.”

Ben-David, who performs all of the bariatric surgeries for adolescent patients, estimated he does a maximum of 15 such surgeries per year. He only performs them when school is out, so as not to interfere with a patient’s education.



**Bariatric surgery is an important tool for some adolescents whose lives are gravely affected by their extreme weight. — Ben-David**

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# Establishing the Kidney Paired Donation System

**UF Health transplant surgeon Kenneth Andreoni, M.D., and the department of surgery are at the forefront of a movement to increase the number of kidney paired donations performed across the U.S.**

For these procedures, a patient in need of a kidney can join together with a would-be live donor who is not a match for the patient, and then link up with other donor-recipient pairs to find matches for each recipient. Typically, the procedures are carried out at two or three different hospitals, with a kidney removed from a donor at one site, then flown to a different site and implanted into the local recipient. This can occur with two, three or even more incompatible donor-recipient pairs, allowing all of these potential recipients to receive new living-donor kidney transplants, even though none could find a directly compatible living donor on their own.

Since 2004, Andreoni, who is an associate professor in UF's department of surgery, has led the United Network for Organ Sharing working group on kidney paired donations, abbreviated KPDs for short.

The UNOS KPD group has tackled a series of challenges that once prevented kidney paired donation from being commonly used, as outlined in an article in the Winter 2014 issue of the Chimera newsletter published by the American Society of Transplant Surgeons. The group joined with others to overcome a legal question about KPD by pushing for the passage of a new federal law that would expressly legalize the procedures. President George W. Bush signed the Charlie W. Norwood Living Organ Donation Act in 2007.

Other efforts included launching a national pilot KPD program in 2009, and creating a KPD database within the

UNOS electronic system known as UNet. This database became fully functional and integrated into the UNet system in early 2014.

"The national UNOS KPD system is allowing patients with willing but incompatible living donors to experience successful, life-extending kidney transplants in a timely fashion," noted Andreoni. "All of the kidney transplant multidisciplinary team members — nephrologists, nurse coordinators, social workers, financial coordinators and surgeons — are deeply involved in the thorough evaluation

of the potential donors and recipients in order to make this program available to our patients at UF Health. We have also had excellent cooperation from our surgical team members — anesthesiologists, nurses and technicians — to start operative cases as early as 5 a.m. in order for the organs to make scheduled flights on time."

Andreoni also credited **Ivan Zendejas, M.D.**, and **Elizabeth Thomas, D.O.**, both assistant professors in the department's division of transplantation surgery, for their work on "hand-assisted donor nephrectomy and recipient operations." He recognized **Jeffrey Fair, M.D.**, a professor and chief of the division, for his work on recipient cases, "since the recipient operations must be started as soon as the living donor organs arrive from out of town."

UF Health transplant providers are taking full advantage of the new system to identify potential matches that can be made through KPDs. Since November 2013, UF Health transplant surgeons have performed several KPDs, working in collaboration with medical centers in five other states to provide numerous patients with new kidneys from living donors.





## Big things are happening at UF Health Shands Children's Hospital!



Read more online:  
[bit.ly/1r2JERr](http://bit.ly/1r2JERr)

### Adolescent Bariatric Surgery *continued from page 1*

And, though he emphasized that preventing morbid obesity is always the best route, he advocates bariatric surgery as an important tool for some adolescents whose lives are gravely affected by their extreme weight.

"Most of these kids are morbidly obese, but they also have significant medical problems," Ben-David said.

He listed sleep apnea, hypertension, diabetes, high cholesterol and arthritis as common problems he sees in teen patients.

Silverstein, the pediatric endocrinologist, concurred.

"Some of the patients are in their early teens and weigh more than 200 pounds; some more than 300 pounds and have no ability to do any physical activity at all," she said. "They are sedentary, are often home-schooled because they are bullied in the public schools and have abnormal blood sugar levels, high blood pressure, high cholesterol and fatty livers, all before the age of 20. They are at great risk for early heart attacks or strokes unless they can lose adequate weight to restore normal metabolism. Although we don't recommend surgery as a weight loss tool often (for adolescents), there is a group of patients for whom this is their only option for a healthy, normal life."

## From the Chairman

Our department's top priority is providing high-quality, innovative surgical care. In doing so, we consider several components of "quality care."

First and foremost, we want to ensure a safe surgical experience for our patients, many of whom have complex conditions. We are committed to assessing the appropriateness of surgery and determining the patient's personal risk through use of a surgical risk calculator for index cases, such as pancreatoduodenectomy. Importantly, we share this information with the patient so he or she can make an informed decision about an operation following a thorough discussion with our faculty. We monitor our outcomes and seek to publish our results for broad dissemination.

In addition to providing a safe surgical environment, we are focused on reducing the incidence of complications by proactively assessing the patient's conditions and choosing a surgical procedure that provides the optimal benefit-to-risk ratio. Delivering high-quality care that adheres to evidence-based, national guidelines in a highly reliable system is a key driver of successful patient outcomes.

The faculty are committed to providing this type of surgical care through a team-based approach. Our care teams are broadly defined to include surgeons, trainees, nurses, case management personnel, pharmacists, nutritionists, etc.

Finally, delivery of quality care is often defined in terms of value: the quality-to-cost ratio. Monitoring the cost of care and adopting more efficient, lower-cost care is an important component of providing value. Improving the value of surgical care will be a future goal for our department.

The science of delivering high-quality, surgical care is evolving rapidly. Collectively, we wish to embrace this movement and make valuable contributions to innovative surgical care. We look forward to this journey!

Kevin E. Behrns, M.D.  
Chairman





## NIH-Funded Center Will Seek Sepsis Answers

UF Health has been awarded an \$11 million, five-year grant from the National Institutes of Health to create a one-of-a-kind center to help tackle one of the most devastating issues critically ill patients face. The UF Sepsis and Critical Illness Research Center, the first of its kind in the nation, will study long-term outcomes in patients treated for sepsis in the surgical and trauma ICUs at UF Health Shands Hospital, with the goal of developing clinical solutions for sepsis, the illnesses that stem from it and their enduring, dismal effects.



Learn more about this center: [scirc.med.ufl.edu](http://scirc.med.ufl.edu)

### A Word from the UF College of Medicine Dean

#### **Congratulations to the UF Department of Surgery for an impressive 2013-14 academic year.**

I recently attended the annual State of the Department address presented by department chair **Kevin Behrns, M.D.**, during grand rounds. As Dr. Behrns highlighted in his presentation, continuing emphasis on quality and safety is leading to a low and decreasing mortality index among UF Health surgical patients, and a marked reduction in patient safety indicators, a group of nationally tracked complications.

The department's clinical and educational programs are strong, with excellent outcomes in both. Significant increases in surgical procedures, office visits and hospital admissions clearly demonstrate that increasing numbers of patients are seeking their surgical care from UF faculty surgeons.

The UF department of surgery is rising rapidly in National Institutes of Health nationwide rankings, from a spot in the mid-30s several years ago to No. 21 in 2013. The department anticipates further advancement to come with the \$11 million NIH P50 grant recently awarded to Drs. Moore, Moldawer and Efron and their colleagues. This grant will fund the study of long-term outcomes in patients treated for sepsis. The research program's goal is to develop successful clinical interventions for sepsis and its long-term sequelae.

Dr. Behrns concluded his year-in-review summary by showing how key departmental efforts and innovations align with recommendations from the Institute of Medicine on the future of academic medicine. These include encouraging active patient and family participation in surgical care, regular use of the surgical risk calculator, creating the outcomes-oriented Florida Institute for Research and Reform in Surgical Treatment, translational research efforts such as the P50 project, an enhanced critical assessment curriculum, hospitality and service standards and training for all team members, and efforts to fully capture the power of interdisciplinary team care. To this end, Dr. Behrns currently chairs UF Health's strategic planning subcommittee on interdisciplinary care.

Listening to Dr. Behrns' remarks, it was clear to me that the UF department of surgery is rising as one of the preeminent surgical departments in the country. My thanks go to each faculty, resident and staff member in the department, for their dedicated work and impressive accomplishments.

Michael Good, M.D.  
Dean, UF College of Medicine

# Two More Vascular Surgeons Join UF Department of Surgery



Fatima



Giles

The UF department of surgery's division of vascular surgery has welcomed two new surgeons.

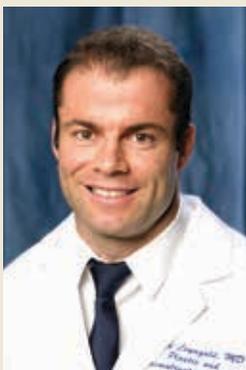
**Javairiah Fatima, M.B., B.S.**, and **Kristina Giles, M.D.**, are both assistant professors of surgery.

Fatima earned her bachelor's degree in medicine and bachelor's degree in surgery, together the equivalent of an American medical degree, at the Agha Khan University in Pakistan. She completed a research fellowship in gastrointestinal surgery and her residency training at the Mayo Clinic in Minnesota, followed by a vascular surgery fellowship at the Cleveland Clinic, where she also completed an administrative fellowship.

Currently, she serves also as a reviewer for the journal *Vascular* and the *Journal of Vascular Surgery*. Her clinical interests include aortic aneurysm and dissection, mesenteric and renovascular disease, cerebrovascular disease, peripheral vascular disease, quality improvement initiatives and minimally invasive treatment of aortic dissection and of thoracoabdominal aortic aneurysms. Fatima's research interests center around outcomes-based translational research in vascular pathology and trials for new vascular devices. She also has an interest in teaching medical students, residents and fellows.

Giles' medical degree is from Mount Sinai School of Medicine. She completed her general surgery residency at Beth Israel Deaconess Medical Center, while also serving as an administrative resident. During residency she completed a research fellowship with the Harvard-Longwood Research Training in Vascular Surgery Program. She then went on to a vascular surgery fellowship at Dartmouth Hitchcock Medical Center.

Her research concentrates on comparative effectiveness and outcomes in vascular surgery, quality improvement and database utilization, and population studies focused on aortic aneurysm repair. Her clinical interests are aortic surgery, cerebrovascular interventions including carotid stenting, lower-extremity bypass procedures and endovascular interventions, and stem cell and gene therapy treatment strategies for patients with nonrevascularizable peripheral vascular disease.



## Division of Plastic Surgery Adds New Faculty Member

**Mark Leyngold, M.D.**, is UF Health's newest addition to the plastic surgery faculty.

He is a graduate of the Florida State University College of Medicine and his residency training was done in the University of Nevada's integrated residency program in plastic and reconstructive surgery, where he served as a chief resident. He has completed fellowships in microsurgical breast reconstruction in Rochester, New York and in body contouring/aesthetics at UF.

Leyngold's clinical interests include microsurgery, breast reconstruction, general reconstruction, cosmetic surgery, hand surgery and facial plastic surgery. His research focuses on microvascular breast reconstruction from a clinical perspective.

## UF Health Plastic Surgeons Recognized at Plastic and Reconstructive Surgery Society's Annual Meeting

At the Southeastern Society of Plastic and Reconstructive Surgeons annual meeting, held in June 2014 at the Atlantis Resort in the Bahamas, UF Health surgeon **Adam Katz, M.D.**, received the society's 2014 Founder's Award.

Two UF surgical residents, **Noah Prince, M.D.**, and **Sarah Fernandez, M.D.**, were members of the team that won the society's annual "Jeopardy" competition for residents.

## UF Health Surgeons' Pancreatic Cancer Research Earns Competitive University Research Award

**Jose Trevino, M.D.**, a UF Health surgical oncologist and an assistant professor in the division of general surgery, and **Chen Liu, M.D., Ph.D.**, associate chair of the department of pathology, immunology and laboratory medicine and a professor in the department, have won a UF Research Opportunity Award to support their research to improve experimental models in pancreatic cancer.

## Moore Earns National Award for Research Contributions

UF Health surgeon **Frederick A. Moore, M.D.**, a professor and chief of acute care surgery in the department of surgery, has been named the American College of Critical Care Medicine's 2015 Distinguished Investigator.

"This award is the college's highest recognition and is given to an individual whose scientific and educational contributions to the art and science of critical care demonstrates career commitment and excellence," a letter from the group reads.

Moore joined UF Health in 2011 from Houston Methodist, where he led the division of surgical critical care and acute care surgery. He also was a professor of surgery at Weill Cornell Medical College.

At UF Health, Moore has led the implementation of new, hospitalwide protocols for recognizing and treating sepsis in patients as early as possible. He continues to work with other UF researchers to understand sepsis, a serious systemic infection that can result in organ failure and death if not treated in a timely manner, and a condition called persistent inflammation, immunosuppression and catabolism syndrome, or PICS. Moore and other UF researchers first identified this condition.



For more information on these awards and recognitions, visit [surgery.ufl.edu/stitch](http://surgery.ufl.edu/stitch).



Visit [surgery.med.ufl.edu/about-us/news-archive/](http://surgery.med.ufl.edu/about-us/news-archive/) for news about department research initiatives.

# Keeping Quality Improvement AT THE FOREFRONT



**T**he department of surgery has ramped up its focus on quality improvement over the last several years. A major part of this effort is the department's quality committee.

**Steven Hughes, M.D.**, vice chair for quality and the chief of general surgery, leads the quality committee, which meets monthly. The committee includes representatives of each division, with several people representing the division of general surgery — one each for burn, trauma, surgical critical care, gastrointestinal surgery and surgical oncology.

The representatives take information from the committee meetings back to the personnel of their own division or service line, relaying important information about trends, changes to be implemented and progress made.

In addition to issuing periodic reports from the numerous clinical databases, Hughes and the committee also investigate and create patient safety reports on specific cases. These reports go through a peer-review process.

"When we have an unacceptable outcome, we'll explore it in detail and look at where there are system issues or any opportunity for improvement," Hughes said. "That's given to a specific individual based on a specific event."

The committee also hosts quality-focused lecture sessions for the whole department every six weeks. Twice a year, speakers from outside the department join the surgeons for grand rounds that emphasize quality. One of last year's guest speakers was **Randy Harmatz, M.B.A.**, chief quality officer for UF Health.

"This year, we're going to have the new chief of palliative care (**Sheri Kittelson, M.D.**, medical director of the UF Health Palliative Care Program) come and talk to us about the role of early consultation to palliative care and how that plays into a high-quality organization," Hughes said.

# THE STITCH

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