Karp to succeed Beauchamp as Surgical Section leader

After successfully leading Vanderbilt University Medical Center’s Section of Surgical Sciences and serving as the Medical Center’s Surgeon-in-Chief since 2001, R. Daniel Beauchamp, MD, the John Clinton Foshee Distinguished Professor of Surgery, is stepping down. Beauchamp will be succeeded in this role by Seth Karp, MD, H. William Scott Jr. Professor of Surgery, chair of the Department of Surgery, and director of the Vanderbilt Transplant Center.

The section’s leadership change will occur July 1 as Karp assumes his new role and Beauchamp transitions to the newly created position of Vice President for Cancer Center Network Affairs, where he will work with leaders of VUMC’s Health System and the Vanderbilt-Ingram Cancer Center (VICC) to expand off-campus cancer programs.

The Section of Surgical Sciences is currently comprised of the Departments of Cardiac Surgery, Neurological Surgery, Oral and Maxillofacial Surgery, Pediatric Surgery, Plastic Surgery, Surgery, Thoracic Surgery, Urologic Surgery, and all departmental divisions. Beginning July 1, Urologic Surgery will become a separate freestanding department.

“We are the fortunate beneficiaries of Dr. Beauchamp’s enormous contributions after nearly two decades as section chair. There are too many accomplishments to list. Under Dan’s leadership the number of faculty has nearly tripled at the same time the strength and depth of each of the Section’s departments has also increased exponentially,” said Jeff Balser, MD, PhD, President and Chief Executive Officer of VUMC and Dean of Vanderbilt University School of Medicine.

“Dan has worked tirelessly to recruit strong leaders, advance the section’s research and training programs and increase faculty diversity, and has done all this while our surgical departments continue on an upward trajectory, providing world-class care for increasing numbers of patients each year. He has built an incredibly strong foundation for Dr. Karp to carry forward.”

The Section of Surgical Sciences is in a good place with strong leadership across all of its departments, and it will be in good hands under the leadership of Dr. Karp. I look forward to what the future will bring,” Beauchamp said.

Having joined VUMC in 2011 as director of the Vanderbilt Transplant Center, Karp is already familiar to many across the Medical Center. Under his leadership the Transplant Center continues its remarkable trajectory of advancing clinical care and achieving outstanding surgical outcomes for solid organ transplant recipients that exceed national benchmarks.

In 2017 the Transplant Center surpassed two indelible milestones, having performed its 1,000th heart transplant and 2,000th liver transplant.

In 2015, Karp was named chair of the Department of Surgery, which includes the Divisions of General Surgery, Hepatobiliary Surgery & Liver Transplantation, Surgical Oncology & Endocrine Surgery, Kidney & Pancreas Transplantation, Trauma and Surgical Critical Care including Burn Surgery, and Vascular Surgery. These programs house more than 90 full-time faculty, nearly 100 residents and fellows and more than 40 staff.

“Seth is a proven leader who has articulated thoughtful goals and an exciting vision for the Section’s future. He is an outstanding physician, educator and scientist, and is the right individual to assume the broad and complex responsibilities associated with serving as section chair. I am confident he will carry forward Dan’s tradition of collaboration in the pursuit of excellence and innovation,” Balser said.

Complete story link
VUMC’s ACS Level 1 Trauma Center provides vital life-saving response to mass shooting victims

Waffle House attack was these doctors’ 3rd mass shooting in just months

NASHVILLE — In September, it was a shooting at a nearby church. In January, there was the rampage at a high school in Kentucky. In April, it was the attack on a Waffle House restaurant.

Vanderbilt University Medical Center’s trauma staff, which cares for thousands of patients every year, has faced three mass shootings in about seven months. In a joint interview on Tuesday, Richard Miller, MD the chief of trauma and surgical critical care, and Oscar Guillamondegui, MD, MPH the trauma medical director, described how their hospital approaches major attacks and manages the aftermath.

They spoke just steps and a guarded door away from rooms where victims of the restaurant attack had received treatment, and their comments have been edited and condensed.

What goes through a trauma surgeon’s mind when you get word of a mass shooting?

Dr. Miller: This was not something that we had at the forefront of our brains even 10 years ago.

We picked this specialty because we want to help people, and we are very good at making decisions immediately — life-or-death decisions.

So our mind-set at that time is: How are we going to deal with this circumstance from an injury standpoint, a systematic standpoint and a smooth-running machine? That’s in our brain at the beginning. We try to set our emotions apart from that immediately, but we’re humans and we really care about the people we take care of. We have to fight the battle of depersonalization all the time, but when you’re trying to save somebody’s life, you can’t be emotional.

New York Times, complete story

Police identify 2 dead in Kentucky high school shooting; 17 others injured

A student opened fire at a rural southwestern Kentucky high school on January 23, killing two people and injuring 17 more, state authorities said.

The shooting suspect, a 15-year-old boy who attends Marshall County High School in Benton, was arrested at the scene, said Kentucky Governor Matt Bevin.

The boy, whom authorities have not yet identified, will be charged with two counts of murder and multiple counts of attempted murder.

Law enforcement identified the deceased as 15-year-old Bailey Nicole Holt, who died at the scene, and 15-year-old Preston Ryan Cope, who died at Vanderbilt University Medical Center after being flown by helicopter.

Tennessean, complete story

Tears in the cockpit: when a school shooting strikes close to home

The call was for an active shooting at Marshall County High School in rural Kentucky, and tears welled up in Riley Johnson’s eyes as he prepared the medical evacuation helicopter that he flies.

He blinked them away and flew to the campus, where he had run cross-country as a member of Marshall’s class of 2009. He set the helicopter down in an area that he knew well. And then, as colleagues rushed toward a patient, he surveyed the chaotic scene of panicked teenagers and hurried emergency officials.

“I just had a pretty good breakdown and just started bawling my eyes out in the cockpit, not believing what I was seeing,” Mr. Johnson, 27, recalled in an interview. “I can imagine myself being in that school, exactly where this happened.”

New York Times, complete story
Karp, Alexopoulos lead comprehensive pediatric liver transplant team that overcame cultural barriers

There are no words for liver transplantation in Somali refugee Aniso Haji’s native language. As a translator meticulously selected words to describe the medical procedure that would ultimately save the life of Haji’s youngest daughter, Fatuma Abdikadir, members of the pediatric liver transplant team at Monroe Carell Jr. Children’s Hospital waited anxiously.

Haji spoke no English and was not able to read or write in Somali. That, combined with significant cultural barriers, meant this case was going to be a challenge.

“I was afraid she might die,” said Haji, through an interpreter. “We did not understand what was going on. The doctors talked to us, but we were not sure about anything. It was such a difficult time. We had never heard of this. We were all very unsure and I was very scared about what to do.”

“The language and cultural barriers were challenging,” said Seth Karp, MD, H. William Scott Jr. Professor of Surgery, chair of the Department of Surgery, and director of the Vanderbilt Transplant Center. “This family came from a country where a transplant has never been performed. They had no frame of reference. But together, we bridged the gap. And now their little girl is happy, playful and doing well.”

David Penson, MD, MPH, MMHC, the Paul V. Hamilton and Virginia E. Howd Professor of Urologic Oncology, who has led Urologic Surgery since January 2015, will continue to serve as chair of the soon-to-be independent department.

“I am really pleased about this unique and exciting opportunity,” says Penson. “It’s been a real honor to lead a great group of faculty and staff in the Department of Urologic Surgery for the past three years. Now that the department is becoming independent, all of us are looking forward to taking urology at Vanderbilt to the next level.”

Jeff Balser, MD, PhD, President and CEO of VUMC and Dean of the School of Medicine, agrees. “Repositioning the Department of Urologic Surgery in this manner enables these already outstanding adult and pediatric programs to increase the size and scope of their clinical offerings while also creating new synergies for research and training programs.”

Urologic Surgery separates from the Section for sustained growth

Beginning July 1, VUMC’s Department of Urologic Surgery, which is currently housed within the Medical Center’s Section of Surgical Sciences, will become an independent department.

After decades within the Section, the change sets the stage for the department to benefit from its existing infrastructure and capitalize on the potential for growth through its size, comprehensive array of adult and pediatric services, and strong national reputation.

The department is home to VUMC’s highest-ranked adult and pediatric specialty programs as designated by U.S. News & World Report in their most recent “Best Hospitals” rankings. Currently, Urology (adult services) is ranked No. 9 while the Division of Pediatric Urology is No. 7.
Coronary bypass surgery recognized as No. 1 by CareChex

VUMC was recognized as the No.1 hospital in Tennessee for Medical Excellence in Coronary Bypass Surgery by CareChex in its 2018 Quality Rating Analysis.

According to CareChex, an information service of Quantros Inc, VUMC is ranked among the top 10 percent of hospitals in the nation and the region for coronary bypass surgery.

“Coronary bypass surgery has been around for more than 50 years, and during this time, our patients have become older and sicker,” said Ashish Shah, MD, holder of the Alfred Blalock Directorship in Cardiac Surgery and chair of the Department of Cardiac Surgery. “Despite this, outcomes have improved and that’s a credit to teams that work together every day.”

Daniel Munoz, MD, MPA, medical director of Quality for Vanderbilt Heart and Vascular Institute, agrees. “This distinction is a reflection of the dedicated day-in, day-out efforts of an outstanding team of cardiac surgeons, nurse practitioners and nurses,” Munoz said. “It also speaks volumes about Dr. Shah’s leadership and his unrelenting focus on the provision of the highest quality care built on key partnerships with Cardiology and Cardiac Anesthesiology.”

HEART PROGRAMS LAUDED

VUMC sets new record of 97 adult and pediatric heart transplants

VUMC performed a record number of heart transplants in 2017, surpassing the 2016 milestone and securing its place as the second-busiest heart transplant program in the country.

“Our goal is to be an internationally recognized advanced heart disease center,” said Ashish Shah, MD, chair of the Department of Cardiac Surgery. Ranked No. 1 in the Southeast region for volume for its combined adult and pediatric procedures, this marks the third year in a row that the Medical Center’s program held the national ranking.

In 2017, VUMC performed a record 83 adult heart transplants, compared to the previous year’s all-time high of 77. The overall program, which includes pediatric cases, saw a record 97 total heart transplantations, topping the 2016 milestone of 92.

All in the family for Pediatric Urology’s Thomas

When John Thomas, MD, associate professor of Pediatric Urologic Surgery, sees new patients and their families, he knows they’re there for health issues they might be uncomfortable discussing. That’s why he takes his cues on empathy from his earliest role model, his father.

“My dad is my personal hero and has always been the most compassionate and empathetic physician I know,” said Thomas. “I’m so lucky to have him as my example of what a doctor should be.”

Thomas’ father, Anthony Thomas, MD, a Cleveland Clinic fertility specialist, was an “old-school urologist who made house calls.” Thomas considers himself blessed to have completed his urology residency at Cleveland Clinic, training alongside his dad.

Early in his education, Thomas was fascinated by embryology – the study of embryos and their development during the eight weeks after fertilization – and this influenced his decision to specialize in pediatric urology.

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Elizabeth and Scott Massey expected to learn their baby’s gender at a 21-week ultrasound. The reveal included much more than they planned for.

Multiple ultrasounds and a fetal MRI showed that their baby girl, whom they named Charlotte, had a host of internal physical irregularities, including a partially formed spine, with a missing section of the thoracic vertebrae. She only had three ribs, and she also had a large skin-covered meningocele, where the membranes that cover the spine and part of the spinal cord protrude through a defect in the vertebral column.

For the Masseys, from Milan, Tennessee, the radiology images taken while Elizabeth was pregnant were hard to process and fully comprehend. To help them, the Vanderbilt Department of Radiology and Radiological Sciences’ 3-D Printing Center, led by Sumit Pruthi, MD, created a 3-D model of Charlotte’s internal anatomy. Her healthcare team wanted to fully understand the best way to care for her after birth, since her chances for survival was considered limited.

Born last December via cesarean section, Charlotte let out two loud cries before she was whisked off to the NICU and intubated to help her breathe.

Four days later, Jay Wellons, MD, MSPH, chief of Pediatric Neurosurgery, successfully repaired Charlotte’s meningocele from her back, which was larger than her newborn head. Soon after, her pediatric surgeon, Harold Lovvorn III, MD, associate professor of Pediatric Surgery, requested the model of her internal anatomy in time for a team care conference with the parents. Lovvorn then performed two abdominal procedures on Charlotte.

“The model solidified our thinking.”

“It really is helpful to hold the model in one’s hand to look at what the anatomy and malformations are before actually operating on a patient,” said Lovvorn. “In Charlotte’s case, it was also an excellent teaching tool for the family — and really for everybody on her care team.”

Most meningiomas — tumors that form from the membranes surrounding the brain and spinal cord — are slow-growing and benign. “Atypical” meningiomas have a more aggressive clinical course, and patients with atypical tumors can potentially benefit from earlier surgery and efforts to achieve complete tumor removal.

Lola Chambless, MD, assistant professor of Neurological Surgery, Andrew Hale, an MD/PhD candidate at Vanderbilt, and colleagues reviewed MRI studies for 128 patients who had benign or atypical meningiomas surgically removed. They found that tumor volume was the most striking single predictor of tumor grade.

The findings, reported in the February issue of the *Journal of Clinical Neuroscience*, may help guide surgical planning and patient counseling.
Burn Center’s team coordinates a wide range of specialized care services as part of one brave boy’s journey

Six-year-old Noah Kelly finished Bible study at his Nashville church and asked to play soccer outside with his friends before heading home. The electricity had been out at the church on that Saturday in July 2016, and the group had hoped that the electric company would arrive to fix the problem before the steamy day ended.

Noah’s mom, Rufta Aron, stood by the open door, waiting for Noah to finish playing. As she said goodbye to friends, Noah reached inside a bush to retrieve the soccer ball and touched a live electrical wire. One second. One touch. Lives forever changed.

Noah received life-threatening electrical burns over much of his body. Electricity runs rapidly through the body and not only chars the skin, but also burns muscle and bone, severely damaging tissue beneath the skin.

“Noah’s friends all started screaming ‘fire, fire,’ but when I turned around there was no fire,” Aron said. “Noah was lying on a little hill. When I got to him, I lost it. His eyes were open, but he was like stone.”

Aron began CPR, during which she pulled melted wire out of his mouth. “I tried to dump water on him. I wasn’t thinking right. I wasn’t even thinking that I shouldn’t touch him (because of the electricity). My reaction was to bring him back. I kept crying, ‘He’s gone. He’s gone,’ and my friend said ‘No, he’s not. Not today.’ I appreciated her giving me that hope.”

Aron was too distraught to continue CPR, so her friend, Rahwa Bereket, stepped in to perform CPR with help from one of the church members. They finally got a faint pulse. The paramedics arrived quickly and tried to stabilize Noah before transporting him to Monroe Carell Jr. Children’s Hospital at Vanderbilt.

“They wouldn’t let me ride with him. He was in very bad condition, and they didn’t want me in there,” Aron said. A friend drove her to the hospital. “I had his shoes and put them in my purse. They had melted. Everything smelled like burned wire.”

Survivors find friendship at Vanderbilt Burn Center’s Camp Hope

When McKenna Barbee arrives at Camp Hope each summer, she knows she doesn’t have to explain the scars on her body. The other campers will understand the pain she experiences, the sometimes sleepless nights, and the seemingly endless number of surgeries and procedures.

For 27 years and counting, Camp Hope has been a four-day, three-night camping experience specifically designed for children who have sustained burn injuries. McKenna, a 16-year-old burn injury survivor, has attended the camp every year since 2011.

“The campers have a lot of bonding time and they are able to see they are not the only child who has been burned,” said Kim Barbee, McKenna’s mother. “They can go there and see that there are other kids who have been burned – some more, some less than others. They do a lot of silly, fun stuff that allows them to forget for a little while all they have to go through.”
INNOVATIONS IN TRANSPLANTATION

First heart patients transplanted using novel transport device

The heart transplant team at VUMC successfully transplanted two hearts using a novel preservation and transport technology that allows the heart to beat outside of the body (ex-vivo) for an extended amount of time. VUMC is one of nine centers across the United States, and the only one in the region, to participate in the EXPAND Heart Pivotal Trial using a device by TransMedics called the Organ Care System (OCS) to keep the heart beating and metabolically alive during transport from the donor to the recipient.

Traditionally, surgeons work to transplant a heart within four hours from the time it is harvested from the donor’s body. OCS can extend that time frame, potentially changing the way donor hearts are preserved and transported to recipients.

“Every once in a while you come across technology that makes you get a glimpse into the future,” said Ashish Shah, MD, chair of the Department of Cardiac Surgery at Vanderbilt. “As a transplant team, we are able to deliver on a complex undertaking that requires a high level of expertise that few programs have.”

VUMC exclusive site to test new liver transport system

Only medical center in state chosen for trial

The growing list of patients needing liver transplants continues to outpace the number of available donor organs, but a new preservation and transport device for donor livers could possibly make a big difference. VUMC is among 15 centers — and the only institution in Tennessee — enrolling patients in a randomized, controlled study comparing the efficacy of traditional static cold storage to ex-vivo normothermic (normal body temperature) machine perfusion in liver transplantation.

The machine, the OrganOx metra, is a fully automated and transportable device that enables the liver to continue functioning during transport from the donor to the recipient by mimicking the human body.

“I believe perfusion is the future of organ transplantation,” said Sophoclis Alexopoulos, MD, chief of Vanderbilt’s Division of Hepatobiliary Surgery and Liver Transplantation.

“This technology has the potential to increase the donor pool as well as maximize recipient outcomes,” he added. “It may allow us more time to schedule surgeries, examine the liver’s function and potentially decrease the injury associated with the current storage techniques.

We are finding that patients are very excited about this trial.”

Complete story link
Chang’s second opinion puts patient on immunotherapy path

Mary Beth Ballard at home with her new baby

In early 2014, Mary Beth Ballard and her husband, Chris Murray, were searching for their first home together in Middle Tennessee when she noticed something she initially dismissed as a sign of a minor infection—a small amount of blood in her urine. Between house hunting and a new job, her schedule was hectic. The blood had stopped, and she had no pain or other symptoms, so she nearly cancelled an appointment she made with a urologist.

“When I went in, they did find microscopic blood in my urine,” Ballard said. She underwent an outpatient surgery called a transurethral resection of bladder tumor or TURBT. The pathology report revealed cancer. Ballard and her family felt blindsided by the diagnosis, and she soon decided she wanted a second opinion.

At the time, she was working at Vanderbilt University’s Office of Development and Alumni Relations. Her colleagues recommended that she get an appointment through Vanderbilt-Ingram Cancer Center and that she see Sam Chang, MD, the Patricia and Rodes Hart Endowed Chair of Urologic Surgery.

Chang used a cystoscope in combination with a fluorescent light and a special dye in order to clearly “light up” any cancer in Ballard’s bladder. After any visible tumors are removed, any remaining cancer cells can be eliminated by fulguration (burning the tissue using an electrical current or laser through the scope). After Ballard’s procedure, Chang told her nearly 60 percent of her bladder had contained cancer.

Chang determined an established immunotherapy, Bacillus Calmette-Guerin (BCG), delivered through a catheter directly into the bladder — a technique called intravesical therapy — was the best course of treatment.

Complete story link

Task Force’s Thompson weighs in on national report about physician burnout

It’s an epidemic that can’t be controlled with vaccines, hand-washing, facemasks or quarantine. Burnout — a syndrome of exhaustion, emotional detachment from one’s work and reduced sense of accomplishment — is on the rise among physicians, nurses, and other healthcare professionals and threatening the entire healthcare system.

A new report issued by the Blue Ridge Academic Health Group calls clinician burnout a “hidden epidemic” and suggests that addressing it should be one of the highest priorities across the healthcare industry. It is the first report that attempts to quantify the economic impact of physician burnout, a staggering figure of $150 billion per year, or 4.7 percent of the nation’s annual healthcare expenditures.

“We are not immune from this problem at Vanderbilt,” said Reid Thompson, MD, William F. Meacham Professor and chair of Neurological Surgery. Reid serves co-chair of the VUMC Task Force for Empowerment and Well-being along with Mary Yarbrough, MD, MPH, associate professor of Clinical Medicine and executive director of Faculty and Staff Health and Wellness at Vanderbilt.

The task force was established last year to address the issue of physician burnout. Its survey of all Vanderbilt physicians, which revealed that about half had some symptoms of burnout, is consistent with national trends.

Complete story link
While grabbing breakfast before church, a truck hit Sherman Dunlap Sr.’s car.

“I said ‘God you know I want to see my grandbabies,’” Dunlap Sr. said. “I said ‘I want to see my grandbabies’ because I thought it was just over within a moment’s notice.”

The crash left him with three fractures in his neck, which eventually required him to be in a brace for about eight weeks.

“I just remember it was like I was up in the air and then down on the ground in the ditch,” Dunlap Sr. said.

Oscar Guillamondegui, MD, MPH professor of Surgery and medical director of the VUMC Trauma Intensive Care Unit, said they’re prepared for every moment and that they don’t forget their patients. “We all carry either pictures in our minds or pictures in our pockets of those patients that miraculously survived,” he said. “Not just through what we did, but there’s got to be something else that’s involved that makes it a life-saving event.”

“Stop the Bleed” is part of a national awareness campaign through the Department of Homeland Security, the American College of Surgeons and the Hartford Consensus.

The course aims to teach the average citizen how to control bleeding until emergency personnel arrive.

“We are teaching people to be immediate responders until first responders arrive on the scene of an incident, be it for a catastrophic mass event or an isolated workplace injury,” said Cathy Wilson, MSN, RN, Vanderbilt trauma outreach/injury prevention coordinator. “We know people are dying from uncontrolled hemorrhage when it could have been prevented. Stop the Bleed gives people tools for their toolkits so they know what to do if someone has uncontrolled bleeding.”

Since the program’s inception in 2016, VUMC has trained hundreds of school nurses, teachers, school resource officers, preschool teachers and staff, day care centers and more, and will continue to offer the free, one-hour course to interested groups throughout the region.

“We really want to train as many people as we can,” Wilson said. “The only thing more tragic than loss of life is a loss of life that could have been prevented.”

A person can die in as little as five minutes or less due to uncontrolled bleeding, but proper bleeding control methods — including hand techniques, dressings, and tourniquets — can make all the difference.
Rick Miller, MD, chief of the Division of Trauma and Surgical Critical Care, just checked a major item off his bucket list. Representing Team USA, Miller placed 10th in his age category and was the second-fastest American on the team at the World Sprint Triathlon Grand Final held in Rotterdam, the Netherlands last year.

More than 6,000 individuals competed in the event, including elite performers and parathletes alike. Miller was one of 10 triathletes representing the United States in the 60-64 age group. Following a rigorous qualifying schedule and the USA Triathlon National Championships, he earned a berth in the Grand Final for both aquabike and sprint.

The aquabike event came first. Miller finished 6th in his age group in the 1.5-mile swim plus 75-mile bike in Penticton, British Columbia with his wife Karen and daughters.

“My goal was to stay in good shape as I got older.” With top-flight performance in both categories and more than 100 triathlons under his belt, Miller has accomplished that and more.

Sam Chang, MD, the Patricia and Rodes Hart Professor of Urologic Surgery and professor of Medicine at Vanderbilt University School of Medicine, has been named to one of three newly created assistant secretary positions with the American Urological Association (AUA). The association created the positions to better align its international growth.

“I am honored and very excited to represent the AUA to help establish important relationships internationally,” Chang said. “To be selected, I believe, reinforces the esteem that this national organization has for the Vanderbilt Department of Urologic Surgery led by Dr. David Penson and, previously, Dr. Joseph Smith.”

As an assistant secretary, Chang will play a critical role supporting the AUA secretary in shaping and executing on the association’s international strategy, programming and activities by implementing the AUA’s international education plan. In doing so, he will connect with other key urologists and other strategic partners across the globe.
New robot expands options for thoracic surgery patients

The thoracic surgery team at Vanderbilt University Medical Center recently added a new tool to its collection of minimally invasive techniques to provide patients the most advanced robotic-assisted surgical procedures.

“The new robot is an expansion of our minimally invasive surgery program,” said Erin Gillaspie, MD, MPH, assistant professor of Thoracic Surgery at Vanderbilt and director of the thoracic robotic program. “I am very excited about our team, the technology, the great patient outcomes and the bright future I am anticipating for this program.

“This newest technology has great benefits for both patients and surgeons.”

Gillaspie, who came to Vanderbilt in 2016, was eager to build the thoracic robotic surgery program upon her arrival. Introduced to the technology while a cardiothoracic surgery resident at Mayo Clinic in Rochester, Gillaspie won a robotics scholarship that allowed her additional, intensive training.

“I practiced and practiced and practiced some more,” laughed Gillaspie.

“I was absolutely amazed at the ease of performing surgery with the robot. This technology is outstanding for the type of surgeries we are doing. It is extraordinary how meticulously we can do these cases with the robot.”

Complete story link

Children’s Brachial Plexus Clinic Team provides promise for young patients

Two-year-old Delanie Neal tightly grips her baby doll in her dominant right hand, refusing to let go even when coaxed into using her left arm to open a door or to eat. What are seemingly simple tasks to most can be more challenging for this special toddler.

Delanie was born with Erb’s Palsy, a paralysis of the arm caused by an injury to the upper group of the arm’s main nerves, the brachial plexus. One to two babies in every 1,000 births have a brachial plexus injury, often a result of a very difficult birth delivery.

Her parents, Whitley Key and Adam Neal, from Clarkrange, Tennessee, learned 24 hours after delivery that Delanie had the brachial plexus injury. They researched the issue in the days following Delanie’s birth and looked for care options throughout Tennessee before deciding that Vanderbilt — almost two hours from their home — would provide the best chance for their daughter’s recovery.

When Delanie was two months old, they met with Jay Wellons, MD, MSPH, chief of Pediatric Neurosurgery at Monroe Carell Jr. Children’s Hospital at Vanderbilt. Wellons worked in collaboration with surgeons from Plastic Surgery to perform several repairs in one sitting.

Before surgery, Delanie had little, if any, movement in her left arm. It was paralyzed, kept tucked to her side and unused. Today, she has made tremendous progress with surgical intervention and occupational therapy.
“When it’s you, it’s a whole different feeling,” Orrin Ingram said, gazing at logs burning in the fireplace. A Labrador puppy slept near his feet. Outside the window of his farmhouse, the remnants of a January snow slowly melted.

“I never really thought that at 57 years old I would be diagnosed with cancer myself,” Ingram said. It was two weeks since the day that he had undergone surgery for prostate cancer at Vanderbilt University Medical Center. He had spent that time surrounded by family, playing with his dogs, indulging on chicken wings and trying to heed doctor’s orders to not over-exert himself — a difficult endeavor for a man accustomed to riding horses, raising cattle or hunting when he isn’t running the nation’s largest barge company, among other businesses.

“I had people calling from all over the country trying to get me to go here or go there or get this procedure done or that procedure done,” said Ingram, president and chief executive officer of Ingram Industries Inc. “I told them, ‘I have spent over 20 years of my life working to raise money for Vanderbilt. There is no way in the world I am going anywhere else. You are just wasting your breath.’”

Ingram describes himself as a “mercenary” for Vanderbilt-Ingram Cancer Center (VICC), where he’s chair of the Board of Overseers, a volunteer group of supporters and advocates.

The center is named in honor of his father, E. Bronson Ingram, who died at age 63 in 1995 after being diagnosed with cancer of an unknown primary origin, cancer that was not caught early and had spread throughout his body. Noting that his father had elevated prostate-specific antigen (PSA) levels, Ingram said he believes the cancer likely originated in the prostate.

An annual physical alerted Orrin Ingram’s primary physician that he should be checked for prostate cancer. His doctor had been carefully monitoring his PSA levels and noticed changes over a period of time that might indicate prostate cancer. She referred him to Sam Chang, MD, the Patricia and Rodes Hart Professor of Urologic Surgery and vice-chair of the Department of Urologic Surgery. Vanderbilt’s urology program is among the nation’s top 10, according to the 2017-18 edition of “America’s Best Hospitals” by U.S. News and World Report.

“At Vanderbilt, we have access to some of the newest and best diagnostic techniques, which in his case combined MRI imaging with the ability to utilize that MRI at the same time as we do our routine prostate biopsy,” Chang said.

Thompson weighs in on Biden theory that burn pits contribute to brain cancer

A PBS Newshour report — in which former vice president Joseph Biden discusses the potential link between burn pit fumes and his son Beau’s brain tumor — includes comments from Reid Thompson, MD, chair of Neurological Surgery.
Shah, Miller honored with VUMC directorships

VUMC recently held its first Directorship Celebration to honor and support eight of its leaders in clinical care, research, education and administration.

Ashish Shah, MD, professor and chair of the Department of Cardiac Surgery, and Richard Miller, MD, chief of the Division of Trauma and Surgical Critical Care and professor of Surgery, were among those bestowed with new endowed directorships.

Shah, holder of the Alfred Blalock Directorship in Cardiac Surgery, and Miller, holder of the Carol Ann Gavin Directorship in Trauma and Surgical Critical Care, joined six other colleagues honored with directorships: Madan Jagasia, MBBS, MMHC, MS; Laura Wayman, MD; Wonder Puryear Drake, MD; Eric Delpire, PhD; Jennifer Pietenpol, PhD; and Stephan Heckers, MD, MSc.

“These directorships are critical to our entire institution, as they make it possible for us to fulfill our role as a national leader in healthcare,” said Jeff Balser, MD, PhD, President and CEO of VUMC and Dean of the School of Medicine.

Some of the directorships are funded by the Medical Center, while others were created and endowed thanks to the generous donations of individuals and their families who support the VUMC mission.

Complete story link

Dai Chung, MD, professor and chair, Department of Pediatric Surgery, was one of nine Vanderbilt University faculty members recently named to endowed chairs. Chung was named Carolyn Perot Rathjen Chair during a February celebration at the Student Life Center, which marked the 25th event to honor faculty members named to endowed chairs.

Chung among new endowed chair recipients

From left: Eric Johnson, Björn Knollmann, Dai Chung, Dan Roden, Russell Rothman, Susan Wente, Carrie Kitko, Dane Chetkovich, Rangaraj Ramanujam, Timothy Vogus, Berk Sensoy and Jeff Balser.

Complete story link

“We are firing on all cylinders right now”

VUMC neurosurgery and spine among nation’s best

Becker’s Hospital Review has recognized VUMC as having one of the 100 best neurosurgery and spine programs in the nation.

The publication noted the Center’s 96 percent patient satisfaction rate for lumbar spine procedures and 97 percent satisfaction rate for cervical spine procedures. Performing more than 5,000 procedures a year, VUMC is “one of the busiest academic neurosurgery centers in the country,” the magazine said.

“This is a reflection of our excellent faculty and residents,” said Reid Thompson, MD, William F. Meacham Professor of Neurological Surgery and chair of the department.

“We’ve become arguably one of the best neurosurgery programs in the nation, and we’ve done it the right way: by recruiting the very best faculty and retaining them.

Those who have left have gone on to positions of leadership. They are department chairs around the country or vice chairs of major departments.”

“We have grown immensely,” Thompson added. “We increasingly have a national presence for referrals. And we are seeing elite candidates who are applying for residency programs coming to Vanderbilt.”

Complete story link

The adult spine center is located in the Vanderbilt Health One Hundred Oaks clinics complex
Study explores best pre-transplant weight loss
Medical and surgical weight loss team collaborates with Karp

Vanderbilt researchers are comparing two types of weight loss options to determine which is the most effective in helping obese patients reach a more ideal weight before undergoing kidney transplant surgery.

Obesity is a double-edged sword when it comes to kidney health. Excessive weight is a key factor in the development of acute kidney disease and kidney failure, which can then lead to the need for life saving dialysis or kidney transplant. Obesity also contributes to significant complications following kidney transplant surgery, such as delayed function of the transplanted organ, poor wound healing, increased wound and skin infections, and even transplant failure and death.

“Until weight loss is achieved, severely obese patients are considered too medically complex for kidney transplant surgery,” said principal investigator Seth Karp, MD, H. William Scott Jr. Professor of Surgery, chair of the Department of Surgery, and director of the Vanderbilt Transplant Center. “For this study, we’re recruiting patients who are obese with kidney failure to participate in a clinical trial to look at which method [gastric bypass surgery or medically managed weight loss] is the best for efficiently reducing weight before a kidney transplant.”

Complete story link

Geiger’s task force gets results against pre- and post-op infections

Every day, a team of epidemiologists, infection preventionists and data analysts report to work at VUMC with a mission: to track invisible trails of microscopic clues, dissect data, analyze lab results, pore over patient medical records and ferret out possible hiding places of disease-causing microbes that could lead to dangerous infections.

Success Story
A spike in surgical site infections (SSI) among patients who had colorectal surgeries spawned a successful infection prevention initiative at VUMC that has since guided the perioperative procedures for other types of surgeries.

A colorectal SSI task force began meeting twice a month to solve the problem. They reviewed scientific literature and examined other institutions’ practices.

Lack of consistency in how surgeries were handled, from before patients went into surgery until they were released home, seemed to be a key factor playing into the increasing infections, said Senior Quality and Patient Safety Advisor Barbara Martin, MBA, RN, who was part of the task force.

“It wasn’t that we weren’t doing things right, it was that we weren’t doing things in a standardized fashion,” she added. “If (infection preventionist) Mary DeVault and I both have the same idea about doing something, but we implement it in different ways, then we’re going to have different outcomes.”

“We started this with every case in colorectal and proved that it worked,” said Timothy Geiger, MD, MMHC, director of Colon and Rectal Surgery.

A surgical care bundle, or a defined set of practices to improve outcomes, was developed and implemented for colorectal surgeries.

Complete story link
Pediatric surgeon Neblett was selected as 2018 honorary co-chair for Iroquois Steeplechase

Southern fashions. The event also supports several philanthropic causes and has donated more than $10 million to Children’s Hospital since 1981.

Wallace “Skip” Neblett III, MD, professor of Pediatric Surgery, was selected as this year’s honorary co-chair for his longtime service to the community.

He was joined by the Wallace and Rowan families, represented by Guy Wallace III and Kipp Rowan.

Now in his 38th year of practice at Children’s Hospital, Neblett has served in numerous leadership roles, including chair of the Children’s Operating Room Steering Committee, vice chair of the Section of Surgical Sciences and member of the Children’s Hospital Advisory Board.

“When my tenure with Vanderbilt, I have witnessed firsthand how meaningful the relationship is between Children’s Hospital and Iroquois Steeplechase,” Neblett said.

Complete story link
National Organ Donor Awareness Day
Event honors impact of organ, eye and tissue donation

Donors were honored for the difference they made in someone’s life during the annual Donate Life Vanderbilt Flag-Raising Ceremony in April as part of National Donate Life month. The event — now in its ninth year — honors donors and recipients, raises awareness, and celebrates donor families, living donors and hospital staff.

“Donation represents the very best that an individual can offer to another,” said C. Wright Pinson, MBA, MD, Deputy CEO of VUMC and CEO of the Vanderbilt Health System. “Last year at Vanderbilt, 72 individuals gave the remarkable gift of life to others through organ donation. Their selflessness resulted in 255 life-saving gifts.”

Seth Karp, MD, H. William Scott Jr. Professor of Surgery, chair of the Department of Surgery, and director of the Vanderbilt Transplant Center said “This is always an emotional day for me — looking out and seeing the families whose loved ones made this extraordinary sacrifice.”

Thousands of organs are lost before they can be donated. Karp weighs in on how to save them

There is something near-miraculous about the organ donation system, which allows tens of thousands of Americans a year to give up parts of their body they no longer need to extend the lives of others.

And yet tens of thousands of viable organs are also lost each year rather than going to patients desperately in need of them. Researchers recently estimated there are only half as many donors as there are deaths with potential to donate.

Transplant centers control which patients are added to the list; they can be conservative in putting forward only those who they believe will benefit. Seth Karp, MD, director of the Vanderbilt Transplant Center, estimates that only one in 10 patients who die of liver disease in Tennessee was even on the waiting list for a liver.

Given how life-changing an organ transplant can be, and the scale of demand, how could we ensure that every potential donation finds its way to a recipient?

We tend to focus on the surgeon as the key figure in the equation. But as it turns out, the success of organ donation hinges just as much on other links in the chain.

If we supported the entire organ transplant system and held it to better account, we would ensure that more organs from the dying could become a gift of life for someone else.

Complete story link

Barocas earns annual VUMC research award

Dan Barocas, MD, MPH, associate professor of Urologic Surgery and Medicine, has earned the prestigious Grant W. Liddle Award this Spring for exemplary leadership in scientific research.

The Grant W. Liddle Award was established in 1983 by the Vanderbilt University Medical Center House Staff to recognize faculty members who demonstrate exemplary leadership in the promotion of scientific research at VUMC.
Chung and colleagues report on neuroblastoma inhibitors in journal

Dai Chung, MD, professor and chair of the Department of Pediatric Surgery, has co-authored an article on neuroblastoma that appeared in the February issue of *Anticancer Research.*

Neuroblastoma — a cancer that starts in nerve tissue outside of the brain — is the third most common cancer in children and accounts for about 15 percent of pediatric cancer-related deaths.

Sirtuins (SIRTs), a family of proteins with roles in metabolism, aging and genomic stability, have been linked to various cancers, but their role in neuroblastoma has not been explored.

Chung and his colleagues found that a non-specific SIRT inhibitor reduced the growth rate of cultured neuroblastoma cells and induced the formation of neurite-like structures consistent with neuronal differentiation (maturation).

Complete story link

Journal link

VUMC staffer stresses pedestrian safety after accident

A driver in a Dodge Charger had made a left turn at a green light into the crosswalk where I was walking. The driver later said he did not see me, and since he had come from behind me and not from the left or right, I didn’t see him either.

I looked up, confused and numb. People were running to me, surrounding me, touching me. They asked me questions. I stared at them all in confusion. I was 25 years old. I had a job I loved as a newspaper reporter and had only been married 11 months when I was injured. I spent the next year on a cane and in therapy, just learning to walk correctly.

I know things could have been much worse, and I’m very blessed. But I share this experience to say: let’s promise to be more vigilant. It could truly be the difference between life and death.

**The most important tip is vigilance**

Oscar Guillamondegui, MD, MPH professor of Surgery and medical director of the VUMC Trauma Intensive Care Unit, encourages attentiveness by all.

“Be ever aware of where one is driving and playing. If driving through a neighborhood, respect the speed limits and keep an eye out for children playing in the area. For pedestrians, always look both ways before crossing the street. For cyclists and joggers, utilize protective high-visibility clothing and flashing lights to make your presence known to traffic and remain vigilant in high-traffic areas.”

Complete story link

Tavia Smith, now a writer in the VUMC News and Communications office, describes her experience.

Getting hit by a car is a bad thing — believe me, I know — but I am one of the blessed ones. I didn’t break any bones or have traumatic internal or external injuries. I was hurt, and my recovery took a long time, but I survived and lived to tell the story.

I was working in downtown Clarksville then. It was around midday, and I was waiting at a crosswalk for the “Don’t Walk” sign to turn to “Walk.” It did. I looked left, looked right and stepped into the crosswalk. Suddenly, I heard tires squeal from behind me. I saw a flash of red dart into my far peripheral vision and then felt a heavy force hit my body. I became vaguely aware of the sound of sirens in the distance. I soon realized the sirens were coming for me.
Quintana and his family find home away from home at VUMC

Eric Quintana, MD, comes from a close and large extended Hispanic family in New Mexico

His paternal great-grandparents had 17 children, and he has three siblings and 30 first cousins. Quintana is the only member of his family to become a doctor, or to graduate from college.

When he became a first-year general surgery resident at VUMC last year, it was the first time he had left New Mexico and his family for an extended period of time.

“Family is a very core element to who I am and who my family is,” said Quintana, 38. “My path to medicine has been very long and nontraditional.”

He started medical school at the University of New Mexico (UNM) when he was 33. Two medical school mentors encouraged him to look outside of New Mexico for his residency. “They said ‘You need to go somewhere else, see a new system, and see the way they do things that might be different from the way we do it here!’”

The long path to an MD

Quintana wanted to be a physician from early in his life. His great-great-grandmother was a curandero, a Mexican healer, who used herbs and roots from the field to make potions and salves. He watched as his family physician, James Houle, MD, established relationships with his patients in addition to taking care of their healthcare needs. “When we got sick he knew exactly what to do. I admired the way he could figure out what was wrong with us, but he also knew about what we were doing in school or in sports. He was like part of the family.”

In high school Quintana took advantage of all the gifted classes available to him, then was offered an internship with a community mentor during his sophomore year. He was matched with a Child Life consultant at the University of New Mexico Children’s Hospital and worked there several hours a day for three to four days a week. Shortly after, he was referred to a unique program that allows high school students to earn a high school and nursing degree at the same time.

In 1998, shortly after he graduated from high school, his daughter, Joann, was born, and he soon became her single parent. After practicing in pediatrics, medical-surgical and ICU care, he was offered a job providing wound care at a large rehabilitation facility. He was promoted to assistant director of nursing at the facility, then director of nursing, while he gradually worked on and completed his bachelor’s degree at UNM.

“I wanted to make sure I’d be there for Joann, so I put off going to medical school. I really enjoyed those years. Looking back, I’m really glad I took the time to be there in her life.”

When his daughter started high school, he left the rehab facility and taught nursing at a community college. Going to medical school was still his plan, but he knew he couldn’t do it just yet. “My philosophy was I could take what I had learned, the years of experience I had and my beliefs, and teach a new generation of nurses coming straight out of the gate,” Quintana said.

He supplemented his income by also working as an emergency room nurse at Presbyterian Rust Medical Center for three 12-hour shifts a week. In 2010, he was given the New Mexico Center for Nursing Excellence Award. Now married, Quintana’s wife, Elissa, asked him why he wasn’t in medical school. “I said, ‘I have to pay the mortgage. I have to pay the bills. I have to get Joann back and forth to school and volleyball.’”

Complete story link
Terhune named fellow of the Executive Leadership in Academic Medicine (ELAM) program for women

**Kyla Terhune, MD, MBA**, associate professor of Surgery and Section vice chair for Education, has been elected to the 2018-2019 Drexel University College of Medicine Executive Leadership in Academic Medicine (ELAM) program for women. She was one of only two selected candidates eligible to apply to the prestigious position. Dr. Terhune will be positioned to gain knowledge in strategic finance, personal and professional leadership effectiveness, and academic organizational dynamics.

Established in 1995, the prestigious **Hedwig van Ameringen** ELAM program offers an intensive one-year fellowship of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry, and public health.

Despite the greater numbers of women matriculating at our nation's medical, dental, and public health schools, women are still significantly underrepresented within the topmost administrative ranks of academic health centers (AHCs), even though there is a widely acknowledged need to diversify leadership and improve cultural and gender sensitivity in health care training and delivery.

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**Nanney and Nuñez honored by selection into the Vanderbilt Academy for Excellence in Education**

**Lillian Nanney PhD**, professor of Plastic Surgery and **Timothy Nuñez, MD, MMHC**, associate professor of Surgery were among the nine new members who were selected for the 2018 Vanderbilt Academy for Excellence in Education (AEE) and seven were recognized at the Academy’s annual dinner in April. In addition to the recognition of new members, two faculty educators were honored. The Geoffrey David Chazen Award for Innovation in Medical Education was presented to Heather Davidson, PhD, and the Lillian B. Nanney Award for Outstanding Service to VUSM/VUMC Community of Educators was presented to Don Moore, PhD.

The Academy guest speaker, Aviad Haramati, PhD, gave a brief talk and earlier was presenter at the noon lecture on mindfulness at the VUSM John E. Chapman Lecture in Light Hall.
Welcome to all new residents from General, Neurological, Oral & Maxillofacial, Plastic and Urologic Surgery services

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Ahmed Al Bayati
Hans Andrews
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Stephen Derryberry, Jr.
Nicolas DeRuyter
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Caroline Godfrey
Jesus Jimenez
George Koch
Meghan Knol
Nelly-Ange Kontchou
Eric Mace
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Erika Rivera
Tara Saxena
James Su
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DIVISION OF ORAL & MAXILLOFACIAL SURGERY
Satoko Hasegawa
Ryan Chaliff
Abigail Yazbak

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Ashkan Afshari
Lyly Nguyen
Basil Schaheen

NEW FACULTY

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Kristin Crain, ACNP
Assistant Professor
Keki Balsara, MD

DEPARTMENT OF PEDIATRIC SURGERY
Assistant in Pediatric Surgery
Jocelyn Gmerek, MSN, CRNP-PC/AC

DIVISION OF TRAUMA & SURGICAL CRITICAL CARE
Assistant in Surgery
Nicole Pope, MSN, AGACNP-BC
Zachary Reynolds, MSN, RN, AG-ACNP-BC

DEPARTMENT OF UROLOGIC SURGERY
Assistant in Urologic Surgery
Heidi Sexton, APN, ACNP, CUNP

FACULTY PROMOTIONS

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DIVISION OF HEPATOBILIARY SURGERY & LIVER TRANSPLANTATION
Research Professor of Surgery
Edward Zavala, MBA

DEPARTMENT OF UROLOGIC SURGERY
Associate Professor
W. Stuart Reynolds, MD

DIVISION OF PEDIATRIC UROLOGIC SURGERY
Associate Professor
Douglass Clayton, MD