



New England Surgical Society Newsletter

Volume 12, Number 1

October 2010

2009-2010 Executive Committee

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Office of the Executive Director
900 Cummings Center, Suite 221-U
Beverly, Massachusetts 01915
(978) 927-8330 / (978) 524-8890 fax
ness@prri.com

FROM THE PRESIDENT

Patricia K. Donahoe, MD

I have enjoyed serving the New England Surgical Society (NESS) as your President over the past year and am looking forward to our upcoming NESS Annual Meeting in Saratoga Springs on October 29 - 31, 2010 at the Saratoga Hilton.

Many thanks to Dr. Theresa Graves and the NESS Program Committee for putting together a fine educational program for this year's meeting. After receiving a record number of 95 abstracts, 19 podium presentations, 12 brief reports, and 34 posters were selected for the 2010 scientific sessions. In addition there will be the return of our Specialty Group Breakfast sessions on Saturday with topics on "Maintenance of Certification", Practical Quality Indicators for Practicing Surgeons", and "Retirement". A fourth roundtable will be for our "Ad Hoc Issues" Committee which I encourage all of our younger surgeons to attend.



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Editor's Corner

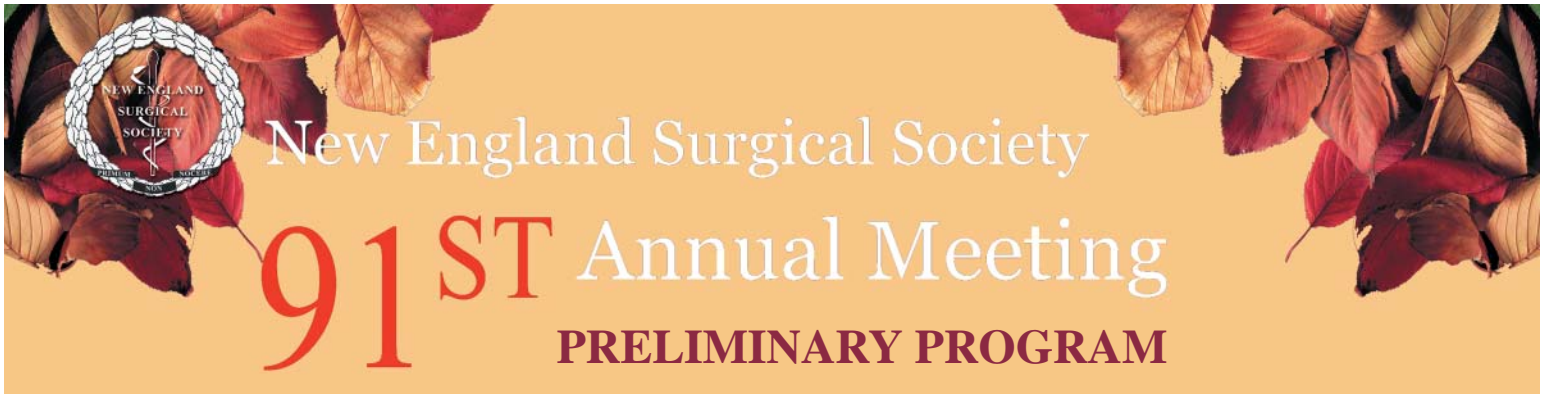
Bruce J. Leavitt, MD

Summer has come to an end in New England and a glorious one it was. The weather cooperated in our wonderful part of the world allowing us to enjoy the New England mountains, rivers, lakes, streams and ocean. I hope you took advantage of what our five states have to offer this summer. Students have returned to the classrooms and we will be having our annual meeting. This year it will be held from October 29-31 in the beautiful town of Saratoga, NY. This year's program is exciting and the greater Saratoga area has a lot to offer. Fall can be a magical time in the northeast.

I was thinking the other day of some of our surgical ubiquitous "sayings"

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Friday, October 29, 2010

9:00 AM – 5:00 PM **SPEAKER READY ROOM**

9:00 AM – 5:00 PM **REGISTRATION**

11:00 AM – 7:00 PM **AUTHOR POSTER** Set-up Available

1:00 PM - 2:45 PM **SCIENTIFIC SESSION I**
Moderator: Patricia K. Donahoe

Stereotactic Radiosurgery Provides Acceptable Local Control for Medically Inoperable Non-Small Cell Lung Cancer*

Implications of Incidentally-Discovered Nonfunctioning Pancreatic Endocrine Tumors: Short and Long-Term Outcomes in 139 Resected Patients*

Aeromedical Transport of Patients With Traumatic Injuries: Discharge Within 24 Hours*

Successful Selective Nonoperative Management Of Abdominal Gunshot Wounds Despite Low Penetrating Trauma Volumes

Further Experience With Pancreatic Stump Closure Using a Reinforced Staple Line

Is Mortality Following Non-Elective Admissions Worse on Weekends

Pneumothorax on Positive Pressure Ventilation: Breath Easy

Does Alvimopan Augment the Short-Term Outcomes of Laparoscopic Segmental Colectomy Apart From an Accelerated Care Pathway?

Longevity of Biological Aortic Valves Within Dacron Aortic Conduits

Regional Patterns of Pancreatic Cancer Care in Massachusetts

To reserve your housing online, visit www.thesaratogahotel.com. To make reservations by phone, call 888-866-3596. Groupcode is ADHA.

3:00 PM - 4:30 PM **SCIENTIFIC SESSION II**
Moderator: Theresa A. Graves

Identification of the Second Gland during Minimally-Invasive Parathyroidectomy is Critical for Surgical Cure: A Prospective Review of 119 Patients with Concordant Localization.

T-Cell Immune Responses After Cryotherapy of Breast Cancer

Short Term Preoperative Diet Modification Decreases Steatosis And Steatohepatitis In Patients Undergoing Hepatic Resections*

Initial Parathyroid Surgery in 606 Patients With Secondary Hyperparathyroidism - What is the Optimal Surgical Procedure?*

Effect of Early Enteral Tube Feeding on Patient Outcome Following Pancreaticoduodenectomy*

4:45 PM – 5:30 PM **STATE CAUCUS MEETINGS**

6:00 PM - 8:00 PM **WELCOMING RECEPTION**
Saratoga Gaming & Raceway's Vapor Nightclub

7:30 PM – 9:00 PM Ad Hoc Issues & New Members Dinner at Fortunes Restaurant
(invitation only)

Saturday, October 30, 2010

7:00 AM – 12:00 PM **SPEAKER READY ROOM**

7:00 AM – 12:30 PM **REGISTRATION**

7:00 AM – 8:00 AM **CONTINENTAL BREAKFAST**

7:00 AM – 7:45 AM **SPECIALITY GROUP BREAKFAST**
Topic 1: Maintenance of Certification
Moderators: Thomas F. Tracy, Jr. & Lenworth M. Jacobs, Jr.
Topic 2: Practical Quality Indicators for Practicing Surgeons
Moderator: Rocco Orlando, III
Topic 3: Retirement
Topic 4: Ad Hoc Issues
Moderator: Allan M. Goldstein

7:45 AM – 8:00 AM **Introduction of New Members**

8:00 AM – 8:30 AM **SCIENTIFIC SESSION III**
Moderator: Walter E. Longo

Nine Out of Ten Patients with T1 Rectal Cancer Do Not Need Radical Surgery. But Who Is The One That Does?

The Palliative Triangle: Better Patient Selection Improves Outcomes Following Palliative Operations

8:30 AM – 9:50 AM **SURGICAL RETIREMENT PANEL DISCUSSION**
Moderator: Walter E. Longo
Financial Perspective: Lori Gordon – MandMarblestone Group
Academic Perspective: Roger S. Foster
Glenn Professor of Surgery
Retiree Perspective: David W. Butsch
Central Vermont Hospital

9:50 AM – 10:35 AM **Coffee Break with Poster Session**

10:35 AM – 12:05 PM **SCIENTIFIC SESSION IV**
Moderator: James Whiting

Predictors of Death Following Gastroduodenal Artery Embolization for Bleeding Peptic Ulcers*

The CT Diagnosis of Pneumatosis Intestinalis: Clinical Measures Predictive of the Need for Surgical Intervention*

Acute Cholecystitis in the Elderly. Is Cholecystectomy Necessary?*

Large Needle Core Biopsy of Atypical Ductal Hyperplasia: Results of Surgical Excision

Posterior Pelvic Resection of Recurrent Rectal Cancer has Survival Benefit in over 30% of Patients, but Outcome is Governed by Strategic Tumor Biologic Factors

To Supplement Or Not To Supplement: A Cost-Utility Analysis Of Calcium And Vitamin D Repletion In Post-Thyroidectomy Patients

Endoscopic Pyloric Balloon Dilatation Obviates the Need for Pyloroplasty at Esophagectomy

Long Term Results Of Mandibular Condyle Reconstruction With Costochondral Grafts

Optimizing Mid-Level Practitioner Charge Capture in High Acuity Surgical ICU

12:05 – 12:30 PM **TOWN MEETING**
Andrew Warshaw

12:30 – 1:30 PM **CENTENNIAL WEBSITE MEETING**
Open to all attendees

7:00 PM **Halloween Themed PRESIDENT'S RECEPTION & DINNER**
Nathan Smith Awardee:
Grant V. Rodkey

Sunday, October 31, 2010

7:00 AM – 10:30 AM **SPEAKER READY ROOM**

7:00 AM – 11:30 AM **REGISTRATION**

7:00 AM **CONTINENTAL BREAKFAST**

7:30 AM - 8:15 AM **ANNUAL BUSINESS MEETING**
*Members Only

8:15 AM - 9:40 AM **SCIENTIFIC SESSION V**
Moderator: James C. Hebert

Interest in and Perceived Barriers to Flexible Track Residencies in General Surgery

Surgical Vampires and Rising Healthcare Expenditure: The Cost of Daily Phlebotomy

National and Maine State Trends in Breast Reconstruction after Surgery for Breast Cancer

An Evaluation of the Routine Use of Contrast Esophagography as a Screening Test for Cervical Anastomotic Integrity Following Esophagectomy

Implantation of 3-D Differentiated Pulmonary Stem Cells

9:40 AM - 10:25AM **26th ANNUAL SAMUEL JASON MIXTER LECTURE**
David H. Sachs
"Transplantation Tolerance: Bench to Bedside"

10:25 AM – 10:30 AM **INTRODUCTION OF PRESIDENT**
Nicholas P.W. Coe

10:30 AM – 11:30 AM **PRESIDENTIAL ADDRESS**
Patricia K. Donahoe
The Circuitous Road from Discovery to the Patient; Lessons Learned from Insulin, the Pill, Penicillin, and Angiogenesis

11:30 AM **ADJOURN**

**For additional meeting details and to register, please visit the NESS website:
www.nesurgical.org**

FROM THE PRESIDENT

(continued from page one)

This year's Panel Discussion will also be on "Retirement" and features speakers from the Academic and Private Practice sectors as well as a financial specialist. As was done in 2009, Dr. Andrew Warshaw will conduct another "Town Meeting" on Saturday with a Health Policy update from the American College of Surgeons, followed by a review of the NESS 2016 Centennial content submission website and discussion of the Centennial planning for those of you who are interested in NESS history and would like to participate.

For this year's annual Samuel Jason Mixter Lecturer we have chosen Dr. David Sachs of Massachusetts General Hospital who will give his vantage on recent exciting developments across the field of transplantation in his talk entitled "Transplantation Tolerance: Bench to Bedside". I am enthusiastic about my Presidential talk, entitled, "The Circuitous Road from Discovery to the Patient; Lessons Learned from Insulin, the Pill, Penicillin, and Angiogenesis."

Our social program for the 2010 Annual Meeting will

The New England Surgical Society has for me always been a welcoming community of scholars with a special mission of fostering good science and clinical care in an atmosphere of high professional camaraderie.

take advantage of the Saratoga Springs culture and be supplemented by fall foliage. On Friday evening, following the Welcoming Reception, the Ad Hoc Issues and New Members Dinner will welcome our young members, all of whom I encourage to attend and share thoughts on the future direction of our Society.

I am pleased to report that our 2010 Nathan Smith Award will be conferred on Dr. Grant Rodkey during the Saturday evening dinner.

Attendance at either the NESS Annual Meeting or the spring Resident and Fellow Research Day can fulfill your member participation requirement. Please attend your respective State Caucus meeting on Friday afternoon in Saratoga Springs to

consider new Members and to consider other NESS initiatives.

The New England Surgical Society has for me always been a welcoming community of scholars with a special mission of fostering good science and clinical care in an atmosphere of high professional camaraderie. We look forward to your thoughts on how NESS can be improved to serve your needs while continuing



2016 NESS Centennial Update

The NESS is pleased to announce that a web page is now available via the [NESS Members Only area](http://www.nesurgical.org/membersOnly.cgi) (<http://www.nesurgical.org/membersOnly.cgi>) for submission of historical NESS content for review and potential publication in the Society's "Living Archive" that will be published electronically for the upcoming Centennial. Are you interested in history and have content pertaining to the NESS you wish to submit? If so please submit your materials today!

PLEASE NOTE: On **Saturday, October 30th from 12:30pm to 1:30pm, during the Annual Meeting in Saratoga Springs**, there will be a demonstration of this content submission web page and further discussion of the Centennial planning in the Saratoga Ballroom. This session will be hosted by the Centennial Celebration Steering Committee and they encourage all history enthusiasts to attend!

From the President-Elect: James C. Hebert, MD

I would like to thank the Membership of the New England Surgical Society (NESS) again for the privilege of being your President-elect and I look forward to the coming year with great anticipation. As was mentioned by Dr. Donahoe in her Presidential article, I will re-emphasize that your participation at our Society's educational events is very important and I hope that you will always take advantage of what they have offer. As feedback from our attendees has consistently shown, both the fall Annual Meeting and the spring Resident and Fellow Research Presentation Day have grown into exceptional programs and you can keep up to date on them by visiting the NESS website (www.nesurgical.org) regularly.

On the docket for the coming year will be a number

of items for the NESS Executive Committee to address which includes the important updates we receive from our Representatives to both the American College of Surgeons and the American Board of Surgery which affect us all. Of utmost importance during the interim meeting of the leadership in January will be the review of new member candidates approved from the next State Caucuses in Saratoga so be sure to attend yours. Later in the year, a key component of our June interim Executive Committee meeting will be the presentation of our planned 2011 educational session and, like the upcoming 2010 scientific program, I am sure it will not be one to miss. Throughout the year will be our ongoing work in preparation for the 2016 NESS Centennial celebration and, if you are a history buff like me, you will want to join in on the special Centennial planning meeting taking place on the Saturday afternoon during our program in upstate New York later this month. Thank you again for the opportunity of the NESS Presidency and I look forward to serving you.



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Editor's Corner

(continued from page one)

that most of us use. Those of us who are fortunate enough to work with medical students often encounter inquisitive minds that have not yet heard many of these sayings. It is fun to "implant the seed" of these sayings to these students. Fellow NESS member Ken Sartorelli directed me to the book "Aphorisms & Quotations for the Surgeon" edited by Moshe Schein. This book helped me find a few aphorisms and also discover the names of some of the authors. "A chance to cut is a chance to cure" by Robert Briller is always a favorite. Cardiac and vascular surgeons often will lament "All bleeding eventually ceases" spoken by Guy de Chauliac in the 1300's. We often tell our medical colleagues that the patient needs some "tincture of Bard Parker".

Colorectal surgeons seem to have their own vernacular that is taught to them during their fellowship and literary decorum does not allow one to publish those sayings here. Barber surgeons first realized that draining "laudable pus" is one of the things we do best. All surgeons have seen the benefit of draining abscesses. It is always interesting to watch the eyes of the surgical clerkship medical students when one first drains an anaerobic infection. "Never let the sun set or the dawn rise over a complete intestinal obstruction" has been quoted by many surgical professors, most

commonly on morning teaching rounds. Franny Moore, one of our past NESS members, is noted for the aphorism "Never operate on a patient who is getting rapidly better or rapidly worse." Truer words were never spoken. Two surgical favorites without a known author are "When in doubt, cut it out" and "The operation was a success, but the patient died." Thoracic surgeons often describe the "gooses" in the chest and the "four T's" describing tumors of the anterior mediastinum. When a patient asks my opinion of a rash, I tell them my entire dermatologic knowledge is based on the saying "If it is dry, wet it. If it is wet, dry it. And if it itches, use steroids". I am sure there are many NESS members that have their own personal favorite surgical aphorisms.

Have a great fall. Enjoy the cooler nights, colorful leaves, evenings by a fire with family and friends.

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New England Surgical Society

17th Annual Surgical Resident and Fellow Research Presentation Day

The New England Surgical Society's 17th Annual Surgical Resident and Fellow Research Presentation Day was held on Friday, May 14, 2010 at The Conference Center at Harvard Medical School in Boston, Massachusetts.

The Society was pleased to welcome Dr. Edward Whang as the Keynote Speaker who presented an interesting talk entitled "Surgery Yesterday, Today and Tomorrow." Joining Dr. Sheth as judges were Drs. Desmond Birkett, Patricia Donahoe, and Steven Schweitzberg.

In total, 23 papers were presented, demonstrating the continued enthusiasm for surgical research in New England. Thank you to all who attended another successful program! And congratulations to the following winners and runners up:

CLINICAL SCIENCE

Winner: Dorothy Bird, MD

(will have a poster at the 2010 NESS Annual Meeting)

"Hand Hygiene and Hospital-Acquired Infection in the Surgical Intensive Care Unit"

Runner Up: Elizabeth Stuebing, MD

(will present at the 2010 NESS Annual Meeting)

"Surgical Vampires and Rising Healthcare Expenditure: The Cost of Daily Phlebotomy"

BASIC SCIENCE

Winner: Angela Moss, MD

"Intestinal Alkaline Phosphatase Detoxifies the Bacterial Ligand Flagellin"

Runner Up: Hau Le, MD

"Endothelial-derived Epoxyeicosatrienoic Acids Promote Organ Regeneration"

**SAVE THE DATE: 18th Annual Surgical Resident and Fellow Research Day
FRIDAY, MAY 14, 2011**

**Visit the New England Surgical Society's
Website for the latest NESS News**



In addition to up to the minute information in the 91st Annual Meeting, you can:

- ♦ View the complete program and review the abstracts in their entirety;
- ♦ Register for the meeting and make your hotel reservations;
- ♦ Access the *Archives of Surgery*;
- ♦ Find a member;
- ♦ Initiate a new membership application;
- ♦ Contribute to the NESS Charitable Foundation and purchase NESS neckware.

www.nesurgical.org

From the NESS Representative to the American Board of Surgery

Lenworth M. Jacobs, Jr., MD, MPH, FACS

1. Residency Training Restructuring Committee (RTRC)

Dr. Stain has chaired the RTRC for the last six months, and has directed two meetings of this group as well as ABS retreats in January and June 2010 focused on discussions of residency restructuring.

The RTRC is constituted of representatives from the RRC for Surgery, the American Surgical Association, the Association of Program Directors in Surgery, and the American College of Surgeons as well as the Board. Extensive discussions of modification of residency training have been explored, but ultimately the group could not agree on a method of providing core training followed by tracking into a specialty, despite proposals for this which have surfaced over a long period of time. There are numerous problems with a fixed core period of training for all specialty areas, and the needs of the various specialties for core surgical training are varied.

Ultimately the committee recommended that the five year residency structure be maintained, but that up to 12 months of residency rotations during the last three years be made flexible such that a resident could begin to focus in a specialty area starting in the PGY-3 year. No more than six months of residency could be flexible in any one year. This proposal would allow program directors to begin focusing residents in their chosen area of specialty concentration earlier than at present, and would allow them to gain up to 12 months of experience in a specialty before they began a formal fellowship in that area. This would appear to solve many of the problems which have been raised by various specialty groups such as colon-rectal surgery, thoracic surgery, and others, but would maintain the five-year structure of residency and would not raise the issues attendant on tracking.

The RTRC made two other proposals to improve teaching and evaluation during residency. The first of these would incorporate specific milestones that would apply at different years of residency training, and would be required before residents could be promoted into subsequent years.

The second additional recommendation is to develop a specific evaluation of operative skills for each level of residency, so that residents' progress in the acquisition of psychomotor skills could be better documented than at present.

These modifications were proposed to the full Board during the June meeting and were approved unanimously. They will now go to the RRC for Surgery for discussion before they can be implemented.

2. Resident Work Hours

The ACGME Task Force on Resident Work Hours released their preliminary report shortly before the June meeting and this was a common topic of discussion. The Task Force has spent nearly 18 months in a very thorough evaluation of the experience with work hours limitation since 2003, and has sought broad input from all stakeholders in

formulating these new recommendations. The report has recommended continuation of the 80 hours limit on work hours, and has liberalized the work hour requirements for senior and chief residents, in recognition of their approaching graduation to independent practice. At the same time, they have recommended some additional restrictions, specifically that interns be limited to a maximum of 16 hours shifts, and that the every third night call restriction be maintained as an absolute, not averaged over four weeks. Both of these provisions were strongly opposed by the directors, as they felt that the restriction on intern's hours would decrease their availability for night call and would marginalize them in the care team, which would negatively impact their experience and opportunity for clinical decision making. The every third night limitation was felt to be unnecessary, and to create additional logistic problems for program directors in their scheduling of vacations and other time off for residents.

After discussion at the meeting, it was agreed that Dr. Lewis will seek input broadly from all the directors and will then formulate a response to the ACGME during the 45-day comment period that opposes both of the above restrictions as being unnecessary and reducing interns' opportunities for clinical involvement and maturation.

3. SCORE Website

The SCORE website has been available since August 2009 to all surgical residents without charge, and we are now planning to institute a charge starting July 1, 2010. The fee will be \$100/yr/resident, and faculty will be provided access for free. The website will also be offered to other groups such as osteopathic residents or international residents at a charge of \$200/resident/yr. The website at the present time includes modules for all broad diagnoses and essential common operations (total 266 modules). The medical knowledge modules (78 total) are in the process of development and approximately 60 of these have been posted to the website. Development of the 62 essential uncommon operations is underway and will be completed by the end of 2010.

In addition to the general surgical modules, several other learning resources have been added. StatDx – an extensive radiologic atlas – has been available for about 6 months, and provides an exhaustive set of images for virtually all abdominal and breast conditions. Weekly curriculum is a feature of ACS Surgery textbook which features a subject of the week with several questions that is self-instructing. MD Content is a series of 28 self-contained modules, each of which covers a subject related to the economics of medicine, and provides perspectives on subjects which are not otherwise covered for residents. Evidence based reviews in surgery is provided by the Canadian Association of General Surgeons, and provides collective reviews of a series of general surgical subjects.

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It is anticipated that features will continue to be added to SCORE, and that user feedback will be utilized to find out other features that are desired by residents to augment their learning.

4. Advanced Surgical Oncology Certificate

The advanced surgical oncology certificate was presented to the ABMS and reviewed by COCERT at its March meeting. The American Board of Radiology and American Board of Orthopedic Surgery registered opposition to it, and COCERT had some additional objections after review. The detailed issues raised were reviewed by SOAC at the June meeting and are in the process of being addressed. A detailed curriculum will be prepared this summer, and a revised application will also be prepared which attempts to address the objections which have been raised. In addition, meetings are to be scheduled with ABR and ABOS to see if their issues can be resolved. It is anticipated that a revised version of the application will be sent back for re-review by COCERT in February 2011.

5. Pediatric Surgery Certifying Examination

The Pediatric Surgery Board has decided to expand the oral Certifying Examination in Pediatric Surgery to five sessions of 30 minutes each from the present three sessions, in order to cover the additional subjects which have been progressively added to the curriculum. This will require expanding the examination from 1.5 to 2.5 days in duration. In addition, the PSB wishes to administer the examination every year rather than every other year, which will decrease the size of the examination cohort by half. These changes will be instituted for the first time in the March 2011 examination and the needed preparations and altered logistics are currently underway to prepare for them.

6. Associate Executive Director Recruitment

A new position of Associate Executive Director was approved at the June meeting and announced at the end of the meeting. Aggressive recruitment efforts will be made over the summer, and interviews of interested candidates will take place in the fall. It is the goal to have the new individual filling this position in place shortly after the first of the year.

7. New Directors Elected

Five new directors were elected in January and attended the June meeting as guests. Those chosen and their sponsoring organizations are the following:

- Dr. John F. Eid – Association of Program Directors in Vascular Surgery
- Dr. John G. Hunter – Pacific Coast Surgical Association
- Dr. Gregory Jerome (Jerry) Jurkovich – Western Surgical Association
- Dr. David W. Mercer – Society of University Surgeons
- Dr. Douglas S. Tyler – Society of Surgical Oncology