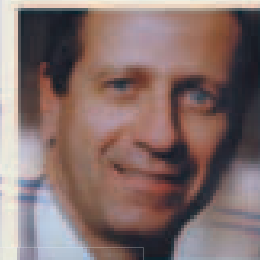
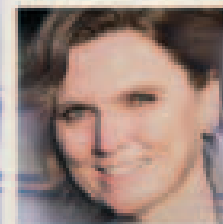
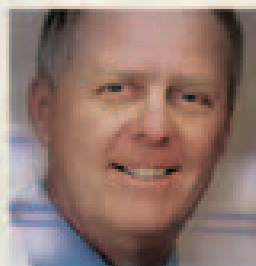
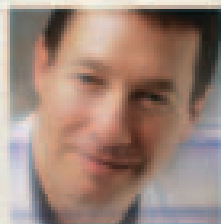
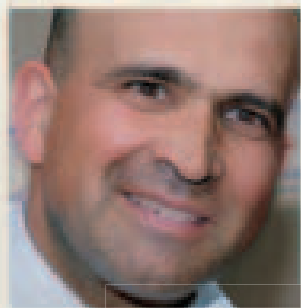
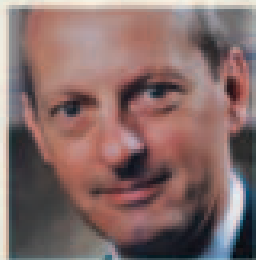


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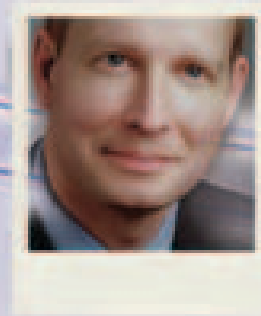
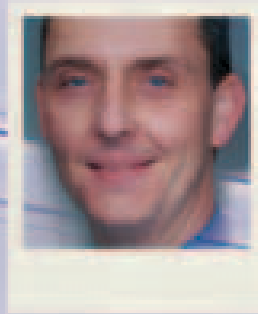
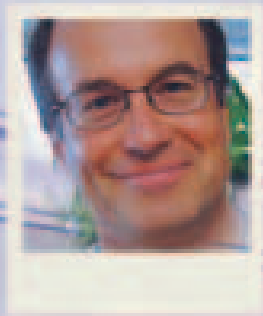
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Dr. John Denstedt
Chair/Chief, Department of Surgery

More than ever before, surgeons are connectors, locally and globally. The radical development of information and communication technologies that has swept the globe in the past decade has had a profound effect on the way people connect and interact with and learn about the world; in the way scientists and physicians do research; and the way in which corporations do business. We are moving toward the age of a single global economy and a connected global scientific endeavour.

Surgeons in all areas of specialty actively work to connect with patients, specialists, scientists, peers in the engineering and health science faculties, rural providers and increasingly, with international partners to create new opportunities in research, teaching and patient care.

The Department of Surgery has been making progress in our strategic plan that was initiated in 2009. One key strategic direction in the plan was to increase our international profile. Surgical expertise is growing around the world and in order to remain innovative, we need to go where the developing talent is located and leverage

that talent through strategic collaboration.

For many years, the department has fostered international exchange opportunities with countries around the world; has welcomed fellows each year from all corners of the globe; worked collaboratively with research colleagues from institutions both here and abroad; and our faculty members have been invited professors to a long list of international institutions.

We have formed strong connections not only in Ontario and North America, but also, on a global scale. In the past 4 years, over 20 faculty members have developed our global connections, travelling to more than 18 countries, including China, Israel, Thailand, Australia, Japan, South Africa, Saudi Arabia, India, Mexico, and various countries throughout Europe. Our surgeons are travelling worldwide to universities and major medical conferences to disseminate our research work and our findings as part of guest professorships or visiting lectures. We serve as scientific experts and national reviewers; set standards as a part of accrediting bodies; serve as members of editorial boards of journals; review grants on national and international panels; and participate in a wide array of local, provincial, national, and international committees. These are the traditional means by which new medical discoveries are disseminated around the world; standards are raised; and innovation is brought to the forefront of surgical education, research, and patient care.

We have formed strong connections not only in Ontario and North America, but also, on a global scale.

Our most recent international endeavour was signing a Memorandum of Understanding (MoU) with the West China School of Medicine (WCSM) in Chengdu, China to advance our international footprint even further. Of note, the WCSM is one of the top 10 medical centres in China. Canadian Surgical Technologies & Advanced Robotics (CSTAR), a program of London Health Sciences Centre, is leading the way and providing support for many of the initiatives. Going forward, an exchange program will provide trainees and faculty from both countries the opportunity to be involved with a different case mix and be exposed to a new culture while building rapport between our medical schools. In addition, an MoU was signed between Sichuan University in Chengdu, China and The University of Western Ontario to allow students to pursue a joint PhD program. These are outstanding examples of training on a global scale that impact teaching, research and patient care.

In March 2010, a team comprised of surgeons and other senior leaders travelled to Chengdu, China to explore

a number of new initiatives including medical and surgical education; research collaborations and exchanges; future faculty exchanges; and business opportunities.

With all the advancements both in technology and the sheer amount of medical knowledge that is required by today's surgeons, we are extremely reliant on the connections we make with others. It is important to emphasize that surgeons are only one part of the complex matrix of care provision required to manage the spectrum of surgical cases. We would be unable to provide the care we do without the expertise of many other clinicians in Anesthesia, Pathology, Medical Imaging, Critical Care, Internal Medicine; bioengineers and allied health personnel.

The Department of Surgery also receives outstanding support from the Robarts Research Institute and Lawson Health Research Institute – and reciprocally surgeons are fundamental contributors to clinical and basic research endeavours. We also have an excellent working relationship with our colleagues in Windsor and others in southwestern Ontario as they have been instrumental in furthering surgical care and education in that region.

We are also very fortunate to receive the active support of our fundraising priorities, across the Academic Health Science Centre, for which we are extremely grateful. We are appreciative of Foundation Western, London Health Sciences Foundation, St. Joseph's Health



The activity generated by surgical care provided at SJHC and LHSC represents a powerful economic driver for the City of London and its businesses, both in the medical and non-medical industries.

Technology we use to deliver patient care is changing very rapidly. These changes affect what we do on a day-to-day basis and how we interact and communicate with team members in providing patient care. Simulated learning resources provide opportunities to maintain and acquire new skill sets, enabling staff to keep pace with ever-changing clinical technology.

Last year was also a year of leadership changes within the Schulich School of Medicine and Dentistry and our teaching hospitals. We welcomed Dr. Michael Strong as the new

Care Foundation, and the Children's Health Foundation for their collaboration and expertise in pursuit of our goals. Most importantly, we are thankful to our generous benefactors from our community – and beyond – who recognize the importance of academic medicine and how it is fundamentally linked to the advancement of teaching, research, and patient care.

As well, the activity generated by surgical care provided at SJHC and LHSC represents a powerful economic driver for the City of London and its businesses, both in the medical and non-medical industries.

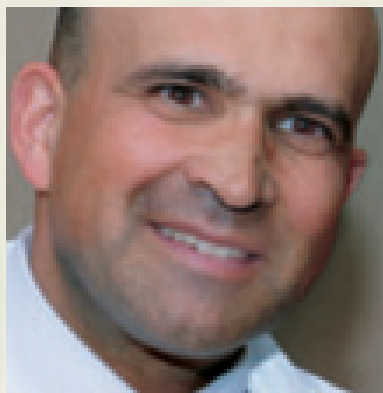
For example, CSTAR has been called

“London's innovation centre” for the development, testing and training of leading-edge medical devices. As part of London Health Sciences Centre, and recognized the world over as a leader in medical device innovation, CSTAR's 23,000 square foot facility supports researchers, health care professionals, industry and government in their collaborative pursuit of advancing patient care. Comprising three floors in the new Lindros Legacy Research Building, CSTAR advances medical device innovation through its research, laboratory and simulation training facilities.

Dean of the Schulich School of Medicine & Dentistry; Ms. Bonnie Adamson was named the new CEO of London Health Sciences Centre; and Dr. Gillian Kernaghan was appointed CEO of St. Joseph's Health Care, London. The Department looks forward to continued collaboration and innovation going forward.

Sincerely,

John D. Denstedt, MD, FRCSC, FACS
Richard Ivey Professor and Chair/Chief
Department of Surgery
Schulich School of Medicine & Dentistry
the University of Western Ontario



Dr. Bob Kiaii,
Chair/Chief, Division of Cardiac Surgery

While new technology is continually developed and applied to treat cardiac patients, what remains unchanged are the strong connections between Cardiac Surgery, Cardiology, Cardiac Anesthesia, OR Nursing and Perfusion, Cardiac Recovery and CSTAR. With the speed of change, these connections are more important now than ever before.

The Cardiac Surgery program dates back to the 1970s and has expanded its focus from the first successful heart transplant program in 1981 and innovative arrhythmia surgery to now include cutting edge minimally invasive and robotic surgery.

Connecting with programs like CSTAR and working as a strong multi-disciplinary team on both clinical excellence and research is positioning the cardiac surgery division as one of Canada's most progressive academic centres, attracting the best students to its world renowned residency program.

"Cardiac surgery is a field where new procedures are literally being invented on a weekly basis," says Dr. Bob Kiaii, Chair/Chief, Division of Cardiac Surgery. "Maintaining and developing ongoing professional and educational relationships is critical to the global advancement of medicine."

In the past when a discovery was made,

the surgeon or researcher would publish an article and the information would be disseminated throughout the medical community. Today, with the use of the Internet and other telecommunication tools, those leading-edge discoveries are shared instantaneously, perhaps saving a life.

"And now, with the ability to do tele-surgery, anything that is learned internally can be applied outside our department, to other departments across the country or around the world," says Dr. Kiaii. "The Internet, real time video and robotics have completely changed not only our lives, but also the way we practice medicine."

Last year, 35 medical students and MSc Clinical Anatomy graduate students from the Department of Anatomy had the opportunity to observe and interact with Dr. Kiaii as he performed a robotic coronary artery bypass surgery. The students were able to 'virtually' participate in the surgery through CSTAR's multi-media theatre. The theatre provides real-time camera access to the cardiovascular hybrid operating suite of London Health Sciences Centre in addition to the five operating suites at St. Joseph's Health Centre, London.

According to Professor Marjorie Johnson, of the Department of Anatomy, "CSTAR, and its surgeons provide our students with an entirely unique learning experience. Rarely do our students have live access to observe both the human anatomy and also leading-edge surgical interventions. It also opens up opportunities for cross-department collaboration and learning which we find invaluable," says Johnson.

The Division of Cardiac Surgery

Dr. Kiaii, Canada's leading robotic cardiac surgeon, very much enjoys these learning opportunities. "CSTAR plays an important role in connecting students and learners from a variety of disciplines and professions to provide much sought after learning experiences. Based on the questions and comments of the anatomy students, this session was clearly a winner for them," says Kiaii.

"And now, with the ability to do tele-surgery, anything that is learned internally can be applied to other departments across the country or around the world."

When help is needed abroad, the Division of Cardiac Surgery responds. A cardiac surgery team comprised of surgeons, anesthesiologists, residents, nurses and perfusionists once again travelled to Peru to perform cardiac surgery on patients in need of complex care. The team of more than 20 people made the trip to Arequipa, Peru in March to help local doctors, and lend support to a small orphanage in the city. This is the third year the group has made the trip, and the 16th year that perfusionist Peter Allen has completed this type of mission. Dr. Michael Chu, cardiac surgeon, and Dr. Cory Adams, cardiac surgery resident made the trip from the Division of Cardiac Surgery. Each year

the team brings a cardiac surgery resident on the trip to expose them to cases not typically seen in the OR here. It is also an excellent opportunity to gain international experience.

"I think what allows you to get up and go to work each day is the satisfaction you get when a patient does well," says Dr. Kiaii. "You know that you have provided the knowledge that you have accumulated over the years to improve an individual's quality of life. That is the number one reward of being a surgeon."

Awards and Achievements

Dr. Neil McKenzie won the Annual Achievement Award of the Canadian Cardiovascular Society created in recognition of Canadians who have made outstanding contributions in their career within the cardiovascular field. The award was presented at the Canadian Cardiovascular Congress in Edmonton in October.

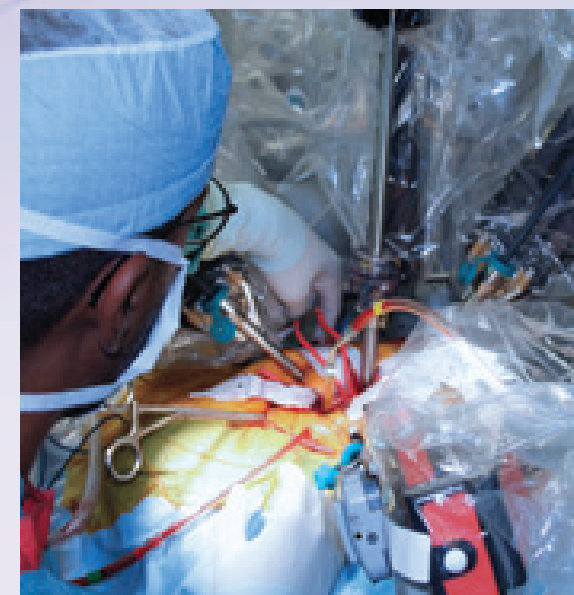
Dr. Richard Novick was appointed Head Examiner of the Royal College Cardiac Surgery Examination Board. Appointed to a five-year term, Dr. Novick will oversee the creation of both the written and oral cardiac surgery exams, in both French and English, and will be responsible for a full report afterwards. The exam board consists of 14 members from academic and community health centres from across the country.

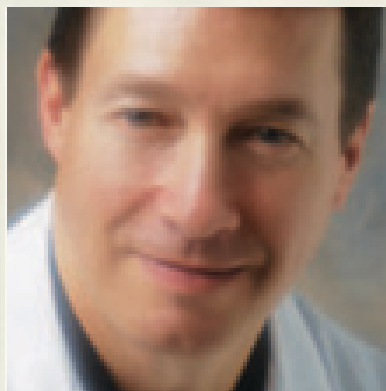
After an international search, **Dr. Bob Kiaii** has been selected as Chair/Chief, Division of Cardiac Surgery, The University of Western Ontario and LHSC for a five-year term, effective July 1, 2010 until June 30, 2015. Before joining our staff in 2003, Dr. Kiaii completed

a fellowship in heart transplantation here as well as a fellowship in minimally invasive/robotic cardiac surgery in Leipzig, Germany. He succeeds Dr. Richard Novick who led the Division of Cardiac Surgery for the past ten years.

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Dr. Ward Davies,
Chair/Chief, Division of General Surgery

The Division of General Surgery at UWO

has had a challenging year with the untimely loss of Dr. Murray Girotti, who passed away suddenly over the Christmas Holiday. Dr. Girotti was the Director of the Trauma Program at LHSC and was a leader in General Surgery in Canada. His optimism and energy were boundless and will be missed. He was a mentor to many of the current faculty members and residents in the Division of General Surgery. Dr. Girotti was the Vice President of Medical Affairs at LHSC and held a number of key administrative positions throughout his career. Murray was active nationally in the Trauma Association of Canada and played a key role in the development of minimally invasive surgery in London when general surgical MIS was evolving in North America.

The creation of the acute surgical "ACCESS program" at Victoria Hospital has been a positive development within our division. The program began in July of 2010 and has been widely viewed as a success within the LHSC organization. This program initiative was spearheaded by Dr. Ken Leslie, the general surgeons at Victoria hospital and the surgical administrative leadership at LHSC. The program has enhanced the delivery of acute surgical services at the VH site and is viewed as an

innovative development by faculty and our general surgery residents. Patient wait times for referral from the ER to the operating room or admission to the hospital has improved and we believe the overall quality of the delivery of surgical care has been enhanced.

This year the Division of General Surgery developed a Breast Assessment Centre at St. Joseph's Health Care London. This collaborative initiative with General Surgery, Plastic Surgery and Radiology will enhance the treatment of breast cancer in the region. All of the general surgeons who deal with breast cancer now run clinics at the Breast Assessment Centre. Dr. Muriel Brackstone has been appointed Director of the unit which has been functioning since September of 2010. The program is currently housed in a temporary location on the fourth floor at St. Joseph's Hospital, with plans to consolidate the clinic along with breast imaging in the space currently occupied by women's health at St. Joseph's Hospital. The plan is to have the new space ready by the fall of 2011.

In the fall of 2011 the Canadian Surgical Forum will be held in London. This is the national annual meeting for General Surgery in Canada and would typically attract 600-700 attendees. The local organizing committee and all of the general surgeons involved in the planning of the meeting have been working hard to put together an outstanding program.

This past year CSTAR once again hosted the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) international training course at CSTAR. This is the only

SAGES training course offered outside of the United States of America, and was the second year the course was held at UWO. The faculty was made up of prominent surgeons from throughout North America. Residents were selected to attend surgical training programs throughout the continent and had the opportunity to develop advanced laparoscopic skills during the course. Many thanks to Dr. Christopher Schlachta for organizing the course and participating as an instructor in the program.

"Combat surgery has taught us to rapidly transport patients to hospital, resuscitating them along the way, to expedite life and limb-saving surgery..."

The Division of General Surgery would like to acknowledge the effort and sacrifice made by Dr. Vivian McAlister this year. Dr. McAlister, along with the members of the Canadian Field Hospital, were deployed to Haiti soon after the natural disaster hit. Dr. McAlister and the Canadian unit were in Haiti providing surgical services to victims of the disaster in the early stages of the relief effort and were on site for approximately six weeks. This humanitarian mission by the Canadian Government was widely viewed as an important early initiative

following the disaster that helped lead the humanitarian effort during this difficult time.

Dr. McAlister has served three tours of duty at the Canadian-run military hospital in Kandahar, Afghanistan. He spent two months working at the Kandahar hospital in 2007 as a civilian surgeon before joining the Canadian Forces Medical Service in 2008 and subsequently completing a third tour at the hospital this past winter. Dr. McAlister believes lessons learned could help surgeons in Canada prepare for civilian disasters. War surgeons have



developed ways to deal with situations where many severely injured patients are brought to hospital at the same time; information McAlister says would be very useful in Canadian hospitals when dealing with catastrophes such as a bus crash on the 401 or a roof collapse in a school. He prepared a course in catastrophic surgery that was offered in September at the Canadian Surgery Forum in Victoria, British Columbia, so military surgeons can share these skills with their civilian colleagues.

“Combat surgery has taught us to rapidly transport patients to hospital, resuscitating them along the way, to expedite life and limb-saving surgery, but then to send patients to the intensive care until their normal physiological status returns before attempting to complete surgery,” says McAlister.

Awards and Achievements

Dr. Hao Wang received the International Basic Science Mentor Award from The Transplantation Society. This award recognizes the efforts of scientists, who have advanced our understanding of transplant science/immunobiology and/or treatment of transplant recipients, as well as supervised young investigators in furthering the basic science of transplantation. Only 20 from a total of more than 3,000 applicants have been awarded based on the scientific excellence of the work.

Dr. Steven Latosinsky began his appointment in the Division as a General Surgeon at LHSC's Victoria Hospital with an office within

the London Regional Cancer Program. He specializes in colorectal and breast cancer, melanoma, and sarcoma (soft-tissue tumours).

Dr. Elizabeth Saettler began her appointment in the Division as a General Surgeon at LHSC's Victoria Hospital with an office within the London Regional Cancer Program. She specializes in breast cancer and melanoma and has an interest in physician-patient communication and knowledge transfer as they relate to multidisciplinary treatment of these diseases.

Dr. Neil Merritt began his appointment in the Divisions of Paediatric General Surgery and the Division of General Surgery. He specializes in Paediatric General Surgery and Paediatric Critical Care and Trauma. His research interests include Paediatric focused abdominal sonography for trauma and avoidance of radiation risk associated with more conventional forms of imaging in children.

Dr. Michael Ott was awarded an Education Fellowship from the Centre for Education Research and Innovation at the Schulich School of Medicine & Dentistry.

Dr. Ken Leslie was awarded a Certificate of Merit from the Canadian Association for Medical Education.

Dr. Ward Davies received the St. Joseph's Hospital MAC award for leadership for 2010.

Dr. Chellappa Rajgopal was awarded the Most Outstanding Faculty Teacher in the Department of Surgery by the clinical clerks for the 2009-2010 academic year.



Dr. Robert Hernandez was chosen by the Class of Meds 2011 as the Undergraduate Teacher of the Year for Surgery.

Dr. Brian Taylor took on an expanded role as the Associate Director of Surgical Education – Undergraduate Education (UGE). A long-standing and esteemed role model and contributor, Dr. Taylor was also appointed the McLachlin Professor of Surgery in 2010 and is recognized as a leader at the forefront of surgical education.

Dr. Daryl Gray was appointed Acting Director of Trauma Services in January 2011 and the Neuroendocrine Site Chief, Victoria Hospital in July 2010.

Dr. Neil Parry was appointed the Medical Director of Critical Care Trauma Centre in July 2009.

Resident Achievements

Dr. Ken Foster completed his general surgery training at UWO graduating in 1988. Dr. Foster is a gifted surgeon who has been creating a valuable and respected legacy of surgical training and medical education in Afghanistan for the better part of two decades. “The fun and fulfilment of work here is countered by many frustrations, but the net balance is tipped by the sense of being part of something bigger,” said Dr. Foster, the 2011 recipient of the Royal College's Teasdale-Corti Humanitarian Award.

Dr. Kris Croome was awarded the CAGS 2010 Best Paper at the Canadian Surgical Forum in Vancouver, BC for Clinical Research. Kris completed this research while doing his Masters in Clinical



Epidemiology at the Harvard School of Medicine. Kris is currently in his fifth year of residency and will begin a liver transplant fellowship here at the University of Western Ontario in July 2011.

Dr. Jennifer Racz received the CAGS 2010 Best Poster Award in the Oncology Category. Jennifer is currently in her third year of residency and has taken a year away from surgical residency to pursue her Masters of Business Administration at the Ivey School of Business.

Dr. Kelly Vogt successfully completed her Masters of Epidemiology at McMaster University in her third year of residency.

Dr. JulieAnn Van Koughnett successfully completed her Masters of Education through the OISE program at the University of Toronto in her third year of residency.

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Dr. James Roth,
Chair/Chief, Division of Orthopaedic Surgery

Established in 1960, the Division of Orthopaedic Surgery has grown significantly to become the largest division in the Department of Surgery, with surgeons located at London Health Sciences Centre's Victoria and University Hospitals and St. Joseph's Health Care, London. There are six clinical teaching units including sports medicine and adult reconstruction at University Hospital; hand and limb at St. Joseph's Hospital; and trauma, spine and paediatric orthopaedics at Victoria Hospital.

For Dr. Jim Roth, Chair/Chief, Division of Orthopaedic Surgery, the idea of practicing complex surgical procedures prior to actually performing them is the next evolution in medical teaching. Just like the airplane simulator that can be programmed for any airport and any type of plane, surgical simulation can allow residents to learn new techniques outside of the operating room.

In June, the new state-of-the-art Rorabeck Bourne Joint Replacement Clinic opened at University Hospital with the support of orthopaedic surgeons Dr. Robert Bourne and Dr. Cecil Rorabeck. Approximately 1,300 joint replacements are performed in London each year. The Clinic houses new exam rooms, an additional procedure room, state-of-the-art equipment and computer systems and a new waiting room with

furniture that eases patient comfort.

Dr. Rorabeck is one of the world's leading experts on hip and knee replacement surgery. Dr. Bourne is actively involved with both clinical and basic science research. His primary interests are clinical trials, musculoskeletal imaging, wear studies, retrieval analyses and analysis of large data sets (i.e. Canadian Joint Replacement Registry).

"Just like the airplane simulator that can be programmed for any airport and any type of plane, surgical simulation can allow residents to learn new techniques outside of the operating room."

In October 2010, the Lindros Legacy Research building opened. This state-of-the-art research facility will help transform orthopaedic and sport medicine research and education. It houses the Canadian Surgical Technologies & Advanced Robotics (CSTAR) program, The Kelman Centre, a simulation training facility for surgical teams, and the The Dr. Sandy Kirkley Centre, which consolidates research and clinical trials related to bone and joint disease.

The Division of Orthopaedic Surgery

Awards and Achievements

Dr. Bob Litchfield, from the Division of Orthopaedic Surgery was one of eight winners for a ground-breaking study of patients with arthritic knees, proving that arthroscopic knee surgery provided no extra value over physiotherapy and patient education. The Canadian Institutes of Health Research (CIHR) and the Canadian Medical Association Journal (CMAJ) honoured eight outstanding Canadian individuals and teams with the first ever CIHR-CMAJ Top Canadian Achievements in Health Research Awards, which recognize and celebrate Canadian health research and innovation excellence.

Dr. Mark MacLeod was named as the new OMA President in May 2010. Dr. MacLeod is an orthopaedic surgeon at Victoria Hospital and has held an academic appointment with the University of Western Ontario since 1996. Dr. MacLeod completed medical school and orthopaedic residency at The University of Western Ontario. He then completed fellowships in Vancouver (1995, Orthopaedic Trauma), Pittsburgh (1996, Adult Reconstruction, Pelvic and Acetabular Surgery), and Lecco, Italy (Ilizarov techniques). His surgical practice includes orthopaedic trauma, foot and ankle surgery, and adult deformity surgery.

Orthopaedic surgeon **Dr. David Sanders** and colleagues from McMaster University, The University of Toronto, Boston University, and the University of Minnesota recently won the prestigious Kappa Delta Orthopaedic Research and Education Foundation (OREF) Award at the Annual Meeting of the American Academy

of Orthopaedic Surgeons. The research awards are given to scientists who are helping to close the gap between basic research and clinical medicine. Award winners are all working toward new treatment for various areas of musculoskeletal health and offering new insights for the treatment of both open and closed tibial fractures.

Dr. Graham King was awarded the Dean's Award of Excellence for Research in May 2010. Dr. King is a prototype model of a successful surgeon-scientist. He developed the HULC Bioengineering Laboratory from a dream in 1992 to the nationally and internationally recognized lab of excellence that it is today. Dr. King is so respected by his colleagues that the Hand and Upper Limb surgeons have completed the fundraising to establish the Graham King Research Chair at the Schulich School of Medicine & Dentistry.

The Division also welcomed back **Dr. Peter Fowler**, who returned to the Division of Orthopaedic Surgery after three years in Qatar. He will be looking after the Mustang Sports teams and patients in the Fowler-Kennedy Sports Medicine Clinic.

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Lindros Legacy Research Building

Last year, the Lindros Legacy Research building opened. This is a state-of-the-art facility that helps transform orthopaedic and sport medicine research and education. It is located adjacent to the patient care areas at University Hospital, and named in honour of Eric Lindros who made a generous financial gift when he retired from professional hockey.

This research building is a new, five-storey centre for translational research. Also known as ‘bench-to-bedside’ research, translational research bridges the gap between scientific discovery and patient care by identifying significant, current research projects and applying that knowledge to benefit patients. It houses the Canadian Surgical Technologies &

Advanced Robotics (CSTAR) program, The Brent and Marilyn Kelman Centre for Advanced Learning; The Dr. Sandy Kirkley Centre for Musculoskeletal Research; and The Matthew Mailing Centre for Translational Transplant Studies. The Mailing Centre is adjacent to the clinical Multi-Organ Transplant Program unit. It is a state-of-the-art facility that was developed to accelerate knowledge transfer from the basic science researchers to clinical practice. As well, the Centre for Clinical Investigation and Therapeutics (CCIT) will conduct patient-oriented research and Phase 1 and Phase 2 drug studies.



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Dr. Leslie Scott,
Chair/Chief, Division of Paediatric Surgery

The youngest Division in the Department has already become a leader for its expertise in a number of paediatric sub-specialties including general surgery, urology, neurosurgery, orthopaedics, gynaecology, plastic surgery and dentistry. The surgeons also are connected with CSTAR as they investigate new ways to perform minimally invasive fetal surgery.

"Children are resilient and can overcome incredible injuries and handicaps," says Dr. Leslie Scott, Chair/Chief, Division of Paediatric Surgery. "Seeing that, and seeing a child improve, get better and go back to their smiling state, is really very rewarding."

Much of the work in this division is not about the operation, but about trying to avoid having to subject children to invasive surgery. Dr. Scott sees tele-medicine as an emerging technology tool that is increasingly useful in remotely monitoring a patient's progress, addressing any concerns the child's home physicians might have, and allowing specialized care to continue without the burden of long travel for the family, no matter how remotely they may live.

Paediatric surgery requires critical connections with other departments. Medical Imaging has evolved into an important partner.

The Division of Paediatric Surgery

"We work very closely together to decide what is best for the child. The input from radiology over the last five years has increased dramatically. Many procedures are now being planned or performed with assistance of the radiology team using new technologies and it is much better and often less invasive for the child," says Scott.

Over the past year and the coming year, children's programs are moving to the new north tower at London Health Sciences Centre. These visionary facilities will provide optimal care to children and a welcoming and healing environment for patients and their families. As many children with complex surgical issues require multiple specialists, this environment will also facilitate forming multi-disciplinary clinics for assessment and treatment planning, significantly decreasing the number of hospital trips for the child and family.

For children with complex surgical problems, the family's life often revolves around trips to the hospital, waiting rooms and appointments. The new Children's Hospital will significantly impact these families, making the hospital a child friendly place, and improving access to specialized care. This reduces fear and trauma for the child and family.

Children are not just small adults. The Division of Paediatric Surgery is excited about the advances in facilities, technologies and surgical expertise which are consolidating to improve the experience and outcomes for children of Southwestern Ontario and beyond.

Accomplishments and Awards

Dr. Leslie Scott was appointed to the role of Acting Chair/Chief for the Division of Paediatric Surgery. Dr. Scott replaces Dr. David Girvan, who capably led the Division in the Acting Chair/Chief role in 2009-10.

Dr. Neil Merritt was appointed to the role of Director of Paediatric Trauma, Department of Surgery, Children's Hospital of Western Ontario and London Health Sciences Centre, effective July 1, 2010.

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Dr. Doug Ross,
Chair/Chief, Division of Plastic
and Reconstructive Surgery

Unlike other surgical specialties, plastic surgery does not have a defined anatomic area and this is reflected in the sub-specialty expertise of divisional members including hand and upper limb surgery, reconstructive microsurgery, reconstructive breast surgery, adult and paediatric craniofacial surgery, burn care, peripheral nerve surgery, aesthetic surgery, wound healing and cutaneous malignancies. Members of the Division work in close collaboration with the Divisions of General Surgery, and Orthopaedic Surgery as well as the Departments of Neurosurgery and Otolaryngology - Head and Neck Surgery.

The Division maintains connections with other medical professionals in the hospital and across the city. "It is the nature of plastic surgery to have a lot of connections with other Departments and specialties," says Dr. Doug Ross, Chair/Chief, Division of Plastic and Reconstructive Surgery. "We are involved at all three sites working closely with other surgical and non-surgical specialties. In addition, several members of our Division hold significant roles within the Royal College of Physicians and Surgeons of Canada."

Dr. Doug Ross thrives on the challenges and rewards of surgery and has served as the Department of Surgery's Director of Surgical Education since 2008. "I think every surgeon loves to be in the operating room," says Ross.

The Division of Plastic and Reconstructive Surgery

"Every surgeon, and most people in medicine, at some point during their training fell in love with being in the operating room, working in a team with people, and the whole surgical life. Being in an academic institution and working with successive generations of surgical residents is sometimes very challenging and occasionally, frustrating. But it is also very satisfying to watch them acquire the skills and knowledge necessary to become a safe and effective surgeon."

"It is the nature of plastic surgery to have a lot of connections with other Departments and specialties."

The track record of our trainees at the Royal College examinations, from all Divisions in the Department over the past few years, has been outstanding and reflects the quality of our residents and our teachers."

Outside of the operating room, surgeons are continually advancing research, procedures, and patient care. "Learning about new research, new techniques, and how to do things better is something that everyone is always trying to do. Finding a good solution where you didn't think a solution existed for a specific surgery or case; that certainly is something that keeps me going."

The Division has grown steadily, focusing on a large number of very complex reconstructive procedures. "The Department as a whole,

externally and certainly internally, under the leadership of Dr. John Denstedt continues to grow and become much more connected; we have a very good relationship with other Departments and the medical students."

Awards and Achievements

Dr. Douglas Ross was successful in his application to the Provincial Innovation Fund competition for his project, "Utilization of Surgical Simulation to Enhance Patient Safety Via Development and Assessment of Team-Based Training and Non-technical Skills of Surgical Teams." He formed an interest group of faculty with advanced degrees in education and was instrumental in the recruitment of our first PhD Education Researcher, Dr. Sayra Cristancho.

Dr. Claire Temple received full approval from the Board of the Institute of Clinical Evaluative Sciences (ICES) to begin an installation of a satellite facility at The University of Western Ontario. This project received over \$1M in funding from the Academic Medical Organization of Southwestern Ontario. Dr. Temple is the project lead and is working closely with Dr. Amit Garg (Medicine). The satellite facility will be supporting and promoting the ability of Western's scientific community to improve our population's health via access to and analysis of a rich and ever-growing number of databases. Such research will have an important impact on health policy and delivery of care.

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Dr. Richard Inculet,
Chair/Chief, Division of Thoracic Surgery

The Division of Thoracic Surgery provides consultation and surgical treatment to patients of southwestern Ontario with benign and malignant diseases of the thorax and foregut. London Health Sciences Centre is designated by Cancer Care Ontario as a Level 1 Thoracic Surgery Centre, based on its expertise and volumes. Approximately seventy per cent of a thoracic surgeon's practice is oncology. Lung cancer remains the leading cause of cancer deaths.

The Division, officially created in 1992, has led Canada in the adaptation of minimally invasive surgery to the specialty. There is an ongoing strong collaboration with the London Regional Cancer Centre, the Department of Otolaryngology - Head and Neck Surgery, the Lawson Health Research Institute, and CSTAR.

The Division of Thoracic Surgery recently was the first Canadian centre to successfully enrol a patient in an international trial looking at a novel treatment of lung cancer in patients with poor lung function. In a collaborative effort between thoracic surgery and radiation oncology, a small lung cancer was wedge-resected from a patient's lung. A mesh containing radioactive brachytherapy seeds was then applied

The Division of Thoracic Surgery

"The Division, officially created in 1992, has led Canada in the adaptation of minimally invasive surgery to the specialty."

and sutured to the resection margins in an attempt to reduce the risk of local recurrence.

The annual VATS course held in June 2010 successfully attracted several international registrants. The theme of the course was VATS lobectomy and the role of ultrasound in thoracic surgery.

The Division is pleased to welcome Dr. Jiaxin Min, a visiting Professor of Thoracic Surgery from China, who has come to LHSC for a one-year sabbatical.

Awards and Achievements

In partnership with the London Regional Cancer Program, the Division participated in the organization and chairing of the annual Ontario Thoracic Conference held in April at Niagara on the Lake.

Dr. R. Inculet was appointed vice president of the Canadian Association of Thoracic Surgeons, at the annual meeting held last year in Quebec City. London will be hosting the meeting in September 2011.

Dr. Dalliah Fortin was appointed the Victoria Hospital /UWO Critical Care Site Education

Director. In addition, she became a member of the RCPSC Critical Care Examination Committee. She currently holds the position of Thoracic Surgery Program Director.

The UWO Divisions of Thoracic Surgery and Respiriology have developed a Cancer Care Ontario sponsored "Diagnostic Assessment Pathway" for the investigation of a suspicious lung mass. The pathway will be applied to patients with a newly recognized lung lesion, who are referred to specialists in our LHIN. Similar diagnostic pathways are being produced and utilized in each LHIN across the province.

Dr. Richard Malthaner, as part of a CCO committee, was instrumental in the development of "mediastinoscopy guidelines" to be followed in all thoracic surgery centres across the province.

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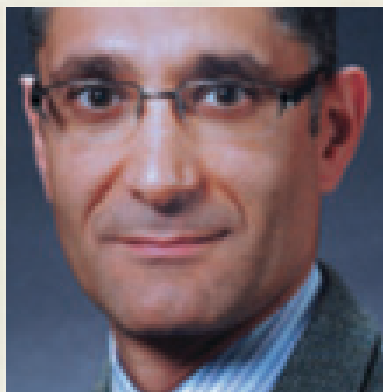
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Dr. Hassan Razvi,
Chair/Chief, Division of Urology

It may be one of the youngest academic urology programs in the country, but with extensive sub-specialties in transplantation, surgical oncology, stone disease/endourology, andrology, and probiotics, the division is making leaps and bounds as one of the most diverse in the country.

“Every single member of my division is involved in academic pursuits over and above their clinical duties, and that is what makes the division and department so strong.”

A strong focus on minimally invasive laparoscopic and robotic surgery and paediatric urology is helping this division earn a reputation as one of the most academically productive in the country, with its members also in leadership positions with the Canadian and American Urological Associations, surgery and clinical trials.

The Division of Urology

The Division of Urology is well known both nationally and internationally for its research and clinical care. This has enabled it to attract high quality faculty who have been able to further advance the division's mission in many areas. A perfect example of this is the recently confirmed recruitment of Dr. Blayne Welk, an expert in the field of urinary incontinence and neuro-urology who will be joining our faculty in 2011. Supportive departmental leadership and high quality clinical and academic resources were strong factors in securing Dr. Welk's recruitment.

“Academic surgery is more than simply seeing patients and performing operations,” says Dr. Hassan Razvi, Chair/Chief, Division of Urology. The surgeons in urology, just like the other divisions, are involved in advancing the field of surgery in various domains, not just for the benefit of patients and trainees in Canada, but around the world as well.”

“Academic medicine means more than just looking after patients. Every single member of my division is involved in academic pursuits over and above their clinical duties, and that is what makes the division and department so strong. In our division we have young and energetic faculty that are willing to push existing boundaries, and are committed to improving the educational experience of our trainees while providing state-of-the-art care to our patients.”

Awards and Achievements

Dr. Alp Sener was selected as the recipient of the 2010 Robert J. Krane Urology Research Success Award from the American Urological Association. This award will help support Dr. Sener's research efforts in the fields of T-cell mediated graft rejection and in developing methods of mitigating organ ischemia-reperfusion injury. Dr. Sener was also awarded an AMOSO Opportunities Fund Award in 2010. Dr. Sener was recruited to the Departments of Surgery and Microbiology & Immunology as a Schulich Clinician-Scientist in 2009 and has since joined the Matthew Mailing Centre for Translational Transplant Studies.

Urologist and transplant surgeon

Dr. Patrick Luke was selected as the 2010 recipient for the American Urological Association's prestigious Gold Cystoscope Award. This award is presented annually to urologists distinguished by outstanding contributions to the profession within 13 years of completing residency training.

Dr. Joseph Chin was recently awarded the Order of Ontario. He was cited for his pioneering clinical and research work in urological oncology and as a leader in the prevention of prostate cancer.

Dr. Gregor Reid, a scientist from the Division of Urology, and a Lawson Health Research Institute member, has received Western's highest honour for researchers: the Hellmuth Prize for Achievement in Research. Established in 1996, the prize is named for Bishop Isaac Hellmuth. Dr. Reid has been studying probiotics since 1982 when he arrived in Canada after completing his

PhD in New Zealand. Since then he has become a leading advocate for the role of 'good bacteria' in human health. This past year, he was appointed the first research chair in Human Microbiology and Probiotics at Lawson thanks to a \$7 million donation from international yogurt maker Danone Group. Reid's research applies microbiology to areas of clinical importance in urology, gastroenterology, and obstetrics & gynaecology.

Following a successful external review,

Dr. Hassan Razvi has agreed to serve a second term as Chair/Chief, Division of Urology, at The University of Western Ontario, London Health Sciences Centre & St. Joseph's Health Care, London, effective July 1, 2010 to June 30, 2015. Dr. Razvi also was recently appointed President-elect of the Northeastern Section of the American Urological Association.

The Department of Surgery and the Division of Urology welcomed **Dr. Elspeth McDougall** while on sabbatical from the University of California, Irvine. Dr. McDougall is presently the Director of Education for the American Urological Association.

Dr. John Lewis has received a Cancer Research Award. Three London scientists are receiving new funding from the Canadian Cancer Society for their work in cancer research. Dr. John Lewis at the Lawson Health Research Institute is investigating a protein called CD151, which plays a key role in the ability of cancer cells to spread, or metastasize, to other parts of the body. Through studying the molecular basis of this protein and others involved in the spread of cancer, he hopes that this research could lead to new therapies that prevent cancer from



metastasizing. Dr. Lewis is receiving \$389,667 for the project. In London, 150 cancer patients have been involved in the project, having donated their tissue to be screened for the CD151 protein.

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Dr. Thomas Forbes,
Chair/Chief, Division of Vascular Surgery

Recognized as a Centre of Excellence and viewed as a leader in the country, vascular surgeons are advancing the treatment of complex vascular disease in southwestern Ontario by connecting more closely with expertise from other specialists in Cardiac Surgery, Internal Medicine, Interventional Radiology, and Anesthesia to help diagnose and care for their patients.

While some things change rapidly, sometimes it's best to learn those things that stay the same. "I tell medical students, 'don't be an expert in an operation, be an expert in the disease,'" says Dr. Thomas Forbes, Chair/Chief, Vascular Surgery.

"Surgical innovation is often – but not always – technology based. Therapy changes and we are entering the era of genetic based and personalized therapy and medicine. In ten years, we will not be performing and teaching operations the way we are now.

Vascular therapies will likely change to something that we cannot even fathom right now. Be an expert in the disease, and the disease process, and know everything there is to know about it." Dr. Forbes and the rest of the Division work closely with medical students and

The Division of Vascular Surgery

continuously challenge them to think down the road and how they will navigate their careers. He has seen changes first hand himself, and still envisions changes that need to be done.

"For a long time, hospitals and training programs have been divided along physician lines, and this doesn't always serve patients well. More and more, we're starting to develop alliances and connections along patient and disease terms."

Forbes asserts that the necessary skills and expertise do not have to rest within a single individual, but may be team based expertise. "The Division of Vascular Surgery strives to provide expertise in all aspects of vascular therapy. Going forward, we need to recruit people who bring something new to the Division, individuals who are better than those of us already here."

"There are a lot of exciting things going on such as the internationalization of the Department with our connection in China and linking a lot of partners in health care, education and industry."

Awards and Achievements

Vascular surgeon **Dr. Jeremy Harris** joined the Department in 2009 as the newest member of the vascular team. He recently returned from Arizona after completing an endovascular fellowship at the Arizona Heart Institute.

In 2010, **Dr. Thomas Forbes**, Chair/Chief, Vascular Surgery was named the 2011 Canadian traveller by The James IV Association of Surgeons,

a group of surgeons from the UK, Canada and the United States formed in the 1950s to foster international collaboration. Each year a surgeon from each of these countries is chosen to travel and visit other centres throughout the world. One surgeon from Canada, the US and UK is nominated yearly and Dr. Forbes was selected as the Canadian recipient for 2011. He follows in the footsteps of other department recipients including Drs. Ken Harris, Vivian McAlister, Neil McKenzie, Dave Grant, Rich Finley, John Duff and Angus McLachlin. Dr. McLachlin was the first Canadian recipient in 1962.

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Discovering a passion for surgery

Sometimes, an otherwise routine day can become a life changing experience.

Dr. Thomas Forbes, Chief of Vascular Surgery recalled such a day that took place a couple of years ago:

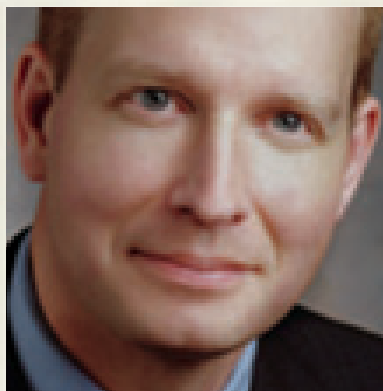
It was a good day, both clinically and also educationally. We were involved with a small group of first year medical students from the Schulich School of Medicine. We invited everyone to join us in the operating room for the day. They need as much clinical experience as possible to make a decision on where they want to focus their careers.

So there was this first year medical student who said, 'Ok, I will come and spend a day with you.' So we had a day where we did a few cases, of open and endovascular aneurysm repair. Then, towards the end of the day, we were finishing one case when an emergency trauma case came up; a car accident. The patient had a partially torn aorta which meant there was a chance for repair if we acted quickly. We opened up the next OR, brought the patient in and went to work.

It was such a blur we forgot the student was there, watching every minute. We completed the surgery; things went well and



at the end of it we all sat down and suddenly, the student spoke up and reminded us all of why we had chosen to be a surgeon so many years ago. He said, "That was fantastic! What an amazing day!" He later asked me if he could complete a summer OR rotation, and he is now interviewing for a surgical position. He is going to become a surgeon. It was a good day from a clinical aspect, and it was a good day in terms of educational impact, because here is a student who has now changed his thought process and developed the same passion for surgery we all share.



Dr. Christopher Schlachta,
Medical Director, Canadian Surgical
Technologies & Advanced Robotics

Improving patient care through Surgical Innovation, literally introducing something new in surgery, is the long-standing mission of CSTAR. Long before advancements in surgical technology can hit the floor, a great partnership has to emerge. It is the essential connection between the surgeon who says 'I need to be able to...' and the engineer who in turn says 'yeah, we can do that.' CSTAR connects these innovators.

Dr. Christopher Schlachta, Medical Director, Canadian Surgical Technologies and Advanced Robotics (CSTAR), leads the team that is bringing innovation to surgical care through the use of computer-assisted surgical devices.

"One approach we have taken is to focus on making surgery minimally invasive. What many people don't appreciate is that, for most surgery, the incision we make at the start of an operation is truly an unnecessary source of pain and suffering for our patients. We are working on reducing that suffering by developing innovative ways of getting the surgeon's 'eyes' and 'hands' into a patient," says Dr. Schlachta. "Through small holes or the body's natural orifices we can use computer technologies such as x-ray and ultrasound imaging to enhance our vision and robotics to replace our hands and guide us through the surgery."

Canadian Surgical Technologies & Advanced Robotics (CSTAR)

"Through small holes or the body's natural orifices we can use computer technologies such as x-ray and ultrasound imaging to enhance our vision and robotics to replace our hands and guide us through the surgery."

Surgical innovation also carries the responsibility of being able to effectively evaluate these technologies and safely introduce and disseminate them to the front line of care. There is a learning curve to every new procedure. This is where technology assessment and education programs such as simulation training and mentoring become important.

CSTAR clinicians and scientists have led surgical innovation by embracing and evaluating new technologies such as the da Vinci Surgical System. London surgeons continue to lead Canada in clinical robotic surgery by bringing new procedures from the laboratory to the patient while also disseminating minimally invasive techniques to colleagues across the country and around the globe through mentoring and telementoring programs.

CSTAR has made significant recent progress on many of these fronts.

Awards and Achievements

Dr. Ranji Patel, CSTAR's Director of Engineering, led a team of 11 researchers from the Faculty of Engineering and the Schulich School of Medicine and Dentistry at Western that were recently awarded one of NSERC's new Collaborative Research and Training Experience (CREATE) Program grants. The team received \$1.65 million in support for the Computer-Assisted Medical Intervention (CAMI) program. The CAMI program will train graduate students and post-docs for the next generation of engineers and scientists who have the interdisciplinary expertise needed to contribute to Canadian industry in the rapidly advancing field of medical devices and technologies.

Dr. Christopher Schlachta was successful in his application to the Ontario Ministry of Health and Long-term Care's Innovation Fund for his project. "Province-wide Health Technology Assessment of Premarket Medical Devices." Utilizing the resources of CSTAR, his team of surgeon-scientists will undertake health technology assessment of emerging medical device technologies in Ontario, evaluating both cost-effectiveness and learning issues that will impact widespread adoption.

Dr. Terry Peters, of the Robarts Research Institute, led a successful collaboration with CSTAR for a \$6.4 million Canada Foundation for Innovation grant entitled "Image-guided minimally invasive intervention and simulation." This research proposes to develop and test revolutionary minimally invasive surgical



techniques and simulation tools in a range of applications including cardio thoracic and gastrointestinal surgery, neurosurgery and urology.

On the international stage, CSTAR recently announced an expansion of its programs in collaboration with West China Hospital (WCH), one of the world's largest hospital facilities. CSTAR has committed to providing education and expert support to assist WCH with the accreditation process for the American College of Surgeons. West China Hospital is committed to the international standards of patient care quality and safety. CSTAR's simulation training expertise will provide West China Hospital with the means to attain this standard.

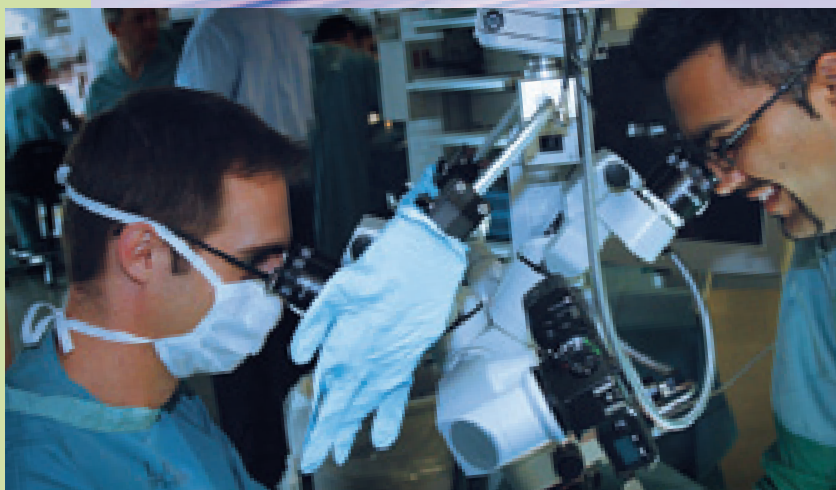
CSTAR also announced a collaboration with Canada's Department of Foreign Affairs and

CSTAR

CSTAR (Canadian Surgical Technologies & Advanced Robotics) occupies approximately 22,000 sq. ft. within the Lindros Legacy Research Building at LHSC and has an international reputation for developing and delivering world-class simulated learning programs and services.

CSTAR's curriculum development expertise provides individual and team-based simulated learning programs across a variety of topics including general, gynaecology, otolaryngology, thoracic, plastics, urology and cardiovascular surgery, Anesthesia, nursing, emergency medicine, critical care and interventional cardiology.

CSTAR's simulated learning programming is accredited by the American College of Surgeons. CSTAR's Brent & Marilyn Kelman Centre for Advanced Learning, which was completed in 2010, is an 8,000 sq. ft. state-of-the-art simulated learning facility that augments CSTAR's already impressive simulated learning programming.



International Trade to establish a CSTAR office at West China Hospital. The purpose of this office is to facilitate medical device research, validation and training. CSTAR held its first International Industry Roundtable in Chengdu, China in November 2010.

A new Anesthesia delivery method, expected to revolutionize health care, plans to use CSTAR as a launching pad in entering the North American market. If the new tool catches on, CSTAR could become home for a North American training facility and, potentially, London would be in the running for a new manufacturing facility.

The Zeus, made by German-based Dräger Medical Inc. and already in use in Europe and Asia, would deliver a greater degree of integration and automation, making it easier for anaesthetists to concentrate on the patient – neonatal through adult. John Parker, Director, CSTAR says this closed-loop method of Anesthesia delivery is what is referred to as disruptive technology.

"It's a term used in any high-tech industry

to describe something that fundamentally changes the way things are done," he says. "This technology does have the potential to fundamentally change, and many would argue, improve the quality of care provided to patients that require Anesthesia." Mr. Parker says the machine can follow a patient around the hospital.

London is uniquely positioned to market highly specialized services such as medical device validation and testing because it can provide access to high quality patient care, advanced medical academics and research that is done collaboratively between hospitals and the university.

CSTAR also has a strong link to the Department of Surgery's first PhD Education Researcher, Dr. Sayra Cristancho. Dr. Cristancho joined the Department as an Assistant Professor in September 2010. She is also a member of the Centre for Education Research and Innovation at Schulich with her research focusing on designing

simulation-based curriculums for training complex procedures in adult/paediatric cardiovascular surgery and Anesthesia; developing and validating a new assessment tool for monitoring performance in the operating room and in simulation for orthopaedic surgery; and developing bench-top models to acquire information about the performance of basic surgical skills. Dr. Cristancho is part of an emerging strength in scholarly work in medical education and links our innovative surgical education programs with the technological developments in CSTAR.

Kelman Centre Opens October 2010

CSTAR's state-of-the-art Brent and Marilyn Kelman Centre for Education opened in October 2010. The Kelman Centre is comprised of 8,000 sq. ft. of simulation modules and suites, debriefing and meeting rooms, and other advanced training media. Surgeons and trainees will be able to receive instruction in the latest

minimally invasive surgical technology and robotics. The Kelman Centre fully occupies one of CSTAR's three floors in the Lindros Research Building at London Health Sciences Centre.

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Dr. Patrick Luke,
Co-Director, Multi-Organ Transplant Program

Every year in Canada, people die waiting for an organ donation to become available. Dr. Patrick Luke, Co-Director of the Multi-Organ Transplant Program (MOTP) at University Hospital stated that the physicians and staff at LHSC are actively addressing this issue. Although London has one of the highest donation rates in Canada, where donation rates are 20-26 donors per million vs. 8-14 per million in Toronto, donation rates across Canada are woefully inadequate. "Organ donation requires a much different approach to improve success," says Dr. Luke. "In 2008, more than 4,000 Canadians were on a waiting list for an organ transplant. Two hundred and fifteen of these individuals died waiting."

In order to address these issues, Dr. Bill Wall and a team with the MOTP created educational material (One life...many gifts) for high school students, which has now been adopted across Ontario with the help of Trillium Gift of Life Network. Now, teens are properly educated about organ donation prior to signing driver's licenses. They talk about it with their families, and they research it on websites. "Anytime we have an opportunity to talk about organ donation, we take it. We simply do not have enough donors for all the recipients we have out there."

Similarly, London has paved the way in Canada with regard to Donation after Cardiac Death (DCD) transplant procedures. This type

of organ donation has allowed patients with no chance of neurologic recovery to donate organs in addition to the standard donation procedures with neurologic brain death donors. Dr. Roberto Hernandez-Alejandro presented London's experience with liver and kidney transplants using DCD donors at national and international transplant meetings last year. By December last year, the MOTP had performed 33 liver transplants, and 62 kidney transplants as well as two pancreas transplants using organs from DCD donors. In Ontario, between 15-20% of transplants were DCD transplants over the last two years.

In 2009, a new Canadian Registry that identified incompatible donor/recipient pairs was created to allow exchange of living donor organs. In situations where incompatible blood types and cross matches would have prevented transplants from occurring, two patients with kidney failure could 'swap' donors to facilitate two separate compatible transplants. In some situations, multiple pairs can be identified in which an anonymous or non-directed donor can initiate a sequence or 'chain' of transplants that culminate in a significant number of patients being transplanted. In September 2010, the MOTP participated in the first transplant chain using an anonymous donor to initiate the chain. In conjunction with a transplant hospital in Toronto, four donor/recipient paired transplants were performed during that run.

In addition to finding more organs for transplantation, the MOTP team has been finding ways to keep organs functioning better and longer. Dr. Luke stated that MOTP excellence

can be found on many levels, including bench and translational transplant research. On October 26, 2010, the official opening of the Lindros Legacy Research building took place. This research facility also houses the Matthew Mailing Centre for Translational Transplant Studies on Level 4 adjacent to the clinical MOTP unit. Dr. Anthony Jevnikar, a nephrologist and Co-Director of the MOTP, has developed this state-of-the-art facility to accelerate knowledge transfer from the basic research scientists to clinical practice. In the same way, clinically relevant research will be facilitated through seamless translation between basic scientists and clinicians within this MOTP corridor. "The new facility provides an opportunity to put everyone together, to do a lot of basic science and cellular work. Connecting all of the researchers and clinicians under one roof will result in synergies and opportunities we couldn't have imagined previously."

Awards and Achievements

As usual, the past year was flush with local, national and international awards for the surgical transplant team.

Dr. Wei Ping Min received the 2010 Lawson Innovation Prize for his research related with gene therapy and immune and inflammatory modulation. He has also been granted funding as the Department of Surgery Institute Scientist.

Dr. Hao Wang was selected as the first recipient of the International Basic Science Mentor Award from The Transplantation Society. This new award recognizes the efforts of scientists who have

advanced understanding of transplant science/immunobiology and/or treatment of transplant recipients, as well as supervised young investigators in furthering the basic science of transplantation.

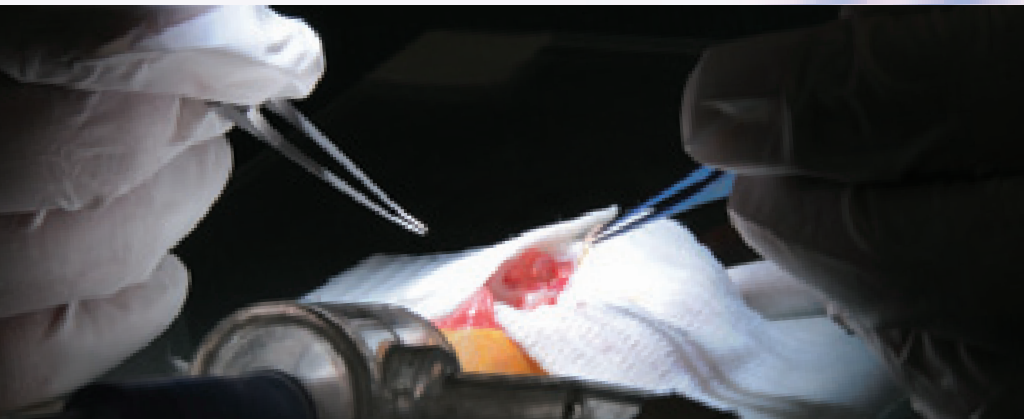
Dr. Roberto Hernandez was selected by the UWO Meds 2011 Class as Undergraduate Teacher of the Year from among the Department of Surgery.

Dr. Alp Sener was selected as the recipient of the 2010 Robert J. Krane Urology Research Success Award from the American Urological Association as well as the 2010 AMOSO Opportunities Fund.

Dr. William Wall received the 2010 Lamp of Learning Award from the Ontario Secondary School Teachers' Federation. This is the Federation's most prestigious award given to a non-member for exemplary contributions to public education in Ontario.

Dr. Patrick Luke was awarded the Gold Cystoscope Award from the American Urologic Association in 2010. This international award is given yearly to the individual distinguished by outstanding contributions to the profession within 13 years of completing residency training.

In addition to numerous peer reviewed grants awarded to the MOTP group, the scientists and clinicians in the MOTP were also very successful in the CIHR grant competition in 2011. There was an unprecedented 75.0% success rate within the group in an environment that had a 16.5% funding rate in open competition. Congratulations to Drs. Amit Garg, Lakshman Gunaratnam, Zhuxu Zhang, Hao Wang and Anthony Jevnikar for the significant funding that they have brought to the MOTP, London Health Sciences and the University of Western Ontario through their research excellence!



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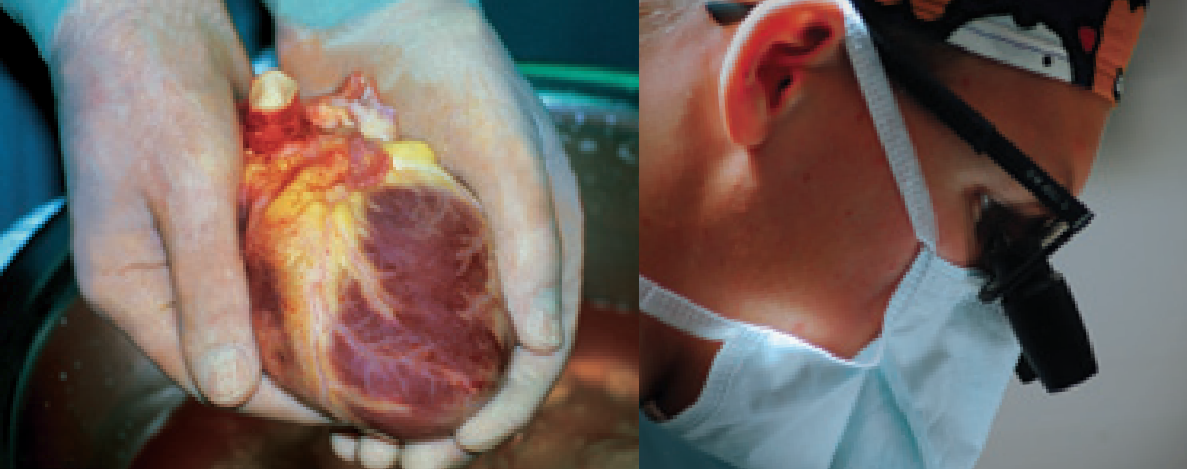
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The Late Dr. Murray Girotti,
Director, Trauma Program

Trauma remains a major health care issue throughout the world. Improved training of physicians and nurses in the management of critically injured adults and children is widely recognized as the way to save lives and contribute to minimizing disability.

This is the department where surgeons must make life and death decisions, often with only the information they have in front of them and years of experience as their guide.

"If you don't want to be in the business where your patient can die on you in three minutes, this isn't for you." That's what Dr. Murray Girotti, Director of Trauma, says he tells students and other individuals considering a career in trauma medicine. "There are a good five per cent of medical students that say, 'yes, I would like to take on those patients. I want to try to make a difference with those patients.'" Those are the students that Dr. Girotti sees on his surgical rotation.

In trauma surgery it is not an exaggeration to say medical emergencies can happen pretty quickly and time is often not on the doctor's side.

"We kind of look at ourselves as the adrenaline junkies. The medical students are excited by our enthusiasm and the quick nature of the work. Patient turnover is very quick, but I think

Trauma Program

there is a certain segment of the medical and nursing student population that really thrives for the need to make quick decisions."

Dr. Girotti's work doesn't end when he leaves the hospital each day. He and his counterparts at other trauma centres constantly advise industry and media on preventing injuries, whether it is through better product design or more responsible promotion.

"If you don't want to be in the business where your patient can die on you in three minutes, this isn't for you."

"We believe trauma is a preventable illness. When you see some of the things I have seen in 30 years of looking after injured adults and children, some of it is just pure stupidity."

As good as the surgeon is, trauma medicine is about teamwork, and you are only as good as your weakest link.

"That is exactly what it is. It is all about team management. When my pager goes off, I want to know when I hit the floor running that I have the 'A' team with me in terms of nursing, and they are excellent, right down to the person who is reading the CT scans, to the team that is waiting up in the operating room to receive this critically injured patient. I am very fortunate that my colleagues that I work with are the 'A' team."



In the future, training that 'A' team will still be there, but in a much different way.

"We do a lot of education with CSTAR. We are excited about the possibilities of expanding activities in education with both physicians and non-physicians at CSTAR; where we can make our team a better team through team simulation."

CSTAR is complementing its outstanding line-up of educational programming for physicians and nurses with the addition of the Advanced Trauma Life Support (ATLS) program.

The ATLS program is a well-established and highly regarded educational program in London – having been offered for over 20 years. Dr. Girotti was instrumental in implementing the program at London Health Sciences Centre. Over the past two decades he says he has seen a remarkable revolution in the quality of injury care in Canada. He is pleased the training

program is moving under the CSTAR umbrella.

"We know that the demand for trauma training is out there and will always be there, that the ATLS certification will be an ongoing and recurring requirement of health care professionals working in hospitals," says Girotti. "This move to CSTAR will enable us to meet our mandate to provide the very best trauma educational experience training."

Our Academic Health Science Centre lost an esteemed leader, colleague, teacher, and mentor when Dr. Murray Girotti passed away suddenly on December 26, 2010. His influence was far reaching and significant locally, provincially and nationally. It is our privilege to have this interview as his final words of wisdom to share.

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