



The Department of Surgery



The University of
Western Ontario

Western Surgery

Spring 2010

Chair's Column

Going International: Advancing and enriching our global surgical footprint

The Department of Surgery recently initiated a strategic planning process to create a roadmap for the next five years. A key strategic direction in the plan was to increase our international profile. Establishing international linkages with other surgical centres is important to facilitate opportunities in research, teaching and patient care and to contribute to surgical care issues in the global community. 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 in here and abroad; and our faculty members have been invited professors to a long list of international institutions. In the past 4 years alone, approximately 20 faculty members have traveled to over 18 countries, including China, Israel, Thailand, Tasmania, Australia, Japan, South Africa, Saudi Arabia, India, Mexico, various countries throughout Europe, and many others. 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.

Internationalization is a significant strategic area of both The University of Western Ontario and London Health Sciences Centre, and as such, I believe it is imperative to showcase our progress in this area. Western is committed, under the leadership of Dr. Amit Chakma, to increase the school's international profile while London Health Sciences Centre, in its strategic plan, identifies becoming an internationally recognized leader in team-based simulation, education and training as a key strategic objective. As such, the theme of this issue of the

newsletter is *Internationalization*, where we will highlight some of our recent international initiatives and international faculty members.

The radical development of information and communication technologies that have swept the globe in the past decade have had a profound effect on the way people 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 towards the age of a single global economy and a global scientific endeavor.

Cooperation and shared goals with others around the world are gaining increasing importance. Medical research in particular has, in the past few years become increasingly global, cross-cultural and collaborative. Today, one fifth of medical and scientific papers have international co-authors. It is a reflection of globalization of modern life and the increased ease of communications between health professionals. International collaboration is emerging as a new norm and is encouraged by funding agencies.

The volume of international collaboration among academic institutions around the world has increased substantially over the last two decades. This increase is also seen in the number of co-authored papers between the developed (usually referred to in the literature as "North" countries) and the emerging countries (referred to as "South" countries) and includes China. China, despite its later start has published many collaborative papers with members from both North and South countries, confirming China's desire to engage others from around the world. Of particular importance, studies have shown that papers resulting from international collaboration appear in higher impact journals and are cited more than papers that are strictly local.



Dr. John Denstedt
Richard Ivey Chair/Chief
Department of Surgery

I am extremely pleased to report that the MoU signed between the Schulich School of Medicine & Dentistry and The West China School of Medicine (WCSM), Sichuan University has already created significant opportunities. A team comprised of surgeons and other senior leaders traveled to Chengdu, China in March to explore a number of new initiatives and significant progress has been made. I believe there are major opportunities in multiple domains as a result of our growing relationship. This includes medical and surgical education; research collaborations and exchanges; future faculty exchanges; and business opportunities.

Since signing the MoU in November, we have already developed a strong rapport between leaders in surgery and anesthesia from WCSM and Schulich. During the trip in March, surgeons in the delegation performed live surgery and were invited speakers, and each of us discussed ideas for future collaboration in our respective fields of expertise. We also established a firm plan for the creation of a CSTAR –West China Industry Roundtable and engaged key leaders from Foreign Affairs and International Trade Canada.

As our relationship grows, I will be looking to many of you to bring your expertise and collaborative ideas on future trips to Chengdu and I encourage you to communicate with me any ideas you might have.

The more I travel, the more I recognize the vital importance of engaging and working with surgical centres around the world. The quality of thinking, the level of intense work, and the willingness to share information has impressed me, particularly on my latest trip. Our colleagues in Chengdu, China are extremely skilled and confident, and they are excited about sharing their facilities with us.

I would like to thank all of the participants who took part in the recent visit for the significant effort and time they contributed to advancing the relationship with The West China School of Medicine – Drs. Ray Guo, Roberto Hernandez-Alejandro, Doug Ross, Davy Cheng, and Mr. John Parker. I would also like to thank Ted Hewitt, Vice-President (Research and International Relations) at Western, Dean Carol Herbert, Victor Han, Associate Dean, Research, and Dr. Raphael Cheung for creating this wonderful opportunity for the Schulich School of Medicine & Dentistry.



Photo of Representatives from Schulich School of Medicine & Dentistry and The West China School of Medicine:
(from left to right)

Dr. Roberto Hernandez-Alejandro, Hepatobiliary and Transplant Surgeon

Dr. Ray Guo, Cardiac Surgeon

John Parker, Director of CSTAR

Peter Liao, Trade Commissioner, Foreign Affairs and International Trade Canada

Dr. Doug Ross, Director of Surgical Education and Chair/Chief Plastic & Reconstructive Surgery

Dr. John Denstedt, Chair/Chief, Department of Surgery

Yingkang Shi, Dean and President, West China School of Medicine

Zhou Zong-Guang, Vice Dean and Deputy Director, West China Hospital

Jing Jing, Surgeon and Associate Dean of West China Hospital

Wan Xuehong, Vice Dean, West China School of Medicine



Dr. Denstedt in the OR at West China Hospital



Dr. Guo in the OR at West China Hospital



Dr. Hernandez-Alejandro on the transplant surgery ward



Dr. Ross with plastic surgeons from West China Hospital



Dr. Denstedt and Dr. Ross outside the administrative building of West China Hospital



Dr. Denstedt with members of the Urology team in the OR

Dr. Vivian McAlister returns from the Canadian Field Hospital in Haiti

Dr. Vivian McAlister is back at work after returning from Haiti where he worked in the Canadian Field Hospital. A major in the Canadian Forces Medical Service, Dr. McAlister joined up in 2008 after volunteering as a civilian surgeon in Afghanistan.

How long did you have to get ready?

I received a phone call in the evening of January 15 as my family and I were leaving the house to visit friends for dinner. I was asked if I could leave immediately to help preparations for the mission. My wife drove while I organized coverage for my patients with my very understanding partners in University Hospital. I had a great meal and I flew out the next morning to go to Petawawa.

Why did you go to Haiti?

I was asked to join the mission organized by 1 Canadian Field Hospital as a general surgeon. This was the first time that the Canadian Government decided to deploy a field hospital as part of emergency relief.

What usually happened before?

The Disaster Assistance Response Team or DART is made of small mobile teams capable of entering areas affected by disasters to provide immediate help such as fresh water supply and primary medical aid. These teams are unable to perform surgery. The earthquake in Haiti killed over 200 thousand people but injured many more, most of whom required surgical help. After we got the go ahead from the government, the field hospital deployed to Leogane, the epicentre of the earthquake, and we were operating within 2 days.

What did you find there?

This area was reduced to rubble. Almost nothing over 6 feet was standing. The roads were blocked and the people were homeless without any means of survival. A Canadian NGO, the Canadian Medical Assistance Team (CMAT) had set up in the area and was providing fantastic surgery such as limb

amputations in extraordinarily primitive conditions, operating on a stretcher resting on concrete blocks in an open tent. We were able to provide two modern operating rooms with full support of diagnostic imaging, laboratory services and critical care.



Dr. McAlister interviews a Haitian patient during a medical outreach clinic

What type of surgery did you do?

The immediate care of earthquake victims mainly consisted of orthopaedic surgery such as amputations and fracture care. I believe patients who might have required general surgery for chest or abdominal procedures had died before we got there. As a general surgeon I found people who had poor medical care before the earthquake and none after it. I operated every day for over a month. My colleague Dr Vincent Trottier of Quebec and I resected cancers of the thyroid, neck, breast, chest wall, colon, kidney, uterus and testis. Once the demand for urgent surgery subsided the commonest surgery we performed was hernia and hydrocoele repair in men and hysterectomy in women.

What will happen after you leave?

There were two hospitals in Leogane that collapsed in the earthquake. Engineers from the Van Doo (22) regiment of the Canadian Forces cleared the rubble and made the hospitals safe. NGOs such as Medicins Sans Frontiers and World Wide Village plan to remain in Leogane for at least one year helping the Haitians rebuild their hospital system. We supported these efforts with materials as we prepared to come home. It will take a decade of support to help Haiti rebuild. We were all struck by the resilience of the Haitian people. In spite of living in ramshackle huts, they kept themselves clean and spotlessly dressed. We lived in tents, eating rations, using dugout latrines and therefore understood what an achievement this was. If rebuilding Haiti makes it a better place than it was before the earthquake, all their heartache and suffering will have some meaning.



Dr. McAlister on the ground in Haiti

Cardiac surgery team makes a difference in Peru

A cardiac surgery team comprised of surgeons, anesthetists, residents, nurses and perfusionists recently traveled to Peru to perform cardiac surgery on patients in need of complex care. The team of over 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 from LHSC 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's also an excellent opportunity to gain international experience.

There are surgeons down at the site in Arequipa, however some cases are beyond their scope. In many cases the poten-

tial exists to establish a program and get things up and running for good.

"The location in Arequipa is capable of performing cardiac surgery but they lack some of the newer skills we have here," says Peter Allen, cardiac perfusionist.

The idea, Allen says is to go to a location where there is the potential for the program to become viable by helping them create the infrastructure to keep things going after they leave.

This year, the group had planned to visit the site of Machu Pichu, but heavy flooding prevented them from making the trip. Instead, they decided to set up an on-site temporary clinic and treated people who had been injured or displaced during flooding.

The cardiac team has plans to return to Arequipa for a similar mission next year.



Dr. Cory Adams, cardiac surgery resident treats patients at a clinic in Peru



Dr. Chu and Dr. Adams with colleagues in Arequipa

Dr. Richard Novick appointed Head Examiner of the Royal College Cardiac Surgery Examination Board

Dr. Richard Novick, Chair/Chief of Cardiac Surgery has been appointed to a five year term as Head Examiner of the Royal College Cardiac Surgery Examination Board. Since 2005 he has served as a board member.

In the role as Head Examiner, 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.



International Faculty Focus: Dr. Ray Guo

For over seven generations, members of Dr. Ray Guo's family have practiced medicine. His father was an internist, and his son, Lijing is currently enrolled in medical school at Western. Dr. Guo pursued cardiac surgery in 1980, completing his training in 1990.

"I was drawn to cardiac surgery because it was a real challenge with high efficiency, high precision and high stress. I thrived under these conditions. As an ambitious young man, I wanted to catch that rush," says Dr. Guo. "It is definitely high stress but also highly rewarding because the people who come to see me are so sick and we return them back to a totally normal life. It's a wonderful feeling to see the patients do well year after year following the surgery. Cardiac surgery is also a rapidly evolving profession, so there is a lot to keep learning and improving upon, which I absolutely enjoy."

In 1990 Dr. Guo obtained the opportunity to travel to a foreign country for more experience. He was slated to go to Denmark, but shortly before he left he received an offer as a Clinical Research Fellow from The University of Toronto and decided to come to Canada. He worked at Sunnybrook Hospital and Toronto General Hospital for about a year and a half, after which time he received a letter from Dr. M L. Myers, Chief of Cardiovascular Surgery, at Victoria Hospital at the time offering him a position in London, and he took it. He was further trained as a Clinical Fellow at Victoria Hospital until 1997. Dr. Guo returned to China to set up a cardiovascular surgery program and led a heart institute – Asia-Pacific, now Guang-Zhou Heart Institute in Guang-Zhou from 2000 to 2005. Dr. Guo has been recruited back to Western since January, 2005.

Recently he traveled with Drs. Denstedt, Ross, and Hernandez-Alejandro to Chengdu, China to explore opportunities for col-

laboration with the West China School of Medicine. While he was in Chengdu, he performed live cardiac surgery and gave a keynote talk about ischemic mitral regurgitation, something relatively rare in China.

"Ischemic mitral regurgitation is caused by coronary artery disease (CAD), and the incidence of CAD in China is much lower than in Canada. Their experience at West China Hospital in dealing with this is limited, and we can really help them. The majority of their work is with Rheumatic valvular heart disease, so they can definitely help us in that area because we see very few cases of that here in Canada."



Dr. Guo enjoyed traveling back to China and sees the partnership with West China Hospital as being extremely beneficial to both groups.

"As an ethnic Chinese you want to contribute and help people there. I see this new partnership as mutually beneficial to both parties. I am looking forward to helping colleagues at West China Hospital set up a standardized training program and joint research projects, and I am extremely pleased that they can also help us to teach our residents about valvular heart disease and different types of case loads we don't often see here."

Vascular surgery welcomes expert to speak about modern management of ruptured aneurysms

The Division of Vascular Surgery welcomed Dr. Benjamin Starnes as a Visiting Professor to LHSC in mid-November. Dr. Starnes practices in Seattle where he is Chief of Vascular Surgery at the University of Washington and Harborview Medical Center. In a lecture attended by surgeons, nurses, radiologists, anesthetists, and residents, Dr. Starnes described Harborview's multidisciplinary approach to the endovascular management of ruptured aneurysms that has resulted in a lower mortality rate compared with traditional open repair. In a separate session with the LHSC operating room staff he discussed the logistics, training and equipment necessary to adopt such an approach.

Dr. Starnes participated in a lunch session with the residents where he talked about his career milestones. Dr. Starnes spent 15 years in the United States military and served his country in Kosovo and Iraq. He was stationed at Walter Reed Medical Center in Washington, D.C. during the Sep-

tember 11, 2001 terrorist attacks and led a surgical team at the Pentagon crash site. As a result of his heroic efforts he was publicly recognized by the First Lady, Laura Bush.

The visit was made possible by a generous unrestricted medical education grant from Cook Medical.



International Faculty Focus: Dr. Roberto Hernandez-Alejandro

Roberto Hernandez-Alejandro first came to Canada when he visited at the age of 7. He and his family traveled from Mexico City for a family vacation to Toronto and Niagara Falls, and he immediately knew someday he would like to return.

Growing up in Mexico City, his mother encouraged him to go into medicine. An early interest and high aptitude in anatomy eventually led him there. He attended medical school at Universidad LaSalle Faculty of Medicine, and after he graduated as a general surgeon he traveled to Miami to do an 11 month rotation at the Jacksonville Memorial Hospital. When he completed the rotation he returned to Mexico where he started work as a consultant in general surgery. His goal was to eventually transition into hepatobiliary and liver transplantation.

“The main reason I wanted to get into hepatobiliary and liver transplantation was because of the complexity of the area. I’ve always thoroughly enjoyed the challenge of intricate and complex things.”

While he was working as a consultant in Mexico City he met a colleague who had worked at the University of Calgary.

“He told me about a Fellowship in Transplantation at the University of Calgary, so I got in touch with the director of the transplant program, went for an interview and was offered the position.”

Dr. Hernandez-Alejandro trained in kidney and pancreas transplantation in Calgary for 2 years. In the meantime, his goal was to eventually foray into liver transplantation. With only 3 programs in Canada certified by the American Society of Transplant Surgeons – in London, Toronto and Edmonton – he traveled to London and was trained in liver transplantation. After 7 months, he spoke with Dr. Bill Wall, Director of the Multi-Organ Transplant Program at the time, and he offered him a position in London.

Before taking up his post in London, Dr. Hernandez-Alejandro was first invited to Toronto General Hospital for 3 months, where they specialize in living donor liver transplants. After he finished in Toronto, he was asked to go to Kyoto, Japan as an invited professor to learn more about living donor transplantation.

“The majority of organ donors in Canada are from people who have suffered neurological death, however 10 to 15% of people die while they are waiting to receive a liver transplant. That population could be minimized if we could offer

them an organ from a live donor. This is very complex because of the high risk to the donor. Live liver donation involves taking part of the liver from a healthy person, which then grows back afterwards, but there are risks. Even healthy patients who donate part of their liver sometimes end up requiring a liver transplant because their liver remnant is too small.”

“I traveled to Kyoto, Japan where they are pioneers in liver transplantation. I worked with Dr. Tanaka, a world-renowned expert in living donor liver transplants for 4 months performing 2 living donor transplants per week.”



Once he was back from Kyoto, Dr. Hernandez-Alejandro returned to London to begin work full time as a transplant surgeon. One of his main interests is the area of Liver Transplantation from Donation after Cardiac Death (DCD). London Health Sciences Centre is a pioneer in Canada, and currently they have good results with more than 10% of liver transplantations coming from DCD donors. Dr. Hernandez-Alejandro will be presenting his work at the International Liver Transplant Congress 2010 in Hong Kong in June.

Dr. Hernandez-Alejandro was extremely pleased to be invited to travel to Chengdu, China in March to explore opportunities for collaboration with the West China Hospital. While in Chengdu, he performed live liver surgery and gave two talks titled *Liver Transplantation & HPB experience at The University of Western Ontario*, and *The Management of Hilar Colangiocarcinoma at LHSC, The Role of Portal vein Embolization*.

“Our new partnership with the West China Hospital is very beneficial. They are eager to begin the collaboration and the number of patients and cases they see is amazing. Our consultants and residents will definitely learn from their huge case loads, and we will be able to teach them more about clinical and basic science research.”

Department holds first Women in Surgery Networking Event

Despite the fact that medical school enrolment is over 50% women, only 36% decide to pursue a career in surgery. Research suggests that women choose surgery because they have successful female and male role models, because of the intellectual and technical challenge, and because they feel they have the personality needed to be a successful surgeon. Conversely, women do not choose surgery because they perceive it to have long hours, increased call responsibilities, few part-time opportunities, lack of patient continuity, discrimination, incompatibility with family plans and lack of mentors.

A group of female surgeons in the department held the first Women in Surgery event in February to dispel these perceived reasons women have for avoiding a career as a surgeon. The event was organized by Dr. Amanda Fortin from the Division of Plastic Surgery, and Dr. Tanya Delyzer, a plastic surgery resident and provided opportunities for facilitating observerships and new social networks.

Women have a long history in medicine and surgery. Ancient Egyptian and Greek history documents the presence of female surgeons. The middle ages were a very disappointing time for women in general, but for women in medicine or surgery specifically. Women were not encouraged to go into surgery until the past century. Dr. James Barry, a British Army Surgeon was in fact a female in disguise, and was not discovered until after her

death. Dr. Jessie Gray was the first woman to graduate from the Gallie program at the University of Toronto in the 1940s and is considered Canada's "First Lady of Surgery."

"Studies have shown that men and women go into surgery for the same reasons – they have an interest and an aptitude – but how many avoid it because of perceived misconceptions?" says Dr. Fortin. "Through these events our goal is to promote and foster mentorship opportunities as well as peer networks for current and future women in surgery."

Dr. Fortin, who went medical school in Calgary, attended a similar event to the one she hosted when she was a student. The event sparked her interest in plastic surgery and formed relationships with new mentors and opened the doors to observerships in plastic surgery. She enjoyed the variety of procedures involved in plastic surgery and was especially interested in the fine technical nature of hand surgery.

Students at the event were paired up with one resident and one staff surgeon as mentors. Staff surgeons participating in the mentorship program included: Drs. Adrianna Ranger from Neurosurgery, Elizabeth Saettler from General Surgery, Sandrine DeRibauPierre from Neurosurgery, and Muriel Brackstone from General Surgery. Others from the department will likely participate in the future.

Dr. Thomas Forbes named the 2011 Canadian Traveler by The James IV Association of Surgeons

Dr. Thomas Forbes, Chair/Chief, Vascular Surgery has been named the 2011 Canadian traveler by The James IV Association of Surgeons, a group of surgeons from the UK, Canada and the United States formed in the 1950's 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 U.S. and U.K. 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.

The Fellowship will run for 6 weeks and Dr. Forbes plans to visit colleagues in London, England for two weeks in the spring, and will then travel to Australia for a month in the summertime. The fellowship provides the opportunity to visit various surgical centres and exchange experiences and knowledge, which in turn, should foster future collaborations. Dr. Forbes will be giving talks and lectures, and will

also attend ORs and other clinic environments at these centres.

"The international surgical community, and specifically the vascular surgery community, is relatively small and usually very open to such exchanges," says Dr. Forbes. "International exposure will allow us to step back and look at the big picture and potentially create big ideas and new collaborative projects. I look forward to learning from many international colleagues and also to have the opportunity to wave our flag and tout many of our recent accomplishments. We have much to be proud of."

Dr. Forbes will be joined by his wife and 4 children when he travels to Australia. He previously spent a work-filled week in Perth and Sydney last spring and looks forward to revisiting some of his Australian colleagues while developing relationships with new ones.



Awards and Accolades

Dr. Ward Davies Receives St. Joseph's MAC Award

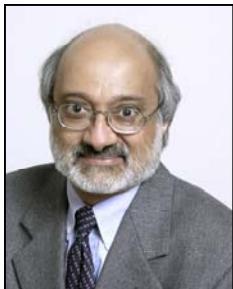
Dr. Ward Davies was awarded the St. Joseph's MAC Award, which goes to a professional staff member who has demonstrated qualities of leadership and provided outstanding contribution to the success of initiatives aligning with the strategic direction of St. Joseph's. Dr. Davies is an outstanding surgeon who contributes in many ways to the strategic vision of St. Joseph's. He has been instrumental in the development and application of surgical robotics to general surgery at St. Joseph's Health Care and in the plan for the consolidation of breast cancer care. This new model for the delivery of care will streamline diagnosis and care with improved outcomes. Dr. Davies is also a model surgeon and his professionalism, compassion, expertise and integrity are outstanding.



Dr. Rajni Patel inducted into Royal Society

Dr. Rajni Patel has been inducted into the Royal Society of Canada (RSC). The RSC, now known as RSC: Academies of Arts, Humanities and Sciences of Canada, is the country's oldest and most prestigious organization of scientists and scholars. The RSC is dedicated to encouraging education and the advancement of knowledge in the natural and social sciences and humanities.

Dr. Patel holds the position of Distinguished University Professor and Tier-1 Canada Research Chair in Advanced Robotics and Control in the Department of Electrical and Computer Engineering, with a cross appointment in the Department of Surgery. Dr. Patel also serves as Director of Engineering for CSTAR. He has published over 300 papers in refereed journals and conferences in the areas of robotics (including medical and surgical robotics), haptics, systems and control, artificial neural networks and mechatronics.



Dr. Patrick Luke receives prestigious American Urological Association Gold Cystoscope award for 2010

Urologist and transplant surgeon Dr. Patrick Luke has been 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. Luke was selected based on his outstanding basic science and clinical research contributions in the field of renal transplantation.

He is only the second Canadian to receive this award since it was established in 1977. Dr. John Denstedt, Chair, Department of Surgery is the other Canadian recipient, who was honoured with the award in 1998.

Dr. Ken Leslie receives CAME Award

Dr. Ken Leslie was one of the Canadian Association for Medical Education (CAME) 2010 Certificate of Merit Award Recipients. He will be recognized at the upcoming CAME Annual General Meeting to be held in St. John's, in conjunction with the 2010 Canadian Conference on Medical Education (CCME), Sunday May 2, 2010.



Dr. Mark MacLeod installed as OMA President

Dr. Mark MacLeod will be installed as OMA President at the upcoming 130th OMA Annual General and Council Meeting, held April 29th – May 2nd at the London Convention Centre. The Presidential Installation Gala Dinner will be held the evening of May 1.

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.



Dr. MacLeod is actively involved in the Academic Medical Association of Southwestern Ontario (AMOSO) and was a member of the original Academic Health Science Centre Provincial Steering Committee. Prior to becoming President of the OMA, Dr. MacLeod was a member of the OMA Board (Section of Clinical Teachers) and President of the Clinical Teachers' Association of The University of Western Ontario (CTA-UWO).

Gregor Reid Receives the Prestigious 2010 Hellmuth Prize

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. He came to the University of Western Ontario in 1990, joining the Lawson Health Research Institute in 1996. 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. Throughout his career, Dr. Reid has been devoted to translating his research into tangible benefits for people.

"That's why probiotics are such a great vehicle, as they are safe and can be delivered as foods and supplements. My work has primarily focused on the vaginal microbes and how ad-

ministration of lactobacilli can stabilize the flora and prevent the many infections suffered by women, especially bacterial vaginosis which increases the risk of preterm labour and sexually transmitted infections." The benefits of this approach have been verified by studies in Brazil, Nigeria, Tanzania, Austria, Russia, Croatia and Holland.

In the coming years, Dr. Reid hopes his group will expand to train many students and fellows about the importance of beneficial bacteria and probiotics. To this end, he has recruited Dr. Wayne Miller to help oversee his many research projects. Reid's ultimate goal is to "translate our findings into tangible benefits for people here and around the world, including and perhaps especially in developing countries."

The recipients were honoured at a ceremony on April 19.



Award-winning orthopedic research offers new insights for the treatment of both open and closed tibial fractures

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 who were honoured at the 2010 meeting are all working towards new treatment for various areas of musculoskeletal health.

Determining the most effective means of managing both open tibial fractures (where the shin bone has broken through the skin) and closed tibial fractures was the goal of the study. The co-authors included Mohit Bhandari, MD, Gordon Guyatt, MD; Stephen Walter, Ph.D.; Emil Schemitsch, MD; Marc Swionkowski, MD; and Paul Tornetta III, MD.

The study, *Setting a New Benchmark for Collaborative Trials in Trauma: The Rationale, Design, and Execution of the Study to Prospectively Evaluate Intramedullary Nails in Tibial Shaft Fractures (S.P.R.I.N.T.)*, eventually involved more than 200 orthopae-

dic surgeons from 45 centres across Canada, the U.S., and Europe. They spent the last decade studying the optimal surgical approaches to the management of these fractures and it has culminated in the largest multinational orthopaedic trauma trial in the history of their field. London Health Sciences Centre contributed the most patients—more than two times as many as other centres involved.

The researchers concluded that the study demonstrates a possible benefit for reamed intramedullary nailing (the process of cutting into the bone canal to insert a rod that will align and stabilize a fracture) in patients with closed tibial fractures. However, they found no difference between reamed and unreamed nailing in patients with open fractures. Additionally, the researchers found that delaying re-operation for at least six months for fractures that have not healed may substantially decrease the need for re-operation.

In 1947, the Kappa Delta Sorority established the Kappa Delta Research Fellowship in Orthopaedics, the first award ever created to honor achievements in the field of orthopaedic research. The Kappa Delta Awards have been presented by the Academy to persons who have performed research in orthopaedic surgery that is of high significance and impact.

The Surgical Safety Checklist: Why Bother?

Dr. Bryce Taylor, Surgeon-in-Chief and Director of Surgical Services, University Health Network, Associate Chair of the Department of Surgery, University of Toronto, and the James Wallace McCutcheon Chair of Surgery spoke to a packed auditorium at the City-wide Perioperative Grand Rounds about the importance and implementation of the surgical safety checklist, and about his experience implementing a checklist at the University Health Network in Toronto.

Hospitals in eight cities around the globe have demonstrated that the use of a simple surgical checklist, developed by WHO, during major operations can lower the incidence of surgery-related deaths and complications by one third. The idea was modeled after the detailed checklist pilots undergo before, during and after a flight.

The studies were undertaken in hospitals in each of the six WHO regions. Analysis showed the rate of major complications following surgery fell from 11% in the baseline period to 7% after introduction of the checklist, a reduction of one third. Inpatient deaths following major operations fell by more than 40% (from 1.5% to 0.8%). The study was carried out in hospitals in both higher and lower income settings in Ifakara, Tanzania; Manila, Philippines; New Delhi, India; Amman, Jordan; Seattle, US; London, UK; Auckland, New Zealand; and Toronto. The reductions in complications proved to be of equal magnitude in both the higher and lower income sites in the study.

The checklist includes common items such as requiring surgeons and staff to check equipment, review patient in-

formation and resuscitation plans, and even identify themselves by name and role before they start operating. The checklist will be mandatory starting April 1, 2010 for all surgeries in the Province of Ontario, and hospitals will be required to report twice a year on compliance.

Dr. Taylor said the University Health Network in Toronto has been using the surgical checklist for the past year and a half and has seen 100 per cent compliance. The most common question he gets about the checklist is people asking him 'What were you doing before this?'

He said they were doing the same things the checklist requires before, too, but there is no question now that surgeons, nurses and anesthetists feel that there is more teamwork going on in the operating room.

Dr. Taylor is also involved with the Canadian Patient Safety Institute to help other hospitals get on board. He said hospitals need champions to carry the project forward.

Dr. Taylor says most organizations find resistance to change, but says the best way to get people on board is to show them how easy it is to do.

CSTAR receives full compliance as an accredited education institute of the American College of Surgeons

Following submission of the first of three mandatory annual reports, CSTAR is pleased to announce that it has achieved a 'full compliance' designation as an accredited education institute of the American College of Surgeons.

The results of CSTAR's initial and successful application for accreditation in 2009 identified three areas of education programming where, in the view of the ACS Accreditation Review Committee, CSTAR merited modest improvements: program evaluation, education model used for program development and the use of appropriately trained teaching personnel. The identification of the need for such improvements is typical of first-time applicants for accreditation.

Much effort has been dedicated over the past year to address these improvements. CSTAR would like to especially thank Dr. Mike Ott and Terri MacDougall for their focused efforts to achieve these results. In addition, CSTAR would like to acknowledge the efforts of its staff who have substantially contributed to achieving this impressive result - they are a terrific and dedicated team.

Lawson Internal Research Competition Results Announced

Internal Research Competition Results

Recently the Fall 2009 Internal Research Competition results were announced. Lawson along with the support of the Clinical Departments of the London Health Sciences Centre and St. Joseph's Health Care, London, and the two Hospital Foundations (London Health Sciences Foundation and St. Joseph's Health Care Foundation) funded 17 projects totaling \$176,473.32.

The following surgery members were winners. Congratulations to the recipients:

Chris Bailey *Surgery versus Standardized Nonoperative Care for the Treatment of Lumbar Disc Herniations: A Canadian RCT* \$14,776

Peter Cadieux *Physical, Molecular and Genetic Methods to study Biofilm Formation and Function* \$7,500

Alp Sener *Effect of Thymoglobulin on T-lymphocyte Subset Reconstruction and Function Following Renal Transplantation* \$14,083

UPCOMING EVENTS:

- **Robert Zhong Department of Surgery Research Day**— Friday, June 25th at the Shuttleworth Auditorium, St. Joseph's Health Care
- **Resident Recognition Event:** Friday, June 25 at the London Hunt and Country Club (evening event)

CSTAR's Interprofessional Surgical Summer School 2010

Monday, June 14th

CSTAR's Advanced Video Assisted Thoracic Surgery Update 2010 June 9 & 10

For more information please visit:

http://www.lhsc.on.ca/About_Us/CSTAR/index.htm

The Western Surgery newsletter is produced by:

Marisa Kanas
Information & Resource Specialist

The Department of Surgery
St. Joseph's Health Care, London
268 Grosvenor Street
London, ON, N6A 4V2
Room A2-007
p: 519 663 3349 f: 519 646 6347
www.uwosurgery.ca

All members of the department are invited to submit story ideas, articles, photos, or comments for the fall issue.
Please send them to marisa.kanas@lhsc.on.ca, or call ext. 34776

