Surgeons at the University of Illinois Hospital & Health Sciences System are developing new treatment options for obese kidney patients. Many U.S. transplant centers currently refuse to transplant these patients due to poorer outcomes.

By simultaneously undergoing two procedures—robotic-assisted kidney transplantation and robotic-assisted sleeve gastrectomy—patients have only one visit to the operating room and one general anesthesia. Surgeons can utilize the same minimally invasive incisions.

Aidee Diaz, a 35-year-old Chicago woman, is the first patient in the world to have the combined procedure, according to UI surgeons. When Diaz was diagnosed with kidney disease and high blood pressure five years ago, doctors began intensive treatment, including chemotherapy and steroids, to treat abnormal protein production that was causing her kidney disease.

In Diaz’s case, her weight jumped from 180 pounds to 300 pounds, and she needed dialysis three times a week. “Many obese patients come to
us because they have been excluded from transplant waiting lists or told that they must lose weight prior to transplantation,” said Dr. Enrico Benedetti, professor and head of surgery at UIC. “Unfortunately, successful weight loss in patients with chronic illness is uncommon and often unrealistic.”

On July 9, Dr. Subhashini Ayloo, assistant professor of surgery at UIC, performed the robot-assisted sleeve gastrectomy by removing 70 percent of Diaz’s stomach. The procedure created a smaller stomach through which ingested food can enter the digestive tract without diverting or bypassing the intestines.

Immediately following the sleeve gastrectomy procedure, Benedetti performed a living-related kidney transplant. Diaz said she appreciates the gift of both procedures—having kidney function with weight loss.

Surgeons at the UI Hospital routinely perform robotic-assisted kidney transplantation (more than 65 cases since 2009) and sleeve gastrectomies for weight loss (more than 150 since 2007). The team has data, in press, demonstrating the safety of robotic kidney transplantation in obese patients with a body mass index above 40 and up to 60.

“The combination of gastric sleeve surgery and kidney transplantation could provide patients with the greatest benefit post-transplantation, when there is the greatest risk related to the combined complications of obesity and renal failure,” said Ayloo, who is principal investigator of an ongoing clinical trial to evaluate the safety and effectiveness of the combined procedure.

The trial will determine whether simultaneous robotic-assisted kidney transplant and sleeve gastrectomy has fewer surgical complications and better medical outcomes for obese patients with end-stage renal disease compared to kidney transplant alone. The institutional review board (IRB) has approved the protocol but the trial is ongoing and results are not yet available.

Co-investigators include Dr. Pier Cristoforo Giulianotti, Dr. Jose Oberholzer and Dr. Ivo Tzvetanov of UIC.

Previous studies have reported outcomes of other laparoscopic bariatric procedures (gastric bypass and gastric banding) before and after kidney transplantation, but there is no data on sleeve gastrectomy combined with kidney transplantation, Ayloo said.

For more information about kidney transplantation or bariatric procedures at the University of Illinois Hospital & Health Sciences System, please call (312) 996-6771.
The Division of Minimally Invasive, General & Robotic Surgery at the University of Illinois Hospital & Health Sciences System performed the first single port cholecystectomy in the Midwest in 2011. Every year about 700,000 cholecystectomies are performed in the United States. Since 1987, cholecystectomies are performed in a minimally invasive laparoscopic approach utilizing 4 to 5 small incisions of 5 mm to 12 mm. Although there has not been any randomized studies evaluating the laparoscopic approach versus its predecessor open approach, the benefits are self-evident in regards to pain, amount of bleeding, rate of infection, pulmonary and cardiovascular benefits, and lower ventral hernia rates with rapid recovery time. Yet the laparoscopic instruments utilized are restrictive, crude and primitive in its function for advanced, delicate and complex operations. Recently there has been a rise in biliary ductal injuries with single incision laparoscopic cholecystectomies because of suboptimal unstable visualization of critical structures with restrictive ergonomics and loss of triangulation and first assistance.

"No one knew at work and since I felt wonderful, no one even could tell that I had a major procedure 72 hours prior.”

Computer assisted surgery such as robotic technology augments the surgeon with a higher level of function while retaining the minimal invasiveness. With single port robotic cholecystectomies, the minimally invasive procedure is further minimized with better cosmesis. A single small incision is tucked discreetly in the umbilicus yet giving the surgeon similar ergonomics and uncompromised stable visualization of the critical structures as having to place several incisions at different locations. The FDA approved single port robotic system for cholecystectomies December 2011. Professor Giulianotti performed the first single port robotic cholecystectomy in the Midwest on January 2012. Since then, this innovative procedure has been offered routinely to our patients at UIH. The combination of fluorescence-based visualization of the biliary system and the use of a single incision make this approach ideal.

A highly sophisticated Health Care Professional made an informed choice for her own cholecystectomy after extensive research on the matter. "I looked back at the difficult decision I had to make and there is one thing certain, I wouldn’t have done it any other way. Dr. Giulianotti was outstanding in his care of me. And there is clearly a superior method for cholecystectomy, the single port robotic way: I came home the same day (within 4 hours), I went back to work within 72 hours, I had no pain, and no incisions.”
CELEBRATING 75 YEARS OF SURGERY HISTORY

This year’s 5th Annual Olga Jonasson Symposium/4th Annual Warren H. Cole Society Scientific Meeting was a huge success with the largest attendance ever! The Department of Surgery celebrated 75 years of surgical history beginning with Dr. Warren Henry Cole, the first Department Head in 1936. During his 30 year tenure, Dr. Cole established the Department of Surgery’s reputation nationally and internationally in both clinical practice and surgical research. Dr. Lloyd M. Nyhus, Department Head from 1967 – 1989, continued and expanded the scope of the work of his predecessors. A word-recognized surgical leader, Dr. Nyhus brought to our Department its international flair that has continued to our day. After a brief tenure of Dr. Gerald S. Moss, who then became Dean of the College of Medicine, Dr. Herand Abcarian was appointment as the Department Head. Under his leadership the Department has continued his remarkable success in clinical care, surgical innovation and resident education. In 2006, Dr. Enrico Benedetti has been appointed Warren H. Cole Chair in Surgery and Department Head.

To celebrate the 75 year Anniversary, a cast of exceptional speakers had been invited to participate to the 2012 Symposium.

A NIGHT ON THE ORIENT EXPRESS

The annual Gala of the Face the Future Foundation took place at the Four Seasons Hotel in Chicago on March 10, 2012. The event was very successful; over 330 attendees came to support the mission of the foundation which is to raise funds and public awareness to support the care of children and adults suffering from craniofacial anomalies and related challenges. Members of the leadership of the University of Illinois and their spouses, including Chancellor Dr. Paula Allen-Meares, Vice President of Health Affairs Dr. Joe G.N. “Skip” Garcia and Dean of the College of Medicine Dr. Dimitri Azar participated in this great event.

The Foundation provides the University of Illinois Hospital Craniofacial Center with financial support to offset some of the expenses for patient care not reimbursed or underfunded by various insurance agencies. They also support the purchase of equipment that allows our surgeons to provide cutting edge treatments to many of our patients.

C. & B. FRESE & GERALD MOSS PROFESSORSHIP IN TRANSPLANT SURGERY

On December 6, 2012, Dr. Jose Oberholzer, Chief, Division of Transplantation and Professor of Surgery, Bioengineering and Endocrinology, celebrated his investiture with family, and friends and patient who have benefited from his research on curing diabetes by islet cell and pancreas transplantation. Billie and Carl Frese, grateful patients of the University of Illinois, left an endowment for supporting diabetes research that has bloomed to support a professorship in transplantation. The professorship has been named in honor of Billie and Carl Frese, as well as of retired former Dean of the College of Medicine, and Professor of Vascular Surgery, Dr. Gerald Moss. Former Dean Moss had recruited Dr. Oberholzer in 2003 to build a diabetes research program in transplantation. Dr. Oberholzer will continue his research on finding a functional cure for diabetes. Contributions can be made to the endowment fund to enhance Oberholzer’s support of his research within the Chicago Diabetes Project.
The Department of Surgery and Office of Advancement have had a wonderful year. We have finalized four professorships to date:

**Tapas K. Das Gupta Professorship in Surgical Oncology**

**Sara Mansueto Professorship in Cardiac & Thoracic Surgery**

**Jayant Radhakrishnan Professorship in Pediatric Surgery**

**Catherine and Francis Burzik Endowed Professorship in Wound Healing and Tissue Repair**

**DIRECTOR OF DEVELOPMENT: DOLORES L. METZGER**

If you wish to contact Dolores about support or to discuss a planned gift for the Department of Surgery, you may do so via email at dmetzger@uic.edu or phone at (312) 996-8769.

**Mail completed form below with your payment to:**
University of Illinois at Chicago College of Medicine
Office of Medical Advancement
Attn: Dolores Metzger
1747 W. Roosevelt Rd, Suite 302
Chicago, IL 60608

---

**GIFT CONTRIBUTIONS**

- COM Department of Surgery, General, unrestricted fund
- CJ & Tapas Das Gupta MD Endowed Professorship in Surgical Oncology
- Warren H. Cole Professorship Fund
- Lloyd M. Nyhus MD Chair in General Surgery Fund
- Lloyd M. Nyhus Memorial Lectureship in Surgery
- Olga M. Jonasson Award Endowment
- Turi Josefsen Chair in Colon-Rectal Surgery
- General Surgery Residency Program
- Robotic Surgery Program
- Chicago Diabetes Project
- Plastic Surgery Alumni
- The Theodore and Joanna Drugas Endowed Chair in Vascular Surgery
- Jayant Radhakrishnan Professorship in Pediatric Surgery
- C&B Frese & Gerald Moss Professor in Transplant Surgery
- Catherine and Francis Burzik Endowed Professorship in Wound Healing and Tissue Repair
- Sara Mansueto Professorship in Cardiac & Thoracic Surgery

---

**GIFT CONTRIBUTIONS**

<table>
<thead>
<tr>
<th>One-time Gift Options</th>
<th>Pledge Gift Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>$2,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>$1,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>$500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Other</td>
<td>Over 2 years</td>
</tr>
<tr>
<td></td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>5 years</td>
</tr>
</tbody>
</table>

Please Charge my: □ Visa □ MasterCard □ Discover □ AMEX □ Check enclosed made payable to UIF

Cardholder's Name [please print]  Signature [required for credit cards and pledges]

<table>
<thead>
<tr>
<th>Credit Card Number</th>
<th>Card Security Code</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

Billing Address [if different from above address]

Project/Fund Name
Dr. Amelia Bartholomew, Professor and Chief of Translational Research, has been awarded a multi-million dollar, 5-year collaborative grant as part of a Program Project NIH Grant awarded to Norma Kenyon, PhD, Martin Kleiman Professor of Surgery, Microbiology & Immunology and Biomedical Engineering, and Senior Associate Dean for Translational Science at the University of Miami. The overall project, funded by the National Institute of Allergy and Infectious Disease, is focused on undertaking pre-IND studies of mesenchymal stem cells in islet transplantation performed by Dr. Kenyon in Miami and kidney transplantation performed by Dr. Bartholomew and co-investigator Anuja Antony at UIC. Both projects will test whether administration of naive or engineered mesenchymal stem cells will reduce the need for post-transplant immunosuppression as part of studies to be submitted to the FDA in preparation for clinical trials in islet and kidney transplantation. Previous studies in mice and monkeys have demonstrated efficacy. In mice, engineered MSC have led to the elimination of immunosuppression altogether following solid organ transplant. In nonhuman primates, non-engineered MSC have led to increased islet engraftment. These studies hope to demonstrate that either naive or engineered MSC will improve kidney or islet transplant outcomes with either low doses or complete elimination of post-transplant immunosuppression.

Dr. Kirstie K. Danielson is an epidemiologist with specific expertise in diabetes, osteoporosis, and women's health research. As a doctoral student at the University of Wisconsin-Madison, she received a $185K grant from the American Diabetes Association to conduct her dissertation project on bone outcomes and sex hormones in premenopausal women with and without type 1 diabetes. Dr. Danielson also completed two postdoctoral fellowships at the University of Chicago's Institute for Endocrine Discovery and Clinical Care and UIC's School of Public Health. Last year, she received pilot funding from UIC's Center for Clinical and Translational Science for additional biomarker analyses related to her doctoral work.

Dr. Danielson has extensive experience with data collection, epidemiologic methods, and data analyses. These include primary data collection using surveys, medical records, and bio-specimens, and secondary data analysis; population-based and clinical samples; animal and cell models; cross-sectional, retrospective, and longitudinal data; cohort, case-control, registry, and family studies, and clinical trials; and a spectrum of statistical analyses, including linear, logistic, and Poisson regression, matched pairs, mediation, clustered, survival, and repeated measures. She has authored or co-authored several peer-reviewed publications in such journals as Diabetes Care, Pediatrics, Osteoporosis International, Journal of Clinical Endocrinology and Metabolism, and Cell Transplantation. She has enjoyed being a member of interdisciplinary research teams throughout her career.

Dr. Pilar Vaca Sanchez received her PhD from the Bioengineering Institute at the Universidad de Miguel Hernandez in Alicante Spain, under the direction of Dr. Bernat Soria. Her thesis title was “The Generation of Insulin Secreting Cells Through in vitro Differentiation of Mouse Embryonic Stem Cells.” She then moved to a postdoctoral position at the Rolf Luft Center for Diabetes and Endocrinology at the Karolinska Institute in Stockholm Sweden, under the direction of Dr. Per-Olof Berggren. There she studied the role of glucokinase in pancreatic alpha cells. In September of 2011 she joined Dr. Oberholzer’s team as a Research Assistant Professor where she continues to pursue her interests in developing cell-based therapies for diabetes. She is involved in the human pancreatic islet transplantation program as a member of the human islet isolation team. Her research is focused on developing methods for the induction of beta-cell proliferation and neogenesis with an eye toward improving the availability of endogenous insulin sources for diabetic patients.
In January 2012, the Commission on Approval of Teams (CAT) of the American Cleft Palate–Craniofacial Association unanimously voted to fully approve the application for our Craniofacial Center at the University of Illinois Hospital & Health Sciences as a Cleft Palate–Craniofacial Team (CPT, CFT) for a period of five years.

The purpose of the Commission on Approval of Teams is to assure patients and families that the teams to which they are referred meet the Standards for Cleft Palate and Craniofacial Teams as set forth by the American Cleft Palate and Craniofacial Association.

Our team was one of the first multidisciplinary teams in the world established in 1949. In addition to the surgeons, a team of experts across many specialties is available to our patients, participate in the completion of their care from birth to adulthood and full rehabilitation.

**IN OTHER NEWS**

**HONORS**

**Dr. Mimis Cohen MD, FACS, FAAP**, was recently awarded the Paul Harris humanitarian award by the Rotary foundation of Rotary International. He was also invited by the Universidad San Francisco de Quito and the Foundation Hospital delos Valles from Quito, Equator to perform volunteer surgery in children with clefts and other craniofacial anomalies and to give lectures on these topics.

**Dr. Anuja Antony** was recently appointed associate program director of the Plastic and Reconstructive training program, at the University of Illinois.

**Dr. Iliana Sweis** Clinical Assistant Professor of Clinical Surgery was elected President of the Illinois Society of Plastic Surgeons for a one year term.

**INNOVATIONS**

**Along with Single Port ALS Patient Receives Device to Aid Breathing Without Ventilator**

Dr. Malek G. Massad and Dr. Khaled Abdelhady

The University Of Illinois Hospital & Health Sciences System is one of only a dozen hospitals nationwide to implant the NeuRx Diaphragm Pacing System in a patient with amyotrophic lateral sclerosis (ALS). Angela Thompson, 41, of Chicago, had surgery to implant the device on July 27.

The device was recently approved by the U.S. Food and Drug Administration and may help some patients with ALS (also known as Lou Gehrig’s disease) to live longer without a mechanical ventilator.

Most ALS patients over the course of their disease develop reduced lung function or too-shallow breathing that requires them to have a tracheostomy or mechanical ventilator support, says Dr. Malek Massad, professor and head of cardiothoracic surgery at UIC.

Clinical trials of the device show that it may help people with ALS and chronic hypoventilation breathe and sleep better and delay the need for a ventilator for up to 18 months.

“It works similar to a heart pacemaker,” said Dr. Khaled Abdelhady, assistant professor of cardiothoracic surgery at UIC, who participated in early development of the device and led the surgical team that operated on Thompson. “The device helps patients breathe easier by conditioning the diaphragm muscle through electrical stimulation.”

ALS is a rapidly progressing, incurable and fatal neuro muscular disease characterized by progressive muscle weakness that results in paralysis. As the phrenic nerve to the diaphragm muscle fails, patients lose the ability to breathe without ventilator support. **Continued on page 11**
Indocyanin green (ICG) is a fluorescent dye that binds to plasma proteins and when excited with energy such as laser emits fluorescence in the near infra-red spectrum. This property of ICG has been utilized in aneurysmal repair by neurosurgery, for evaluating the graft patency in cardiac surgery, vessel identification and retinal imaging/perfusion by ophthalmologists. The benefits of fluorescence imaging have been utilized in general surgery for vascular imaging and organ/tissue perfusion. Under an Institutional Review Board, these applications of ICG fluorescence imaging are being evaluated for minimally invasive general surgery procedures. The da Vinci Si System camera is equipped to emit laser and excite the ICG molecules injected intravenously that can be visualized green by the console surgeon. The application of this type of colorant imaging is enormous and is being explored in graft perfusion of transplanted kidney, to evaluate the resection margin for healthy blood supply during gastrointestinal surgery, to understand the vascular and lymph node involvement in tumor operations, to understand the anatomical relationships of vascular structures in major complex operations made challenging because of inflammatory process or due to variations in anatomy and to study extra-hepatic biliary structures. Under the directorship of Professor Giulianotti, his team has been investigating its future applications and is in process of putting out a white paper.

Current challenges:
- Identification of online therapy materials
- Ways to present and share materials in order for session to be as interactive and dynamic as possible
- Reimbursement of services
- State/UIC regulations
- Privacy and confidentiality issues

Despite these challenges it appears that telepractice speech therapy will be helpful in further expanding our service delivery and patient care programs at University of Illinois Hospital/Craniofacial Center.

### HOW TO PAINT THE ROADMAP IN ROBOTIC SURGERY: FLUORESCENCE

Demarcation of perfusion for stomach during radical esophagectomy with cervical esophagi-anastomosis.
Every year, the Warren H. Cole Society honors former surgery alumni, recognizing through visionary and generous commitment allowing the society’s legacy can continue to seek and attain ever higher levels of excellence in public service, scholarship, and leadership in the practice of surgery.

John W. Frisch, MD ’76 was born and raised in Bloomington, Illinois, where he returned to practice surgery for over 40 years in a town of 100,000. Dr. Frisch graduated from Bloomington High School. Like most young men at that time, he joined the Navy at age 17. Following the WWII Armistice, he entered pre-med at the University of Illinois in Champaign and was accepted in medical school three years later at the University of Illinois in Chicago, where he attended 1949-1953.

Dr. Frisch joined the residency program under Dr. Warren Cole at the University of Illinois Hospitals (know then as the Research and Educational Hospitals). Here he completed his internship 1953-1954 and residency 1954-1958. With only three residents per year, the residents received a lot of individual attention and responsibility. Dr. Cole was at this prime, still very active in clinical and research surgery. Dr. Frisch assisted him many times in those four years. During his senior year, Dr. Cole was President of the American College of Surgeons and a strong advocate for ethical surgery.

During those years, he met and became friends with Olga Jonasson, first as a medical student, then surgical resident (first female), later Professor at Ohio State, University of Illinois Peoria, Cook County Hospital, and finally as Vice President of the American College of Surgeons.

Dr. Frisch was a senior resident when a purposed Cole Society was first discussed. There was immediate enthusiasm and the following year in 1958, the first meeting was held in the basement of a Presbyterian child care center on Ashland Avenue. About twenty surgeons were present and Dr. Loring Helfrich was elected President.

In 1984-1985, Dr. Frisch was President of the Cole Society and accompanied Dr. Cole and about twenty members to Dublin where the Royal College of Surgeons of Ireland presented Dr. Cole with any honorary degree and Fellowship. They also traveled to England for a day at the Royal College of Surgeons. There, they were hosted by President and Professor Sir Geoffrey Slaney, previous Fellow of Dr. Cole at the University of Illinois.
CHICAGO—(BUSINESS WIRE)—
May 30, 2012 Bank of America today recognized Dr. José Oberholzer, director of the Chicago Diabetes Project, as the second annual recipient of the Mayor Richard M. Daley and Maggie Daley Award. The award was established in 2010 to honor the Bank of America Chicago Marathon participant who raised the most funds for charity through the annual world-class endurance event. Dr. Oberholzer and his team, Cellmates on the Run, raised more than $125,000 for the Chicago Diabetes Project, which is a collaboration of scientists, researchers, physicians and surgeons dedicated to curing diabetes. Former Chicago Mayor Richard M. Daley joined race director Carey Pinkowski and Bank of America Illinois President Tim Maloney in presenting the award to Dr. Oberholzer at yesterday’s Bank of America Chicago Marathon Charity Reception.

“Dr. José Oberholzer and the Chicago Diabetes Project embody the charitable spirit and community focus of the Bank of America Shamrock Shuffle and Bank of America Chicago Marathon,” said Maloney. “It’s an honor to present this award to José, as he oversees a project in Chicago that is committed to advancing diabetes research, and to ultimately finding a cure for a disease that more than 1.3 million people in the United States are diagnosed with each year.”

The Chicago Diabetes Project’s charity team became an official charity with the Bank of America Chicago Marathon in 2009. In the last three years, the team has raised approximately $300,000 through Marathon fundraising efforts.

“Dr. Oberholzer and his team run with a simple, yet powerful, goal—to advance diabetes research,” said former Mayor Richard M. Daley. “The Chicago Diabetes Project and Cellmates on the Run demonstrate how the Marathon helps enable Chicago residents and organizations to expand on their charitable efforts—not just in Chicago, but throughout the world.”

As director of the Islet and Pancreas Transplant Program at the University of Illinois at Chicago (UIC) and chief of its Division of Transplantation, Dr. Oberholzer has dedicated his career to finding a cure for diabetes. He is also an associate professor of surgery, endocrinology and diabetes, and bioengineering at UIC.

Former Mayor Richard M. Daley, Tim Maloney, Jose Oberholzer, MD, Dean Dimitri Azar, Carey Pinkowski
NEW FACULTY

Given to the Participant Raising the Most for Charity Through the Bank of America Chicago Marathon

Igor Altman, DO, MBA
Assistant Professor of Surgery
Section, Wound Healing & Tissue Repair

Igor Altman DO, MBA graduated from the Kansas City University of Medicine and Biosciences – College of Osteopathic Medicine in 2007. He completed his internship and residency in Family Medicine at the St. Joseph Medical Center in Pennsylvania. Dr. Altman completed a one year wound care fellowship program at the University of Illinois at Chicago under the direction of Dr. William Ennis in 2011. Dr. Altman is board certified in Family Medicine. His clinical interests include medical and surgical treatments of soft tissue defects due to chronic venous disease, diabetes, lymphedema, arterial insufficiency, pressure related injuries, and less common conditions, such as pyoderma gangrenosum, calciphylaxis, vasculopathies, and others.

Interests include cardiac valve repair, endovascular thoracic aortic surgery, VATS Sympathectomy and lung resections.

Dr. Vivek Chaudhry
Interim Chief,
Assistant Professor of Surgery
Division of Colon & Rectal Surgery

Vivek Chaudhry, MD graduated from Maulana Azad Medical School in New Delhi, India. He completed his surgery residency and fellowship at the University of Illinois at Chicago. Dr. Chaudhry completed a research fellowship at Memorial Sloan Kettering Cancer Center in New York. His special interests are colon, rectal and anal cancer, laparoscopic/minimally invasive treatment of diseases of the colon, rectum and anus, aortic surgery, VATS Sympathectomy and lung resections.

CONTINUED - from ALS PATIENT RECEIVES DEVICE TO AID BREATHING WITHOUT VENTILATOR on page 7

Approximately 30,000 people in the U.S. live with ALS. "I will never give up," said Thompson, who was diagnosed in 2010 and is cared for by Dr. Julie Rowin, associate professor of neurology and rehabilitation at UIC and director of the ALS Association Clinic and MDA/ALS Center at UI Hospital. Thompson said she hopes other ALS patients will also benefit from the device.

The device, which is implanted using minimally invasive laparoscopic techniques, provides electric stimulation to the muscle and nerves in the diaphragm. When stimulated, the diaphragm contracts, conditioning the muscle and improving resistance to fatigue under normal exertion.

Surgeons make four small incisions in the abdomen and insert a laparoscope to view the diaphragm and emplace small electrodes. The electrodes are connected by wires under the skin to a small, external, battery-powered pulse generator that stimulates the diaphragm.

When the patient awakes after surgery, the device is programmed to allow an effective yet comfortable breath. Patients start with three 30-minute sessions daily. As the disease progresses, the conditioning time is increased.

The NeuRx device was approved by the FDA last year under a Humanitarian Device Exemption (HDE), a designation given to medical devices that demonstrate safety and probable benefit for rare diseases. The device received the designation following a multi-center clinical trial that enrolled 106 patients and treated 86 for chronic hypoventilation.

Of the 5,600 patients diagnosed each year, nearly 60 percent have respiratory problems and a partially intact phrenic nerve, making them candidates for treatment with the device.
Every 8 weeks, four to six M3 UIC students receive surgical instruction at Advocate Illinois Masonic Medical Center chronicled through a Field Journal. The Field Journal is a novel compilation of requirements students complete which include both College of Medicine competencies but also a number of other experiences felt to be important to medical student education. Dr. Marc Adajar, site Director for the Advocate Illinois Masonic Medical Center, created this journal while his sons, now 6 and 8 years old, were mesmerized with the field journals kept by Diego and Dora the Explorer. While learning surgery as an M3 is a little more sophisticated than learning the new shapes, colors, and patterns which Dora and Diego record in their Field Journals, similarities exist.

M3s are requested to present case presentations and discuss operations for immediate evaluation/feedback recorded into the Journal. This immediate, quantifiable feedback has provided a high quality learning atmosphere and many students eager to pursue surgery as a career actively seek this experience. Marc Adajar humbly waves off any praise on the program he has developed stating, ”I just kept adding to it to get the students the right mix of experiences... It’s a work in progress.” He is quick to credit the great team of surgical colleagues who have both mentored him during his surgical residency and Trauma Fellowship at the UIC Metropolitan Group Surgical program and, as colleagues, have provided important feedback in the development of the Field Journal.

Dr. Adajar is a Fellow of the American College of Surgeons, is an attending surgeon in General Surgery, Trauma and Critical Care, and has served as the Surgical Education Program Director for Medical Students at Advocate Illinois Masonic Medical Center since 2007. The UIC Department of Surgery is extremely grateful for the time and outstanding efforts that he and his colleagues provide in educating our medical students.

14 PHYSICIANS MAKE THE US NEWS TOP DOCTORS LIST

Congratulations to our physicians for this outstanding achievement and recognition!

U.S. News Top Doctors in the top 1% in their region:

- Heran Abcarian, MD
- Robert Arensman, MD
- Enrico Benedetti, MD
- Michel Ilbawi MD
- Jose Oberholzer, MD
- Pravin K. Patel, MD
- Thomas Weber, MD

U.S. News Top Doctors in the top 10% in their region:

- Mimis Cohen, MD
- Rudolph Dolezal, MD
- Malek G. Massad, MD
- Alvaro Montoya, MD
- George Salti, MD
- Joseph Vitello, MD
- Michael Warso, MD
NEWSWISE—Jimmie Jones of Calumet Park, Ill., has beaten all odds to survive 17 years on the waiting list for a new kidney.

Diagnosed with hypertensive kidney disease in his 40s, Jones’ health quickly deteriorated to the point where he needed dialysis three times a week. Physicians at a south side Chicago hospital placed him on the waiting list for a new kidney in 1995 but told him that he needed to lose weight before he could be a candidate.

A former high school athlete, Jones is a large man, and he had difficulty taking the weight off. “It’s a miracle he’s still alive,” says Dr. Enrico Benedetti, head of surgery at the University of Illinois Hospital & Health Sciences System, who noted that 70 percent of hypertensive dialysis patients survive less than five years.

Jones, now 64, had learned that physicians at UI Hospital were performing robotic kidney transplantation on obese patients who would not otherwise be candidates for surgery. He decided to make an appointment.

Up to half of dialysis patients are obese, defined as those with a body mass index greater than 30. In the U.S., studies have shown that obese patients wait longer for a cadaveric kidney transplant and often have poorer outcomes, including surgical site infections.

As a result, many U.S. transplant centers deny transplantation to very obese patients and will not put them on the waiting list if they have a BMI greater than 35, says Dr. Jose Oberholzer, chief of transplantation surgery at UI Hospital and the C. & B. Frese and G. Moss Professor of Transplant Surgery, Bioengineering and Endocrinology at UIC.

“These transplant centers avoid listing morbidly obese patients for kidney transplantation, because obesity markedly increases the risk of wound infection, which lowers graft and patient survival,” said Oberholzer. “However, we know that the benefits of transplantation outweigh the risks in this patient population. Transplantation in obese patients provides a clear survival advantage over dialysis -- and an improved quality of life.”

In a traditional “open” kidney transplant procedure, a six- to eight-inch incision is made in the right-lower abdomen to implant the donor kidney. In robotic kidney transplantation using the da Vinci Robotic Surgical System, surgeons transplant the kidney through a 2 3/4-inch incision above the patient’s belly button, with four tiny incisions in the abdomen to accommodate the robotic laparoscopic instruments.

“The majority of patients needing kidney transplantation are overweight or obese, and this procedure offers what we believe is a safer, minimally invasive procedure with fewer complications,” says Dr. Pier Giulianotti, chief of general, minimally invasive and robotic surgery at UI Hospital and the Lloyd M. Nyhus Professor of Surgery at UIC. Continued on page 15
CONTINUED - from CHICAGO MAN RECEIVES ROBOTIC KIDNEY TRANSPLANT AFTER 17 YEARS on page 13

“The majority of patients needing kidney transplantation are overweight or obese, and this procedure offers what we believe is a safer, minimally invasive procedure with fewer complications.”

Giulianotti said robotic surgery provides a three-dimensional view and utilizes instruments with 360-degree range of motion, allowing surgeons to complete these more complex procedures.

“The benefits to the patient are reduced surgical trauma, reduced risk for wound complications, and improved patient survival,” said Giulianotti. Jones underwent robotic kidney transplantation on Feb. 17. His new kidney is functioning perfectly, and he no longer requires dialysis.

Jones says he is grateful for his new kidney and “feels like a new man, 100 percent better.”

Source: University of Illinois at Chicago

On behalf of the UIC Department of Surgery and the Surgical Residency Program, please welcome the following 2012 incoming residents into the Surgical Residency Program!!!
Steven Vaslef, MD, PhD,
Residency UIC ’92, has been appointed Chief of the Division of Trauma and Critical Care Surgery at Duke University Medical Center. He also holds the positions of Associate Professor of Trauma and Critical Care Surgery, Assistant Professor of Anesthesiology, Co-Director of the Surgical Intensive Care Unit, Director of Duke’s Level I Trauma Center, Co-Director of the Medical/Surgical/Critical Care Clinical Service Unit, and Program Director of the Surgical Critical Care Fellowship.

Dr. Vaslef joined the Duke faculty in 1994. Previously he was a member of the faculty of Northwestern Medical School, where he served as Assistant Professor of Surgery and Assistant Professor of Biomedical Engineering.

His research and clinical interest include trauma surgery, trauma outcomes, surgical critical care, general surgery, trauma/shock resuscitation, enhancement of oxygen delivery, design and testing of membrane oxygenators/artificial lungs, and analytical and experimental aspects of mass transport processes. He is involved in clinical trials related to sepsis and acute lung injury.

Dr. Vaslef is a member of the editorial boards of several professional journals, including the World Journal of Critical Care Medicine. He has authored numerous textbook chapters and journal articles and is the coeditor of two books. He is a recipient of the David C. Sabiston Jr., MD, Teaching Award for Excellence in Resident Education.

SAVE THE DATE
November 17, 2012
BRIDGING THE GAP: Emerging Health Issues in Underrepresented Minorities

Presented by Department of Surgery UIC COM Urban Health Program & UIC COM Hispanic Center of Excellence

LOCATION
UIC Forum
725 W. Roosevelt Road
Chicago, IL 60612

CONTACT
Arlin Ospina
aaldabl@uic.edu
312.996.1774

FOR MORE INFORMATION
hospital.uillinois.edu/Events/Bridging_the_Gap

KEYNOTE SPEAKERS
AKINLOLU O. OJO, MD, PHD, MBA
Professor of Medicine and Epidemiology
Florence E. Bingham Research Professor of Nephrology

JOE G.N. “SKIP” GARCIA, M.D.
Vice President for Health A airs
University of Illinois Hospital & Health Sciences System
In pursuit of its mission, UIC Surgery shall:

- Treat all patients with care, dignity, and respect
- Provide an optimal clinical and theoretical learning environment for medical students, residents and fellows
- Foster a spirit of inquiry and collaboration among all medical disciplines
- Measure, monitor and continuously strive to improve the quality of services provided by and through its faculty and staff
- Recruit and maintain highly trained, qualified, and dedicated faculty and staff
- Advance medical and surgical knowledge through original clinical and laboratory research

UPCOMING EVENTS

NOVEMBER 17, 2012
BRIDGING THE GAP: Emerging Health Issues in Underrepresented Minorities
UIC Forum
725 W. Roosevelt Road
Chicago, IL 60612
Arlin Ospina
aaldab1@uic.edu
312.996.1774

DECEMBER 10, 2012
Sara Mansueto Professorship in Cardiac & Thoracic Surgery Investiture

JUNE 7, 2013
6th Annual Olga Jonasson Symposium/5th Annual Warren H. Cole Society Scientific Meeting