

annual report

TULANE SCHOOL OF MEDICINE

Department of Surgery

2020-2021

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The Tulane University Department of Surgery is one of the oldest surgical departments in the country.

1736

HOSPITAL OF SAINT JOHN/ L'HÔPITAL DES PAUVRES DE LA CHARITÉ opens as the second public hospital in the U.S.

1834



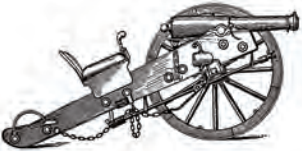
Rowles Stereograph Photographs, 1895

MEDICAL COLLEGE OF LOUISIANA founded by Dr. Thomas Hunt, Dr. John H. Harrison and Dr. Warren Stone

1847

1859

UNIVERSITY OF LOUISIANA established and Medical College of Louisiana assumed into the school, with an emphasis on practical instruction and clinical training at Charity Hospital



CIVIL WAR leads to temporary closure of Charity's medical school

1862 – 1865

1882

1884

University of Louisiana becomes **TULANE UNIVERSITY OF LOUISIANA**



Lithograph, 1885

CHARITY HOSPITAL is the largest hospital in the world and fourth-largest medical school in the country

THE MEDICAL DEPARTMENT of the University of Louisiana becomes part of the newly founded, private Tulane University



As I approach the end of my fifth year as Chair of the Department of Surgery at the School of Medicine, I look back at our team's tremendous accomplishments and see our bedrock beliefs hard at work: the *esprit de corps* — a strong sense of pride, loyalty and fellowship within our department; an unwavering commitment to professionalism; and a clear strategic vision for supporting the pillars of our department.

In the pages that follow, we offer a closer look at how the Tulane Department of Surgery is making its mark, delivering a cascading impact on our profession that goes above and beyond the traditional triple threat (education, research, clinical) by investing in faculty development that allows us to train and mentor the future leaders of American surgery.

This past year has not been without hurdles, but even a worldwide pandemic did not hinder our determination. Our team of surgeons, scientists, residents and staff stepped up to the challenge in the most inspiring ways. Dr. Duchesne, Chief of Trauma, Acute Care and Critical Care Surgery, led his brave team of surgeons on the front line, caring for the sickest of the sick. Our other specialty surgeons jumped in to cover both trauma and acute care surgery, allowing surgical intensivists to focus their time where it was needed. Dr. Duchesne and Dr. Toraih (Assistant Professor, Research) led the development and implementation of a regional COVID database that reported daily cases from all metro hospitals. In the early days of the shutdown, Assistant Professor Mimi Sammarco, PhD, and her research staff found creative ways to continue their research on limb regeneration after traumatic injury, all the while honoring the university's request to minimize on-campus staff.

In the summer of 2020, we formalized our diversity, equity and inclusion efforts within the department to more proactively achieve our goal of creating an environment where everyone feels they belong. (See page 12 for more details.) We firmly believe diversity amplifies our strengths and fosters a thriving and sustainable community.

Our department continues to grow. We welcomed 10 new members to our group and also named two new department leaders this academic year — Dr. Ralph Corsetti, Vice Chair of Clinical Experience - Northshore Campus, and Dr. Carlos Galvani, Chief, MIS/Bariatric Surgery.

Above all else, we value authenticity, integrity and an environment of professionalism to shape the future leaders of tomorrow. We look forward to a diverse and exciting future bringing in the leaders of surgery as Visiting Professors and preparing to host the annual meetings of the Society of Asian Academic Surgeons (2023) and the Society of Clinical Chairs (2024).

A handwritten signature in black ink, reading "Mary T. Killackey".

MARY T. KILLACKEY, MD

Modern surgeons, leading a cascading impact to transform our profession

We are successfully leading the transformation in surgery by focusing on six strategic pillars.

1

Our rich history is the foundation for our latest innovations and forward-thinking strategies to cultivate education, research and patient care. We expect each member of our team to make a celebrated contribution to this well-known reputation.

2

We are a clinical powerhouse of the Gulf South. Our surgeons are first choice among patients and providers. We focus especially on organizing care for complex patients and meeting the health needs of underserved populations.

3

We develop the modern surgeon through a curriculum that drives excellence in surgical skill, as well as four key areas: effective teaming, learning systems, wellness and leadership development.



4

Our research is meaningful and unique and translates to clinical practice. Our academic surgeons lead the way in shaping the guidelines that improve the quality and efficiency of surgical practice.



5

We successfully recruit diverse faculty and trainees from all populations and geographic regions so our impact reaches into every community.

6

We intentionally create an *esprit de corps* that enables the whole person to thrive. Our alumni seek and hold leadership roles in our communities and beyond, allowing us to spread our cultural principles throughout the surgical profession.

The concrete actions we've taken to build on our momentum:

- Clarify Division structure and empower Division Chiefs to manage faculty and expectations within their areas
- Enhance Departmental and Divisional financial accountability
- Realign the educational curriculum to produce the modern surgeon leaders
- Define the *esprit de corps* of the Department of Surgery and develop methods to intentionally create the desired culture



ESPRIT DE CORPS

[es-PREE deh COR]

A feeling of pride, fellowship and common loyalty shared by the members of a particular group

In early 2018, a small group of faculty met to define Tulane Surgery's *esprit de corps*. We wanted something that clearly identified a feeling of pride, fellowship and common loyalty shared by members of the department. With reflection and recommendations from colleagues, staff and residents, we established five core values, supported by five mantras to codify the department's culture.

Integrity } TRUST IS THE FOUNDATION

Honesty in myself creates solidarity in us

Accountability } I'M ALL IN

Committed to a purpose that is greater than ourselves

Education } EACH ONE, TEACH ONE

Always time to teach

Teaching timeout

We have something to learn from everyone

Leadership } ASPIRE TO GREATNESS

We elevate the potential in each other

We celebrate the success of those around us

Microcosms of Family } FAMILY IN EVERYONE

Foundations of support inspire compassion in all

DEPARTMENT CHAIR

Mary T. Killackey, MD

Robert and Viola Lobrano Chair in Surgery

(2016–present)

Professor

ABDOMINAL TRANSPLANT

Hoonbae Jeon, MD

Professor & Chief, Abdominal Transplant

Kofi Atiemo, MD

Assistant Professor

Anil Paramesh, MD

Professor

Adarsh Vijay, MD

Assistant Professor

Amanda Ward

Nurse Practitioner

GENERAL, ENDOCRINE & ONCOLOGICAL SURGERY

Emad Kandil, MD, MBA, FACS, FACE

Professor and Elias Hanna Chair

Chief, General, Endocrine & Oncological Surgery

PEDIATRICS

Mary Brandt, MD

Professor

GENERAL SURGERY

James Brown, MD

Adjunct Professor

Steven Jones, MD

Assistant Professor

ENDOCRINE

Mohamed Shama, MD

Assistant Professor

Wendy Navarro

Nurse Practitioner

ONCOLOGICAL

Caroline Graham

Nurse Practitioner

David Pointer, MD

Assistant Professor (9/2021)

Ralph L. Corsetti, MD

Professor

Edward G. Schlieder Educational Foundation Chair

Vice Chair, Department of Surgery, Northshore Campus

COLORECTAL

Matthew Zelhart, MD

Assistant Professor

PLASTIC

Abigail Chaffin, MD

Associate Professor

MIS/BARIATRIC SURGERY

Carlos Galvani, MD

Professor & Chief,

MIS/Bariatric Surgery

John Baker, MD

Assistant Professor

Danuel Laan, MD

MS/Bariatrics Fellow

Shauna Levy, MD

Assistant Professor

Kelly Quinn

Nurse Practitioner

TRAUMA, ACUTE CARE & CRITICAL CARE SURGERY

Juan Duchesne, MD

Professor & Chief, Trauma,

Acute Care & Critical Care Surgery

Chrissy Guidry, DO

Assistant Professor

Charles Harris, MD

Assistant Professor

Clifton McGinness

Associate Professor

Patrick McGrew, MD

Assistant Professor

Robert Reily, MD

Assistant Professor

Rebecca Schroll, MD

Associate Professor

Sharven Taghavi, MD

Assistant Professor

OFFICE OF SURGICAL RESEARCH

Danielle Tatum, PhD

Assistant Professor & Director,

Office of Surgical Research

Youssef Errami, PhD

Assistant Professor

Olan Jackson-Weaver, PhD

Assistant Professor

Mimi Sammarco, PhD

Assistant Professor

Eman Toraih, M.Sc., MD, PhD

Assistant Professor

Mourad Zerfaoui, PhD

Assistant Professor

EMERITUS

Bernard Jaffe, MD

Professor

Ronald L. Nichols, MD, MS, FACS

William Henderson Professor

Adjunct Professor of Microbiology & Immunology

“Michael Hardesty, our Senior Department Administrator, retired in 2020, after more than 27 years with the department. Mike has been a friend, advocate and teacher for so many of us. We congratulate him on this well-earned time with his family, wish him the happiest retirement and the perfect golf game always.”

— MARY T. KILLACKEY, MD



Our Commitment to Equity, Diversity and Inclusion

We, the members of the Tulane Department of Surgery, are committed to establishing an equitable, diverse and inclusive environment. We firmly believe diversity amplifies our strengths and fosters a thriving and sustainable community. We respect and embrace the rich distinctions present through race, gender, religious beliefs, national origin, ethnicity, age, disability, political beliefs, gender identity or sexual orientation.

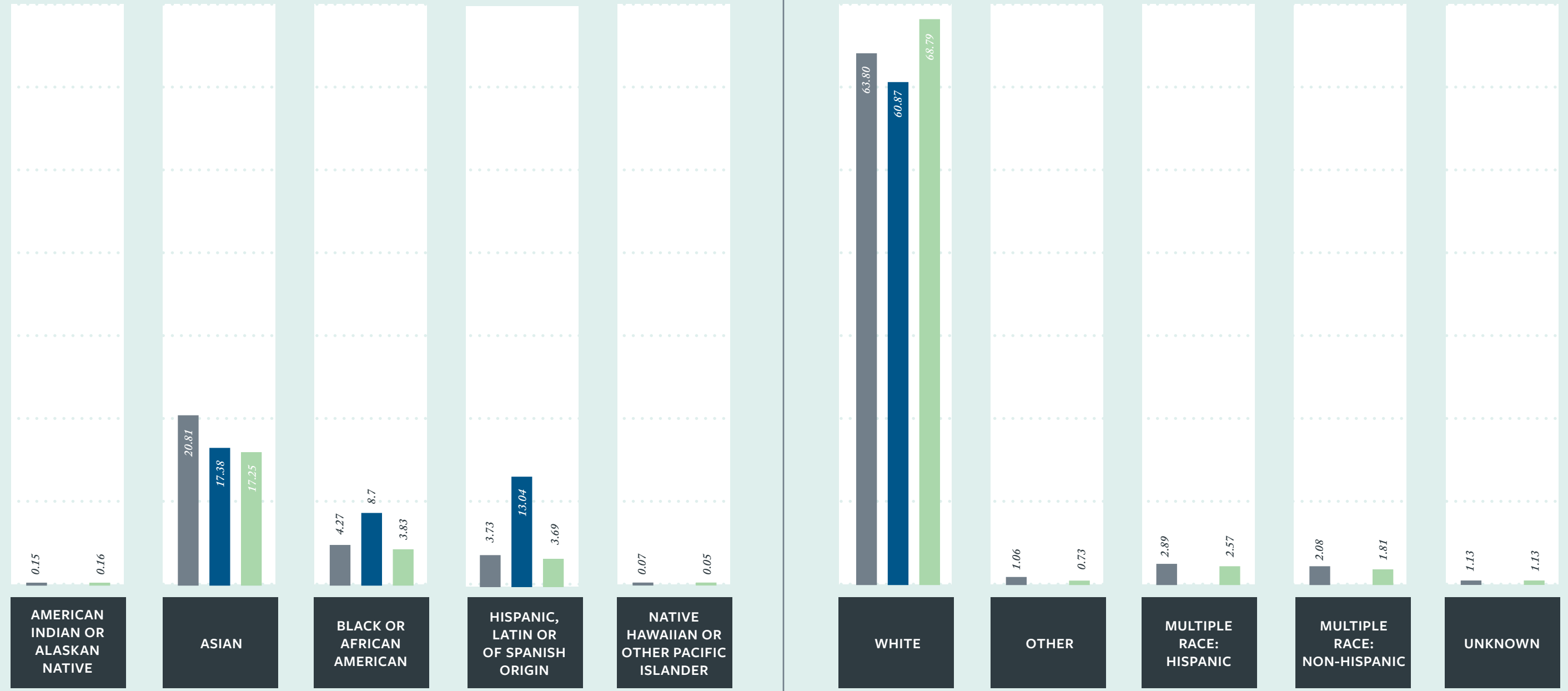
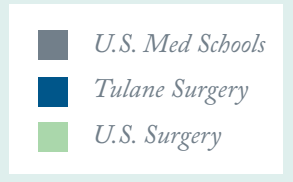
Through deliberate and transparent action, we seek to achieve our vision and successfully recruit diverse faculty, staff and residents, including those who have been historically underrepresented in medicine, in an effort to reflect the identities of all of the patients we serve. Persistent examination of our policies and processes provide the opportunity to improve their effectiveness and to minimize bias, prejudice and discrimination.

Through education, we champion cultural competency and intentionally break down barriers to safe communication. As part of the department, our residency and fellowship programs value diversity and inclusion. They present a rich educational and multicultural experience through a whole-person-nurturing environment.

As a department, we strive to create a safe professional community, which offers a sustainable sense of belonging for all staff, students, residents, fellows and faculty.

How We Compare Nationally: Ethnicity

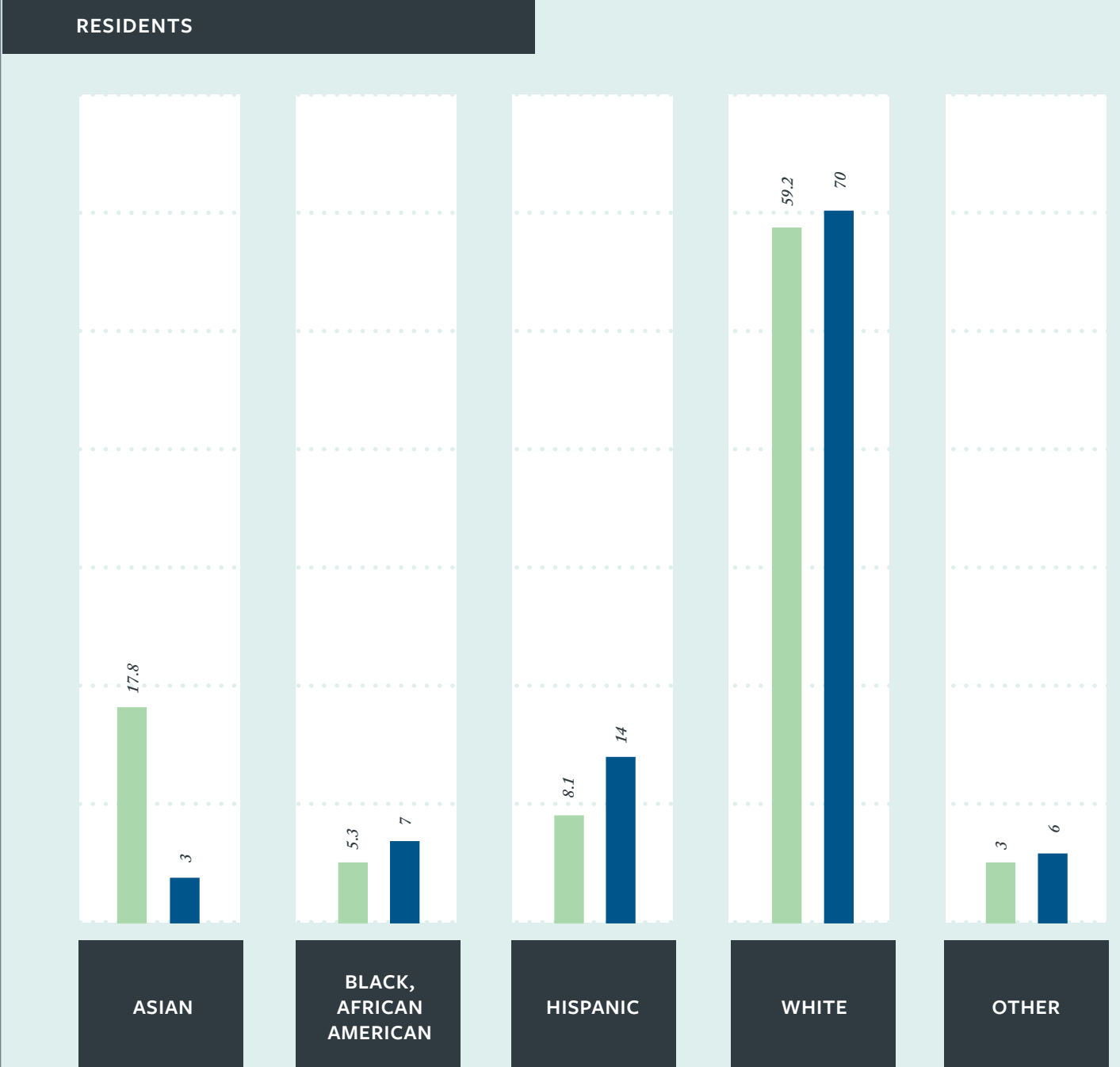
FACULTY



How We Compare Nationally: Gender



How We Compare Nationally: Ethnicity



924

PUBLISHED
scholarly works
(2015–Fall 2020)

\$656,321

AWARDED

for Clinical Trials
(2015–present)

22

**ACTIVE
CLINICAL
TRIALS**
AS OF
01/01/21

392

PARTICIPANTS
in
Clinical Trials
(2015–present)

\$1,378,218

GRANTS & AWARDS
(2015–present)

730 Talks & Lectures

Named Lectureships

R. Davilene Carter Surgery Lectureship

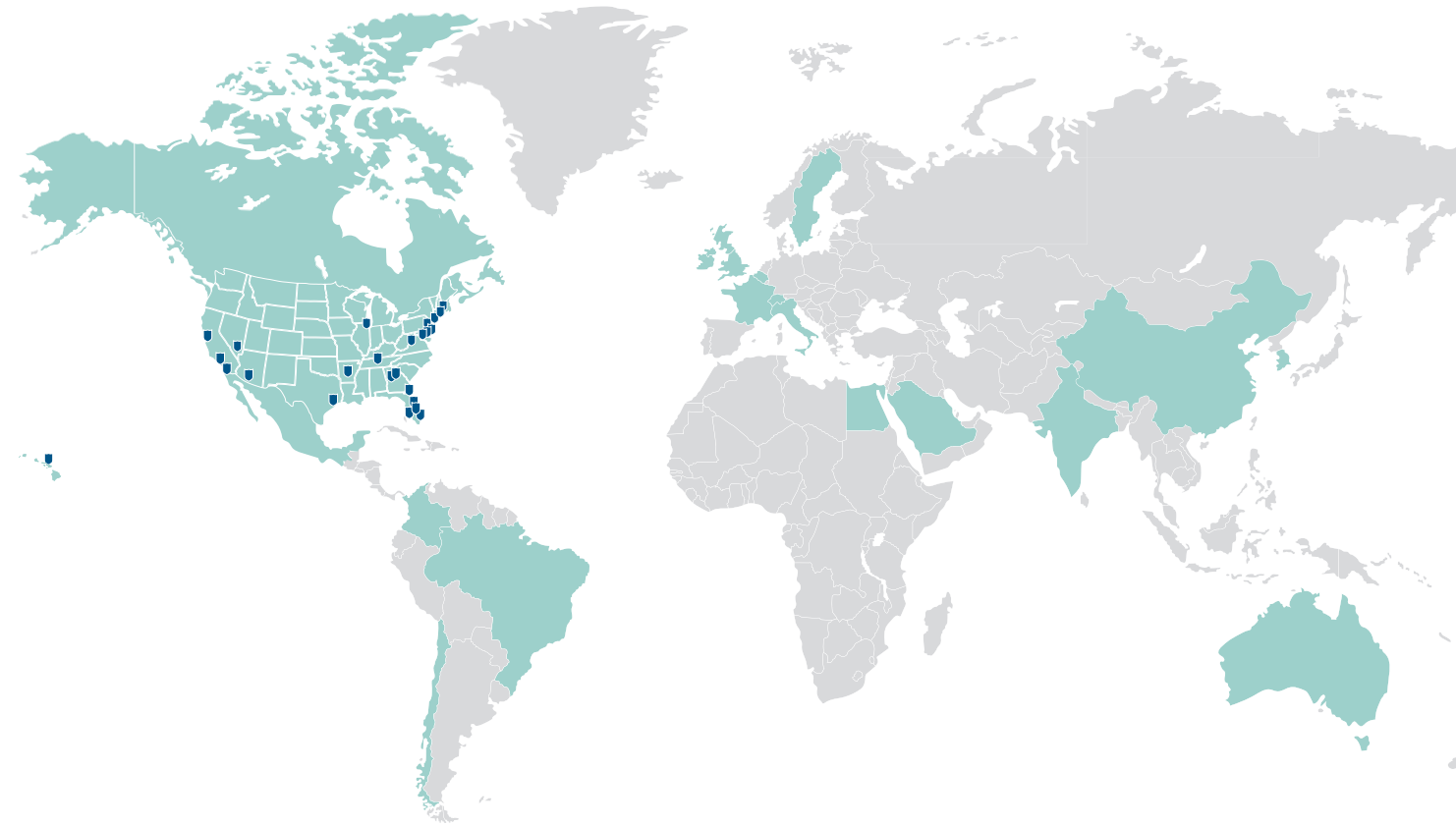
Alton Ochsner, MD, Visiting Professorship

Theodore Drapanas, MD, Lectureship

Tulane Surgical Society Alumni Lectureship

For more information, visit <https://medicine.tulane.edu/departments/clinical-sciences/surgery/history/lectureships-and-professorships>

Invited Talks



Tuscon, AZ

Little Rock, AR

Los Angeles, CA

San Diego, CA

San Francisco, CA

Amelia Island, FL

Miami, FL

Naples, FL

Orlando, FL

Palm Beach, FL

Atlanta, GA

Norcross, GA

Maui, HI

Chicago, IL

Las Vegas, NV

Philadelphia, PA

Boston, MA

Annapolis, MD,

Baltimore, MD

Brunswick, NJ

New York, NY

Nashville, TN

Houston, TX

Hot Springs, VA

Washington, D.C.

Australia

Belgium

Brazil

Canada

Chile

China

Columbia

Egypt

England

France

India

Ireland

Italy

Mexico

Saudi Arabia

Saint-Barthelemy Island

Scotland

South Korea

Sweden

Switzerland



TULANE
SURGICAL SOCIETY

Tulane Surgical Society

The Tulane Surgical Society (TSS) was formed in 1991 by combining individual surgeon societies with the intent to promote advancement of knowledge and teaching and foster fellowship among the members. Prior to Katrina, the society helped to support residents in the lab. After the storm, TSS was inactive until 2018, when a group of alumni led by Drs. Richard Field III and Michael McFadden reinvigorated the society, reframed its mission and ultimately held the inaugural annual alumni gala in spring 2019. Each fall, TSS sponsors a student mixer to promote surgical careers. The TSS also committed to sponsoring chief resident attendance in the American College of Surgeons Clinical Congress.



TULANE SURGICAL SOCIETY 2020-2021

President: John Walsh, MD, GS '85, V '86

President-Elect: David Yu, MD, GS '11

Vice-President: Marie Unruh, MD, GS '13

Secretary: Matthew Zelhart, MD, GS '16

Treasurer: Catherine Baucom, MD, PhD, GS '11

Immediate Past-President: Michael McFadden, MD, GS '79

Members-at-large: (term ending)

Sander Florman, MD, GS '00 (2021)

Ralph Corsetti, MD, GS '96 (2022)

John Lindsey, MD, GS '91 (2023)

Jyoti Arya, MD, M '94, GS '99, F '07 (2024)

Anne Rizzo, MD, GS '94 (2025)

Resident Member: Robin Tillery, MD

*Top photo, L-R: Watts Webb, MD (Chair of Surgery: 1977-1989);
Mary Killackey, MD (Chair of Surgery: 2016-present); Robert
Hewitt, MD (Chair of Surgery: 2000-2006)*

*Bottom photo, L-R: Morgan Martin, MD; Shannon McChesney,
MD; Mónica M. Lladó-Farrulla, MD; Alison Smith, MD*



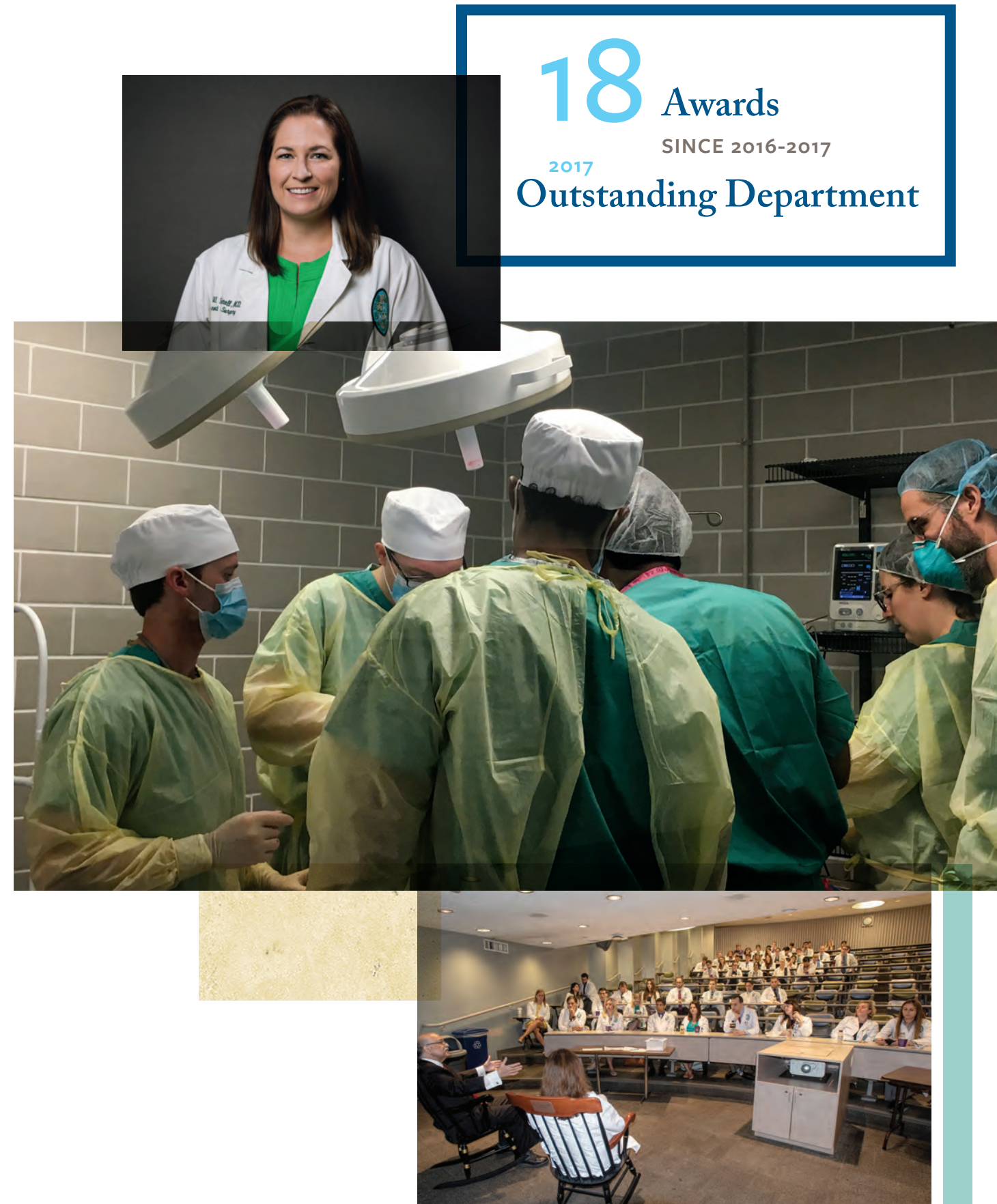
The Department of Surgery Pillars

ACHIEVEMENTS 2015 – 2020

Education

Our residency program, under the direction of Dr. Rebecca Schroll and associate program directors Drs. Chrissy Guidry (wellness) and Matthew Zelhart (curriculum), continues to develop modern surgeons through innovative, high-quality care and demonstrates excellence in education, research and leadership. Our residents are offered diverse educational opportunities through affiliated hospitals in the region. We continue to attract the best and the brightest to our program based on our academic success and commitment to diversity.

The General Surgery Clerkship, led by Dr. Patrick McGrew and Associate Director Dr. Anil Paramesh, continues to be a favorite among medical students. The surgery department has won numerous Owl Club awards recently, including Outstanding Department (2017), Outstanding Clerkship (2017) and Outstanding Coordinator (2017, 2019). (The Owl Club is Tulane Medical School's Student Organization for Academic Excellence.) A shining star within student education, the Honors Surgery course is the brainchild of Dr. Bernard Jaffe and has been in place for more than 15 years. This highly interactive, hands-on course takes place in the summer for a select number of students actively applying for surgical residency.



Research

We have doubled down on our commitment to growing our research footprint in all areas: basic, translational, clinical and industry-sponsored trials. We have strategically invested in a few young, driven and talented scientists and are making progress in obtaining federal funding to further their investigations. We are excited about the collaborations we have been able to establish with the basic science departments, the Tulane National Primate Research Center and externally with organizations such as the Pennington Biomedical Research Center. With the new hire of Dr. Eman Toraih, publications rate has almost doubled thanks to centralization of our data analysis within the department of surgery. We recently hired our inaugural Director of Research, who will oversee the revamped research infrastructure, done to maximize our success and to facilitate the research progress of our faculty.



924 PUBLISHED
SCHOLARLY WORKS
(2015–Fall 2020)

Clinical

We are a clinical powerhouse in the Gulf South. Our clinical faculty has grown significantly over the last few years as we have created programs within Tulane Hospital and beyond. The Tulane Transplant Institute recently achieved the rare designation of a Center of Excellence (COE) for all abdominal organ transplant surgeries. Active projects include the establishment of an Emergency General Surgery service, opening a Reflux Center under the direction of our new MIS/Bariatric Division Chief, Dr. Carlos Galvani, who is highly skilled in complex robotics, and the launch of an Endocrine Surgery COE lead by Dr. Emad Kandil. We have expanded to the Northshore campus (Lakeview Hospital), where we are establishing a surgical oncology service line under the direction and anchored by our latest recruit, Dr. Ralph Corsetti.

Our clinical volumes continue to grow at University Medical Center through a robust general surgery elective service led by Dr. Clifton McGinness. Dr. John Baker, a past President of the American Society for Metabolic and Bariatric Surgery, has anchored the new comprehensive Bariatric Surgery Center to serve those most in need of this vital intervention. Trauma remains busy and academically driven under the guidance of Dr. Juan Duchesne.



15 Clinical
Faculty
Recruited
SINCE 2016



Division of

ABDOMINAL TRANSPLANT



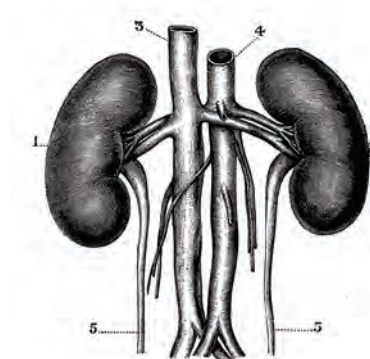
IN 2017, WE WERE FORTUNATE TO RECRUIT THE HIGHLY TALENTED SURGEON DR. HOONBAE JEON to join our transplant team. Under his leadership as Division Chief, he has grown the clinical volume and expanded the surgical expertise, all the while elevating the quality of care. This was recognized in 2020, when we achieved the Center of Excellence status from Optum Health. This coveted designation was a first in the history of our program.

IN 2018, DR. ANIL PARAMESH ASSUMED THE ROLE OF Director of Kidney/Pancreas Transplant in addition to his role leading the living donor program. The following year he was named Medical Director of the Louisiana Organ Procurement Agency (LOPA). Dr. Paramesh has remained extremely active in the American Society of Transplant Surgeons as well as in the Association of Organ Procurement Organizations.

SINCE 2018, WE HAVE EXPANDED OUR SURGICAL TEAM with the addition of Dr. Kofi Atiemo and Dr. Adarsh Vijay. Dr. Atiemo joined us following his fellowship at Northwestern University and after obtaining a Masters in epidemiology and biostatistics. Dr. Atiemo is spearheading our health outcomes research, partnering with the Tulane School of Public Health to obtain federal funding to support his research addressing the disparities in access to transplant in vulnerable populations.

Dr. Vijay arrived in August 2020, bringing with him particular skills that will enhance our pancreas transplant program and our living donor liver program. He was an integral part of our first pediatric liver transplant at Children's Hospital this past fall.

2019 WAS A PIVOTAL YEAR FOR OUR PROGRAM, when we formalized the structure of the Tulane Transplant Institute by uniting surgeons, hepatologists and nephrologists under one roof to optimize patient care and allow for cohesive strategic planning.



Our hepatology members include:

- Anastasia Lopiccolo, *Nurse Practitioner*
- Thomas Amankonah, MD, *Professor*
- Martin Moehlen, MD, *Associate Professor*
- Fredric Regenstein, MD, *Professor*

Our nephrology team includes:

- Sixto Giusti-Torres, MD, *Assistant Professor*
- Moh'd Sharshir, MD, *Assistant Professor*
- Brent Alper, MD, *Associate Professor*

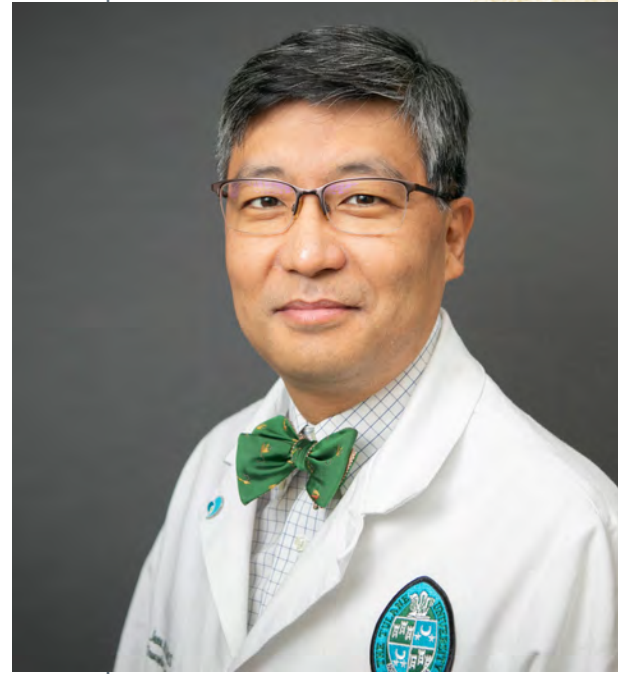
Tulane surgeons perform first living donor transplant in over 10 years

HOONBAE JEON, MD, FACS

ON SEPTEMBER 23, 2020, surgeons at Tulane performed a successful living donor liver transplant on a nine-year-old boy with autosomal recessive polycystic kidney disease, a rare hereditary condition that can lead to kidney failure and liver damage.

The procedure is the first living donor liver transplant by Tulane surgeons since 2008 and the first at Children's Hospital New Orleans since Hurricane Katrina. But it builds on Tulane's rich history as a transplant leader, starting with the region's first living donor kidney transplant in 1955.

"We are trying to put this liver transplant program at Children's Hospital New Orleans on the map so that not everyone will have to travel to Houston or Miami," said Hoonbae Jeon, MD, FACS, who led the transplant team for this procedure and is the director of Tulane's liver transplant program.



Jeon, who learned to perform living donor liver procedures in the late 1990s during his training in South Korea, has extensive experience in living donor transplantation. Since joining Tulane in 2017, he has been building a team of surgeons with similar experience.

Living donor liver transplantation is a complicated procedure because the liver must be split between the living donor and the recipient. The surgery must be carefully planned to ensure the section of the liver being transplanted is the correct size, for the safety of both the recipient and the donor. "We have to analyze the anatomical structure and volume distribution in different sectors of the liver using high-quality, cross-sectional imaging, such as CT scan or MRI," Jeon said.

Then it comes down to precise timing and coordination between two surgical teams. In this case, Jeon mobilized four attending surgeons and two attending anesthesiologists, along with two teams of operating room nurses and technicians, as well as a pediatric ICU team for the post-operative care.

Jeon led the donor operation at Tulane Medical Center, which took about four hours. Two hours into that procedure, a separate team at Children's Hospital New Orleans started the recipient procedure. Once the section of the liver had been removed from the donor, Jeon transported it to Children's Hospital and joined the recipient team for another eight hours of surgery.

Both donor and recipient are at home and back to normal activities, Jeon reported. The recipient was discharged from the hospital after just two weeks. "We could have sent him home earlier," Jeon said, but the team wanted to ensure there were no complications that could lead to rehospitalization later. "He started begging us to send him home after a week." 🍷

Kidney Transplant Patients Act

“There have been a few red-letter days in the history of transplant. This is one of those days. Today, our government has removed one of the biggest barriers to long-term success in transplant. It took perseverance, patience and collaboration with many stakeholders to get here. And what a year for this to happen — our patients are routinely some of the most vulnerable. COVID-19 made that dynamic so much more challenging. Today, we applaud the wisdom of Congress in getting this done when we needed it the most.”

— ANIL PARAMESH, MD, FACS



\$400,000,000

The estimated amount Medicare will save over a 10-year period, thanks to the

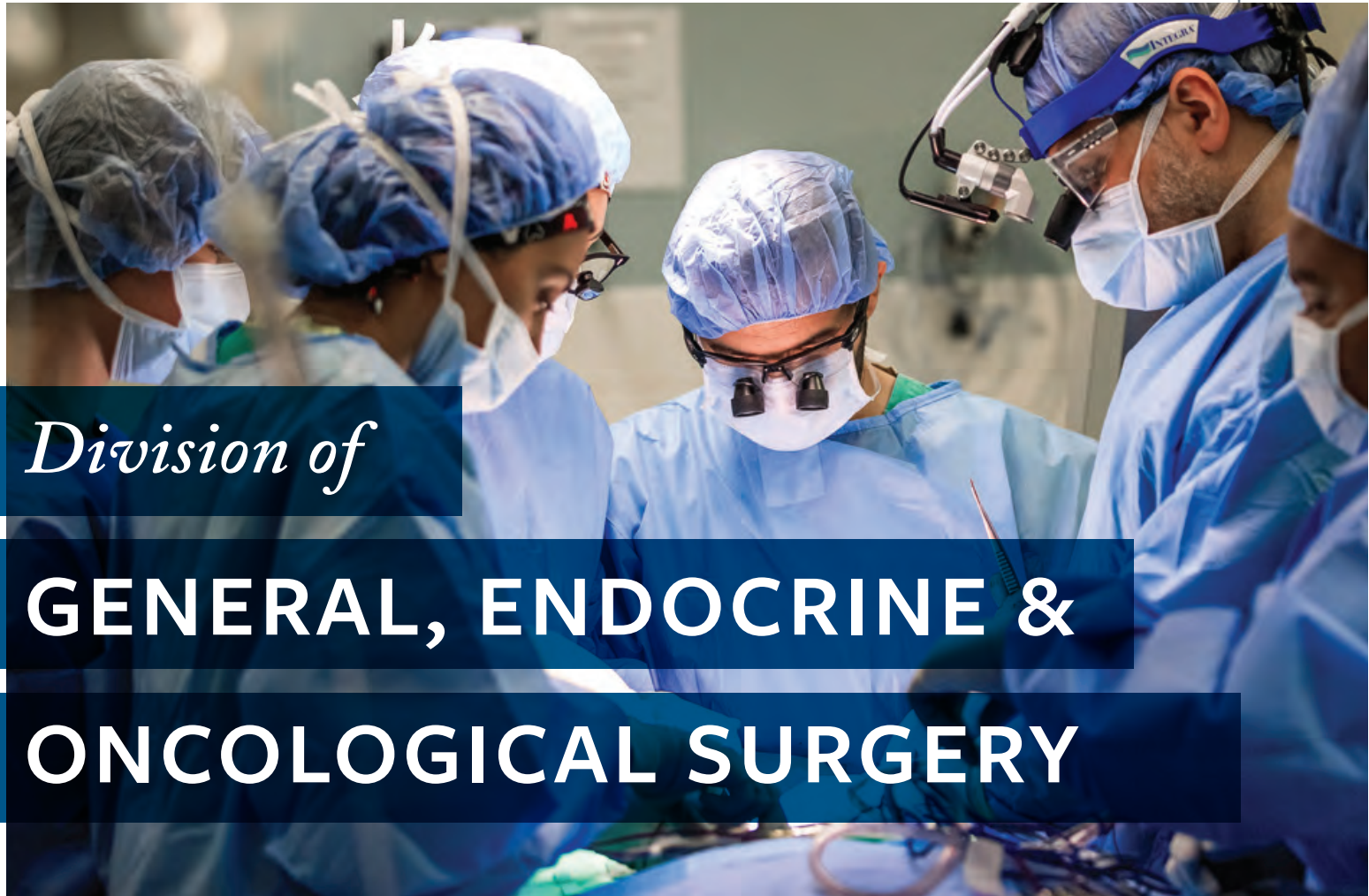
COMPREHENSIVE IMMUNOSUPPRESSIVE DRUG COVERAGE FOR KIDNEY TRANSPLANT PATIENTS ACT

passed by the U.S. Senate in December 2020.

ANIL PARAMESH, MD, FACS
served as chair of the American Society of Transplant Surgeons Legislative and Regulatory Committee, which led a long-standing initiative to support the legislation.

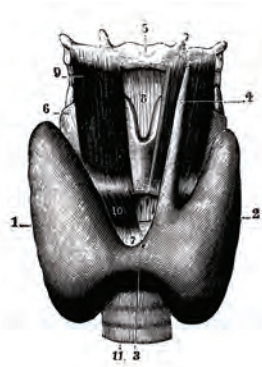
375

Estimated number of adult kidney transplant recipients who LOSE THEIR TRANSPLANTS EVERY YEAR DUE TO LACK OF IMMUNOSUPPRESSIVE MEDICATIONS after the current 36-month Medicare drug coverage ends.



Division of

GENERAL, ENDOCRINE & ONCOLOGICAL SURGERY



OUR PROGRAM IS COMMITTED TO ENSURING THAT EVERY PATIENT RECEIVES STATE-OF-THE-ART CARE.

We currently have one of the most respected and most trusted endocrine surgery teams in the country, with the most in-depth experience in robotic thyroid surgery and radiofrequency ablations of thyroid nodules. Patients from around the country come to Tulane for these procedures. Our clinical volume continues to increase.

“ Our division made significant contributions to the field of academic surgery and research in 2020. Our laboratory has been active in basic science research dealing with thyroid cancer and melanoma, establishing a lab focusing on the study of epigenetics in thyroid cancer and targeting pathways associated with aggressive melanoma and thyroid cancer. ”

— DR. EMAD KANDIL, MD, MBA, FACS, FACE

12
YEARS
(and counting ...)

ANNUAL TULANE SYMPOSIUM ON THYROID AND PARATHYROID DISEASES

More than 100 attendees attend this annual symposium focused on managing thyroid and parathyroid patients, with hands-on ultrasound courses and a cadaver laboratory for surgeons.



52

Number of
**RESEARCH PAPERS
PUBLISHED**
in High Impact Journals
2015–present

30

Number of
TALKS/LECTURES
by Division
2015–present

3
**New
Surgical
Oncologist
Hires**

Ralph Corsetti, MD
November 2020

Mohamed Shama, MD
December 2020

David Pointer, MD
September 2021



30

2015–present
Average number
of papers presented by
**STUDENTS, RESIDENTS
& FELLOWS**

2020

BEST PAPER

*Commission on Cancer
during the American College
of Surgeons*

2019

BEST CANCER PAPER

*American College of Surgeons
— Los Angeles Chapter*



Section of

PEDIATRIC SURGERY

IN JULY 2020, MARY L. BRANDT, MD, JOINED THE DEPARTMENT as Professor of Pediatric Surgery and became the first female full professor in 20 years.

Dr. Brandt is an internationally recognized pediatric surgeon, clinical researcher and educator. Prior to joining Tulane, she served as Professor of Surgery, Pediatrics and Medical Ethics at Baylor College of Medicine. She also held numerous leadership roles at Baylor College of Medicine, including Program Director of General Surgery, Vice Chair of Education in the Department of Surgery, and Senior Associate Dean of Student Affairs.

An established and successful clinical researcher, Dr. Brandt has published more than 200 peer-reviewed articles, 26 chapters and two books. In addition to pediatric surgery, she has interest and expertise in physician wellness and speaks and writes regularly on compassion fatigue, work-life balance and the art of medicine.

“

What an exciting year it's been for me as a new member of the Department of Surgery and the division of Pediatric Surgery at Children's Hospital of New Orleans (CHNOLA), two groups devoted to excellence in clinical surgery and embracing our responsibility to educate future physicians and surgeons. As co-director and founder of the CHNOLA Intestinal Rehabilitation Program and director of a vascular access task force, we are working to build a system to provide optimal IV access to all children in our care. I have also used my passion for education to help develop innovative ways for our trainees to communicate and learn during the pandemic and to mentor students and residents for clinical research projects. ”

— MARY BRANDT, MD





Section of
PLASTIC SURGERY

In 2019, Dr. Chaffin was designated the Program Director of the Tulane University/Ochsner Clinic Plastic Surgery residency program. This independent plastic surgery residency program — one of the oldest in the country — currently trains two plastic surgery residents per year in a three-year program. A leader in her field, she has been actively involved in the American Council of Academic Plastic Surgeons and the Southeastern Society of Plastic and Reconstructive Surgeons, serving on the Women in Academic Surgery, Aesthetic Surgery Education, Membership, ACCME, and Research in Education committees.

Recent highlights:

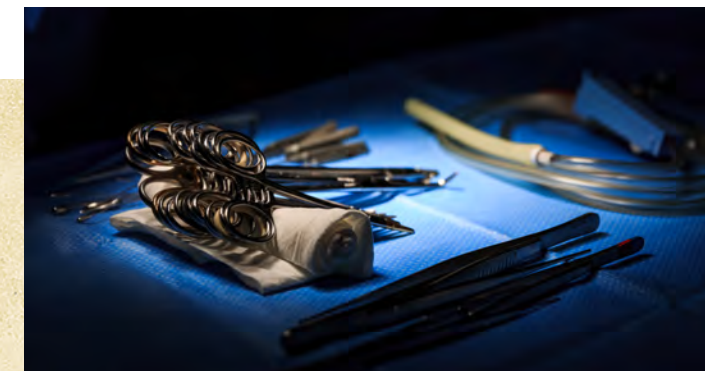
- | Medical Director, MedCentris Wound Healing Institute at Tulane
- | Golden Curette Award, MedCentris Physician of the Year (2019)
- | 2 publications

Chaffin AE, Bohn GA. **Extracellular matrix graft for reconstruction over exposed structures: a pilot case series.** *Journal of Wound Care*, 2020 Nov 11; Vol. 29, No 12.

Chaffin AE, Buckley MC. **Extracellular matrix graft for the surgical management of Hurley stage III hidradenitis suppurative: a pilot case series.** *Journal of Wound Care*, 2020 Nov 11; Vol. 29, No 11.



THE PLASTIC SURGERY DIVISION, LED BY DR. ABIGAIL CHAFFIN, continues its strong affiliation with Dr. David Jansen and his group. Dr. Chaffin focuses her practice on general reconstructive plastic surgery, complex abdominal wall reconstruction and wound reconstructive surgery. She is the Medical Director of the MedCentris Wound Healing Institute at Tulane. Dr. John Guste returned to Tulane in October 2017 to provide microvasculature surgical technique as an option for our breast reconstruction patients and works in conjunction with Dr. Chaffin.



Corsetti offers patient-focused cancer surgery on the Northshore

RALPH L. CORSETTI, MD, FACS, a leading surgical oncologist, rejoined the Department of Surgery in November 2020 as a Professor of Surgery, Vice Chair of Clinical Experience (Northshore), and the Edward G. Schlieder Educational Foundation Chair in Surgical Oncology. He'll help lead Tulane's effort to establish a robust oncologic surgery service line on the Northshore.

"This will be my third round at Tulane," Corsetti said. He has deep roots with the university, starting with his internship and residency years from 1991 to 1996, and returning as an Associate Professor of Surgery and chief of the surgical oncology section from 2002 to 2006. In the meantime, Corsetti has fostered his connection to the university by serving as a member of the Board of the Tulane Surgical Society, where he worked alongside Mary T. Killackey, MD, chair of the Department of Surgery.



Corsetti, who spent the last 14 years working in the region, returns now with a mission to provide high-quality, patient-centered care on Louisiana's Northshore, one of the state's fastest growing suburbs. "I'm excited about our ability to cater to patients — giving them the commitment and time to answer all of their questions," he said. "Breast cancer patients are a predominant part of my practice. Answering new patients' and their families' questions often takes an hour or longer. As surgeons, we are usually the gateway into the system, and we provide a comprehensive care plan discussion at the initial encounter."

He will be the only fellowship-trained surgical oncologist practicing exclusively in the Northshore area. In his Covington location, Corsetti will provide a range of services, including breast, endocrine and melanoma surgery. It's an area in need of cancer services, Corsetti said, and there's an opportunity for Tulane to develop screening programs, including mammography services, that would allow women to stay in their community to receive necessary care. Education will also be a key focus for Corsetti in his new role. For starters, the Northshore location creates more training opportunities for Tulane's medical students and residents and

a chance to deepen their clinical experience with a diversity of cases. "Part of my excitement about coming back was the educational component: to continue to train residents and students," he said.

Tulane is excited and proud to have Dr. Corsetti back as a leader in our medical community. 



Division of
**MINIMALLY INVASIVE (MIS)/
 BARIATRIC SURGERY**

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**PUBLISHED
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IN 2017, TULANE HOSPITAL RECOMMITTED TO DEVELOPING A BARIATRIC PROGRAM, which achieved Center of Excellence status within 12 months. This program anchors our minimally invasive surgery division and has led to the growth of the faculty in this division. Dr. Shauna Levy, Assistant Professor, is the Medical Director of the Bariatric program. Having received her certification from the American Board of Obesity Medicine (ABOM), she is expanding the scope of the program to provide more comprehensive care to the patients.

Dr. Carlos Galvani, who joined the faculty in March 2020, is an expert in complex foregut surgery as well as weight loss surgery, and brings extensive experience running large, successful programs. He is an advanced robotics surgeon, bringing that expertise to Tulane for the benefit of our patients and the training of our residents. Strategic planning for 2021 includes the development of a Reflux Center of Excellence, the first in the state, as well as expansion to the Northshore and developing a complex abdominal hernia repair practice.

With the addition of Dr. John Baker to the team in 2019, Tulane maintains a strong presence in the partnership with LSU at the UMC Bariatric program. Dr. Baker brings with him vast experience and knowledge from his leadership within the American Society of Metabolic and Bariatric Surgery.

These robust clinical practices have led us to re-establish a fellowship in MIS, which is accredited by the Fellowship Council and graduating our second fellow in 2021. Finally, as the Surgical Director of the Simulation Center, Dr. Galvani has enhanced the residents training and curriculum in collaboration with Dr. Matthew Zelhart, Associate Program Director for Curriculum. Our new curriculum began in July 2020, allowing for dedicated time and training in the simulation for all levels of resident on a regular basis throughout the year.



Galvani takes Tulane practice fully robotic

CARLOS A. GALVANI, MD, FACS, FASMBS, first started his training in advanced laparoscopic surgery techniques and robotic surgery during his fellowship training in 2004. Since then, there have been four generations of robotic technology and a similar shift in acceptance of this mode of practice.

“At the beginning, we were taught that we had to use the robot only for the most complex procedures, or the most complex portions of the procedure,” said Galvani, who is a Professor and Chief of the Division, MIS/Bariatric Surgery. “It is counterintuitive to do the most complex things at the very beginning. It would be like learning to drive by driving an 18-wheeler through downtown traffic.”



Slowly that notion began to change, and Galvani became an advocate for much greater use of the technology as a tool for surgeons. He also became a champion of having surgeons learn the robot on simpler cases and work their way up to more complex procedures.

When Galvani left the fellowship, he started to use the surgical robot for about 60 percent of his cases. Over the years, he steadily increased the volume of robotic surgeries, and today he operates 100 percent with robotic technology.

“Doing every single case with the robot just made me a better surgeon, in terms of efficiency and having fewer complications,” he said. There are many benefits of the robotic approach for patients. The procedure

time is shorter, and typically the recovery time is quicker too, so patients can leave the hospital the same day or just a day later. There is also usually less pain with this approach, which also allows Galvani and his team to minimize opioids as part of the pain management approach.

When Galvani talks to patients about the robot, he emphasizes that the procedure is minimally invasive and the robot is simply a tool for making the procedure safer and more efficient. “I tell them, ‘This is a computer between my hands and the instruments that makes me more precise and gives me a three-dimensional view inside the body.’” As an educator, Galvani also sees the benefit of robotic surgery for teaching surgical residents, who can learn

procedures more quickly using the robot in the simulation environment, increasing their exposure to robotic-assisted operations. With gastric bypass, for instance, it might take 75 to 100 cases for a surgeon to learn to do the procedure laparoscopically. With the robot, it takes about a quarter of the cases to reach the same level of proficiency.

But a surprise benefit of robotic surgery is that it causes much less wear and tear on the surgeon due to improved ergonomics. Since switching to a full robotic practice, Galvani said he has less neck and shoulder pain. “So now I’m giving the benefit of minimally invasive surgery to the patient, but at the same time I’m taking care of myself.” ■

Tulane launches radiofrequency ablation program as thyroid surgery alternative

EMAD KANDIL, MD, MBA, FACS, FACE, is spearheading the introduction of a new procedure that could significantly reduce the need for surgery in patients with thyroid nodules.

Kandil, who is a Professor of Surgery, the Elias Hanna Chair in Surgery, and the chief of General, Endocrine and Oncological Surgery, launched a radiofrequency ablation program at Tulane Medical Center in 2019. Thyroid radiofrequency ablation (RFA) is a newly approved technology that uses guided ultrasound to deliver radio frequency current to heat up and shrink — or destroy — nodular tissue.



The availability of RFA treatment is a “game changer” for patients with symptomatic thyroid nodules, whose only previous option was surgery, Kandil said. Now, patients can opt for this minimally invasive procedure, which does not involve incisions or general anesthesia. The procedure is performed on an outpatient basis and patients are awake the entire time. Thyroid RFA can be performed in just a few minutes, and it helps avoid potential complications that can arise during surgery. “I’m not trying to sell it,” Kandil said. “But it’s an easy sell for patients.”

Thyroid RFA may be a good option for patients who are at high risk for surgery or who do not want to undergo surgery, as well as patients with large nodules or hyperactive nodules, and even patients with cancerous thyroid nodules. It is unlikely to be a good option for patients with hyperactive thyroid or advanced cancers, Kandil said.

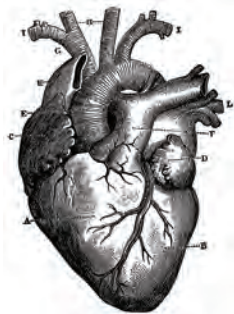
Tulane surgeons currently have the most experience with remote access robotic thyroid and parathyroid surgery and thyroid RFA, of any center in the U.S., Kandil said. Tulane is also approved as a training center. So far, Tulane surgeons have performed more than 100 thyroid

RFA procedures, and that number is expected to double over the next few months. “At least 50 percent of the patients who are coming here for the procedure are from out of state or Canada because this is not offered in the surrounding states,” Kandil said.

Tulane is also leading the way in educating surgeons on the new technology. Before the COVID-19 pandemic, Tulane hosted training for surgeons from around the country in how to perform the procedure. 📌



Division of
**TRAUMA, ACUTE CARE
& CRITICAL CARE SURGERY**



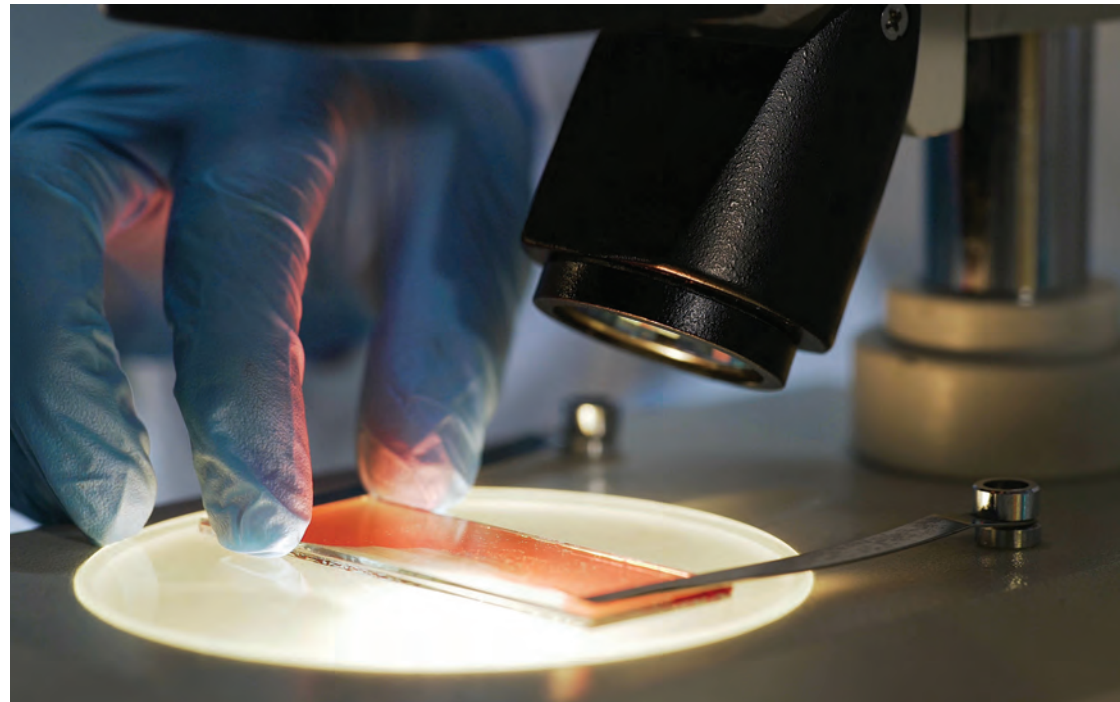
THE AMERICAN HEART ASSOCIATION AND ENTERGY SELECTED DR. REBECCA SCHROLL as one of the 2021 “Women in STEM” honorees, one of ten local leaders who have demonstrated exceptional commitment and made an impact across New Orleans in the STEM field.

“
We are working to improve acute care surgery/trauma care in our community by providing a comprehensive group of professionals in the field with expertise in resuscitation, research, wellness, compassionate care and prevention. Our goal is to keep expanding our research efforts in order to make a difference in our community.”

— JUAN C. DUCHESNE, MD, FACS, FCCP, FCCM

The William Henderson Chair in Surgery
Professor and Division Chief Trauma/Acute Care and Critical Care,
Department of Surgery Tulane
TICU Medical Director, Norman McSwain Level I Trauma Center, New Orleans
Primary research focus: injury prevention and gun violence; resuscitation

IN 2020, DR. CHRISSY GUIDRY DEVELOPED THE GREEN EMERGENCY GENERAL SURGERY (EGS) BOOK, a comprehensive collection of high-yield Emergency General Surgery topics applicable to trainees, faculty and staff. This book is used for teaching and aligned with our *esprit de corps* core value, “Each one, Teach one.”



Whole Blood Transfusions at UMC: Groundbreaking Research and Results

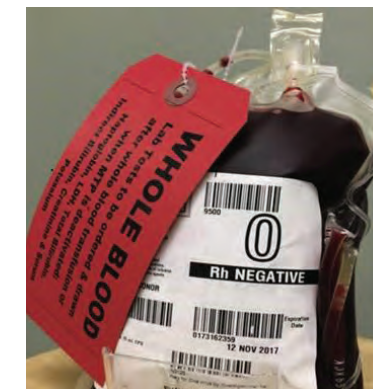
We are in Year 2 of using whole blood (WB) transfusion at University Medical Center, and we were the second trauma center to perform a prospective side-to-side evaluation of WB vs balanced component therapy (BCT). Impressive results indicate that transfusion using primarily WB in civilian trauma is feasible (including large volumes not previously reported), and can result in lower ventilator days, less inflammation and shorter ICU stays. We are now expanding its use to prehospital blood transfusions.

History

Fresh (WB) transfusion was first widely used during World War II and was the mainstay for many years. In the early 1970s, advancements in the fractionation process led to component therapy being used for patients in hemorrhagic shock in an effort to conserve blood as a resource and target specific component deficiencies. Fractionation of blood into its component parts improved storage times and decreased waste, but the change was not data driven. Regardless, the improvements in logistics and maximization of product availability enticed widespread adoption of component therapy, despite lack of evidence to support therapeutic superiority over the use of WB. Based on lessons learned from the wars in Iraq and Afghanistan, fresh WB transfusion saw resurgence in the military and now is being reintroduced into civilian trauma surgical practice.

Whole Blood in Traumatic Hemorrhagic Shock

Many advocate that the most appropriate resuscitation in this population is whole blood, which addresses both hemorrhagic shock and coagulopathy. Whole blood contains RBCs, plasma and platelets, as well as an increased concentration of stored components and improved function compared with balanced component resuscitation. Whole blood is an approved and regulated product by the U.S. Food and Drug Administration and the American Association of Blood Banks (AABB).



Bench to bedside collaboration fuels funding

OLAN JACKSON-WEAVER, PHD & SHARVEN TAGHAVI, MD, MPH, FACS

Discoveries in the lab are critical to achieving advances in patient care, but scientists often don't interact directly with the clinicians delivering that care. That is not the case at Tulane, where surgeons in the division of Trauma, Acute Care and Critical Care regularly trade ideas with their colleagues in the lab.

"I talk to the surgeons every day. My office is right next to all of them. This integration within the department is a key goal," said Olan Jackson-Weaver, PhD, a Research Assistant Professor in the division's Office of Surgical Research.

Jackson-Weaver, who came to Tulane in September 2018, recalled that collaboration with the surgery team started immediately, even before he arrived on campus. After dialing in to the weekly trauma meeting and describing the basic science research he was working on, he got a call from Sharven Taghavi, MD, MPH, FACS, another new hire at Tulane, who is an Assistant Professor in the division. Taghavi, who is involved in both research and patient care, pointed out that they had overlapping research interests and suggested that they start working together.



"We wanted to hit the ground running and have our work be synergistic," Taghavi said.

Jackson-Weaver's laboratory research focuses on the role of the endothelial glycocalyx, which lines the blood vessels, and how it is damaged in acute lung injury and hemorrhagic shock. Taghavi, who has a special interest in acute lung injury, was interested in how the interleukin-22 protein interacts with the endothelial glycocalyx. Together they are dissecting the molecular pathways that affect endothelial cell injury in trauma. "That gives us ideas for new therapeutic targets," Jackson-Weaver said.

Their collaboration isn't just advancing science; it is also grabbing the attention of funders, who are increasingly looking for research proposals that have direct relevance to patient care.

Taghavi has been awarded independent funding from the Eastern Association for the Surgery of Trauma and the Louisiana Clinical and Translational Science Center (LA CaTS). Jackson-Weaver has received funding from the American Heart Association. The goal going forward is to parlay that early funding into federal grants from the National Institutes of Health, Department of Defense and Centers for Disease Control and Prevention.

This bench to bedside collaboration is possible because of the support from leaders within the Department of Surgery. Jackson-Weaver and Taghavi said the ability to share ideas with colleagues across the surgery department, as well as in other departments like pharmacology, physiology, pulmonology and microbiology, has been critical. "It's a really supportive environment. We have a weekly research meeting where a lot of ideas are generated," Taghavi said. ■

Office of Surgical Research

HISTORICALLY, THE DEPARTMENT OF SURGERY has been a real player in surgical research. As we restructure to improve our impact and best access available to our patients on the latest treatment developments, we'll focus on strong collaborations and mentorships around the school. Our goal will also be diversifying federal grant funding, fundraising and supporting our junior investigators through protected time and faculty development.

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Surgeon's legacy in transplant medicine stretches from coast to coast

RONALD W. BUSUTTIL, MD, PHD

In the 36 years since Ronald W. Busuttill, MD, PhD (G '71, M '71, G '75) founded the Liver Transplant Program at the University of California–Los Angeles (UCLA), 6,784 liver transplants have been performed. Of those, 5,627 were performed in adults and 1,156 in children — all lives that would have been lost without the procedure. Asked what motivates him every day, Busuttill explained that liver transplantation is a discipline that truly is a lifesaver.

“When you first see a patient in liver failure, you know that without a successful liver transplant, that patient will not survive. On the other hand, with a successful liver transplant, over 75% of patients can achieve a long-term survival, which was not possible without liver transplantation. THAT is the greatest motivator!”

Busuttill graduated with a medical degree and a Master of Science degree in pharmacology from Tulane University School of Medicine in 1971 and a PhD in pharmacology in 1975. He credits his education at Tulane with giving him a solid foundation for his career.



Ronald W. Busuttill, MD, PhD (G '71, M '71, G '75), who founded UCLA's liver transplant center in 1984, credits Tulane with giving him a solid foundation for his career. To commemorate his upcoming 50th reunion, Busuttill made a generous gift to the Department of Surgery's liver transplant program.



“The faculty was great, its reputation was stellar, and it totally solidified my goal to become a caring and committed physician,” said Busuttill. “Tulane medical school has been for years a top medical institution. Its goal is to provide the best training of physicians that will prepare them for taking care of the sickest patients and doing so in a compassionate and thoughtful manner. That is the definition of successful training and mentoring of medical students.”

Busuttill founded UCLA’s liver transplant center in 1984, when liver transplantation was still in its infancy. The program has grown in size and prestige through the years. In 2016, for example, Busuttill performed the program’s 6,000th liver transplant, the most at any center in the nation, according to a UCLA news release. Also, the liver transplant training program is among the foremost in the nation. It has trained 82 transplant fellows, of whom one-third are chiefs of transplant at academic medical centers throughout the United States and abroad, Busuttill said.

At Tulane, Busuttill was exposed to physicians who made an impact on his own life and future career. Chief

of Surgery Dr. Ted Drapanas inspired Busuttill to become an academic surgeon. “He was the consummate academic surgeon and was committed to saving lives, advancing the field and training the future leaders in surgery.”

Another important role model was Dr. Elmo Cerise, who was instrumental in the young surgeon’s training when Busuttill returned to Tulane to get his PhD in pharmacology. “During that time, I would assist him in his surgical cases about three mornings a week. The experience I had with this truly gifted surgeon was remarkable and further solidified my plan to become an academic surgeon.”

Busuttill commemorated his upcoming 50th reunion from Tulane by making a generous gift to the Tulane Department of Surgery’s liver transplant program.

“I could not have accomplished what I have in my career without the training and mentorship that I received at Tulane medical school. The mentors that I had were committed, compassionate and experts in their field. They always put the patient’s best interest first, along with providing

outstanding clinical care, fostering scientific discovery and demonstrating a commitment to mentor the future leaders in their field.”

As a physician who has found great success in his chosen field, saved lives and prepared many future physicians, he has wise counsel for Tulane medical students who are currently studying to become physicians.

“My advice is to realize that you are privileged to be a part of a truly outstanding medical school — one with a great history and legacy. Training to be a physician can at times be very difficult due to long working hours, unexpected and unfortunate poor outcomes with a patient, and the need for full commitment to your profession. Despite this, the fact is that in the overwhelming majority of cases, you are saving lives and will be making an incredibly positive impact on your patient, their families, your colleagues and your future trainees. There could be nothing more meaningful.”

*Written by Mary Sparacello /
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