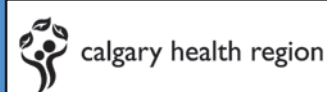


THE BLADE

DEPARTMENT OF SURGERY ALUMNI NEWSLETTER
CALGARY HEALTH REGION . ISSUE 2 . SEPTEMBER 2008

TOGETHER, LEADING AND CREATING EXCELLENCE IN SURGICAL CARE



CALGARY ALUMNUS LECTURES ON BIOINFORMATICS, DATA INTEGRATION AND OUTCOME REPORTING IN SURGERY

This year, the Department of Surgery was honoured to have **Dr. Philip Haigh** as the 2008 **Dr. Rene Lafreniere Alumni Lecturer**. In March, Dr. Haigh provided a presentation, titled "Surgical Research Vignettes from Hollywood, California," where he spoke about his research at Kaiser Permanente Los Angeles Medical Centre. Dr. Haigh has successfully mined and analyzed data to develop novel and robust outcome reporting. He has applied Bioinformatics tools to diseases in surgical oncology and emergency surgery.

Dr. Haigh was born and raised in Calgary, but has been working in Los Angeles since 2002. He admits that the main draw for him was the climate, but he said he misses a lot of things about living and practising in Canada.

"I miss the Canadian culture, the people, the open spaces," Dr. Haigh said. But he also calls the hospital he works at "an island of Canada in the middle of L.A." because of some similarities to the public healthcare system in Canada.

After finishing the International Baccalaureate program at Sir Winston Churchill high school, Dr. Haigh took a

ALUMNI LECTURE: CONTINUED ON PAGE 7



Photo: Courtesy
of Dr. Haigh

Dr. Philip Haigh presented the 2008 Lafreniere Alumni Lecture. His lecture slides included photos of his two young children and his dog.

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A MESSAGE FROM DR. JOHN KORTBEEK, DEPARTMENT HEAD OF SURGERY

It is with great pleasure that we present the second annual edition of "The Blade". The strength of the Department lies with its people. Our community includes the many committed members of the Department working with us today, the rich heritage of Students, Residents and Fellows who have shared their professional journey with us in the past and our future colleagues and friends represented by our current undergraduate and post graduate students.

The achievements and milestones of the Members of our Department are too numerous to summarize in this newsletter but we hope to share with you some of the stories of our Faculty. Surgeon's Day remains the academic highlight of the year. Once again our Residents and Fellows achieved new heights of academic excellence. Our distinguished honorees included Drs. MacRae, Hollinshead, Dewar, and Kirker.

Together they embody the true art of surgery and reaffirmed that all of us can, and do, make a difference in the care of our patients and their families, as well as by improving the programs and services that support our work. We welcome fresh faces and future friends amongst our new Residents and Fellows for 2008 and 2009. I have no doubt they will continue to enrich the tradition and heritage of Surgery in Calgary.



Dr. John Kortbeek

Best Regards,

John B. Kortbeek, MD, FRCSC, FACS
Regional Clinical Department Head (Surgery),
Calgary Health Region
Professor and Head, Faculty of Medicine,
Department of Surgery, University of Calgary

Awards and Prizes Received by Department of Surgery Members include:

- ✎ Dr. Robert Bray will receive seven years support from the Alberta Heritage Foundation for Medical Research
- ✎ Dr. Maurice Blitz received the RJ Ginsberg Prize for best Resident Research Paper at the Annual Meeting of the Canadian Association of Thoracic Surgeons at the Canadian Surgical Forum in 2007, for his paper, "The Evolution of Thoracic Surgical Literature"
- ✎ Dr. Kevin Hildebrand received the Founder's Medal for best paper at the Canadian Orthopedic Research Society's 2007 meeting in Halifax
- ✎ Dr. Matt Di Silvestro presented the top Canadian Orthopedic Research Paper at the Canadian Orthopedic Association's 2007 meeting in Halifax
- ✎ Dr. Andrew Kirkpatrick received the 2008 Annual Scientific Award from the Society of Critical Care Medicine for his abstract, "Intra-abdominal pressure effects on porcine thoracic compliance in weightlessness: Implications for laparoscopic surgery in space."
- ✎ Dr. Mary Brindle was awarded the UCMG Department of Surgery Prize for 2007-2008 – Protocol investigating lung development in neonates
- ✎ Drs. Phil Park and Beth Lange received a \$150,000 grant from the Campbell McLaurin Foundation for Hearing Deficiencies, to construct a Temporal Bone Surgical Skills laboratory

Other Highlights include:

- ✎ Dr. Andrew Kirkpatrick and Dianne Dyer have secured funding for the Provincial Trauma Proposal
- ✎ Dr. Norm Schachar was appointed the Assistant Dean of Continuing Medical Education
- ✎ Dr. Dale Birdsell was invited to the Mayo Clinic as the Erlich Visiting Professor in Plastic Surgery, where he taught Residents and Fellows, and gave Grand Rounds to Plastic Surgery and the Department of Surgery
- ✎ Dr. Cy Frank was named one of the Top 40 Alumni of the University of Calgary in recognition of the University's 40th anniversary. Dr. David Hart received the Golden Apple Award from the University of Calgary Faculty of Medicine Graduate Education
- ✎ Dr. Rene Lafreniere was elected President of the Canadian Association of General Surgeons
- ✎ Dr. David Sigalet became the North American representative to the World Federation of Pediatric Surgeons, where he will represent Canada and the U.S. until 2010
- ✎ Dr. Janice Pasioka was chosen by the Women's Executive Network as one of the Top 100 Most Powerful Women in the Professionals category, which is nominated by the public and chosen by an advisory board

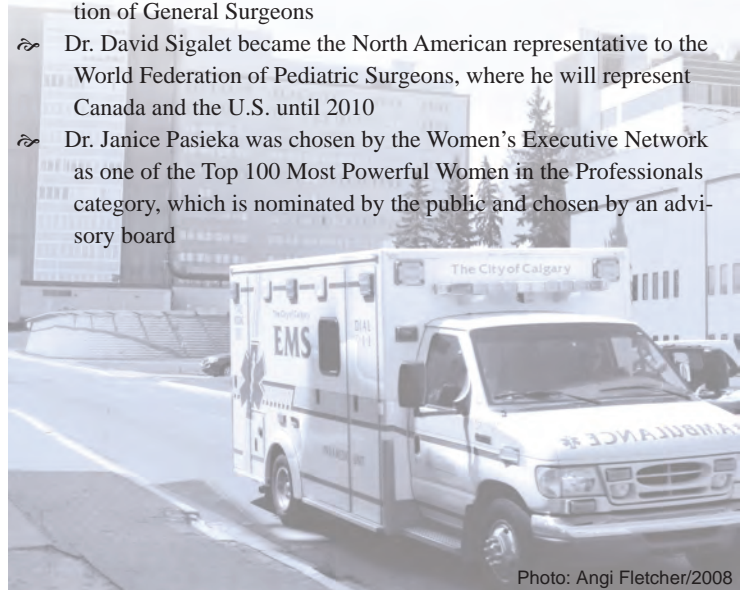


Photo: Angi Fletcher/2008

RESIDENT PROFILE:

SURGEON STUDIES SPACE

Dr. Paul McBeth, who is just finishing his first year of a General Surgery Residency, will be starting the academic year a little differently this year than most of his peers.

He will be in Barcelona, Spain for the months of July and August to participate in the Space Studies Program through the International Space University (ISU).

"It's a big chunk of time, and being in a surgery program, certainly, I had some hesitation about it at first," Dr. McBeth said. "But I was certainly quite excited, and the program director (General Surgery Residency

program, **Dr. Tony McLean**) has been great at making this happen."

Dr. McBeth seems to downplay how prestigious and difficult the program is to get into, but he has a lot to brag about.



At the ISU program, Dr. Paul McBeth, a general surgery resident, will participate in projects on space-related topics with others from around the world.

"One of the big emphases is on multi-cultural, interdisciplinary collaborations."

— Dr. Paul McBeth
General Surgery Resident
and ISU student

After finishing high school in Calgary, Dr. McBeth followed his father and received a degree in engineering. He was interested in mechanical engineering and robotics, and wrote a research proposal to do graduate work in space robotics.

It was then that he was approached by a Vancouver man who was working in surgical robotics, and Dr. McBeth spent two

years working with him before returning to Calgary.

Back in Calgary, he worked with Dr. Garnette Sutherland, a neurosurgeon, to develop a robot for neurosurgical applications (For

more on Dr. Sutherland's robot, see "Neurosurgical Robot passes first patient test" on page 6). As an

on-site engineer, he worked with surgeons in Calgary, and other engineers in Ontario to create a robot for neurosurgery from the ground up.

"During that time, I really got interested in medicine and in the back of my head, I thought I would consider applying at some point," Dr. McBeth said. He did apply, and got into the University of Calgary Medical School on his

first try.

As if engineering and medicine weren't enough, now Dr. McBeth will be learning about a number of topics surrounding space and space exploration.

But this program is extremely difficult to get into. Dr. McBeth said he had applied several times and been declined. Applicants have to have at least a bachelor's degree, with preference given those with higher degrees or additional professional experience.

Dr. McBeth is receiving a full sponsorship from Canadian Alumni of the ISU, who sponsor between three and five Canadian students each year. The group will cover the university's fees as well as airfare for Dr. McBeth.

This year the program will be held in Barcelona, though it was scheduled to be held in Naples, Italy but had to be moved due to "logistical difficulties encountered in Naples," according to the ISU website. The ISU is based in Strasbourg, France, but the programs are held in different places each year with past sites including

China, Australia, Canada and various European countries.

Dr. McBeth said that one of the things he finds most interesting about the program is the cultural exchange aspect of it, with students coming from all over the world.

"It's very all-encompassing. One of the big emphases is on multi-cultural, interdisciplinary collaborations," he said. "The ability to interact with people from different areas, from medicine to engineering to people who are in law and policy, it really brings people together from all different backgrounds."

The program includes lectures on a multitude of multi-disciplinary topics, and project components where students are asked to work together to solve problems related to space.

The connections that attendees make with one another are often life-changing. Dr. McBeth said he travelled with a friend who has been through the ISU program before and that before they arrived at each city, she only had to send out a few emails, and they were welcomed warmly by other ISU alumni.

"It's just sort of this worldwide connection," Dr. McBeth said. "It just opens up all these different avenues for you."

Dr. McBeth isn't entirely sure yet where his career path will take him, but he definitely believes that surgery will be involved.

"I love getting into the operating room and just getting in there with my hands," he said. "You're working on things, you're cutting out a cancerous tumour. It's very tangible." ❧

SURGEON'S DAY 2008 RECOGNIZES EXCELLENCE IN MEDICINE & RESEARCH

Surgeon's Day aims to highlight the vast array of research done by the Surgical Residents and Fellows in the Department.

On June 13, 2008, the Department came together to listen to presentations on that research during a Symposium at the Red and White Club, and then celebrated those achievements and others with an awards dinner at the Sheraton that evening.

Symposium

The symposium invited two well-respected doctors to hear and judge the presentations. A local judge and a visiting judge were chosen, and both presented lectures during the symposium. This year's chosen judges were **Dr. Tom Noseworthy** from the University of Calgary and **Dr. Norman Kneteman** from the University of Alberta.

The Residents and Fellows were provided with the opportunity to present some of the varied and fascinating research they are involved in. The day was split into four sessions, with chairs chosen from within the department to introduce the speakers and lead the question period following each presentation.

The research included topics ranging from Aboriginal children with severe trauma injuries, the amount of radiation orthopedic surgeons are exposed to in a year, whether digital x-rays are as good as traditional x-rays for accuracy and reliability, and whether it is safe to leave in central line fragments when they become very difficult to remove.

There was also a poster competition, with topics ranging from Colitis treatments to traumatic ski and



Photo: Angi Fletcher/2008

snowboarding injuries.

The judges also gave lectures as part of the symposium. Dr. Noseworthy gave the *McMurtry Lecture* titled "Canada's Health Care System: Private Care and Surgical Education," and sparked such a debate that the discussion had to be cut short in order to keep the presentations on time. Dr. Kneteman gave the *McPhedran Lecture*, titled "What is the role of liver transplantation in the multidisciplinary treatment of hepatocellular carcinoma?" which looked at staging guidelines for HCC and at what point transplant should no longer be considered for a given patient.

(Continued Next Page)

Above: The distinguished judges took time out on Surgeon's Day to pose for a photo with Dr. David Sigalet, the Director of the Office of Surgical Research. Dr. Tom Noseworthy (left), Dr. Sigalet and Dr. Norman Kneteman (right) agreed that the research presented this year was exceptional.

Below: The symposium gave Residents and Fellows the opportunity to present their research to an audience of their peers and mentors.



Photo: Angi Fletcher/2008

Awards Dinner



The Awards Dinner gave the Department the opportunity to recognize Resident research, and to acknowledge the service of several department members.



All Photos on this page courtesy of Shelley Vandervelde and SVP Photography

After the research and lectures had all been presented, everyone headed to the Sheraton downtown for dinner. Dinner was held in the beautiful upstairs dining room, and during dessert, the judges took the stage to present the awards from the day's research symposium.

Best Clinical Research by a Resident went to **Dr. Savtaj Brar** for his research into whether mandatory CT scans would be economically sound in the diagnosis of appendicitis, and the Best Basic Research by a Resident went to **Dr. Michael Monument** for his work on loss of motion in joints after traumatic injury. Honorable Mentions were given to **Dr. Danny Goel** and **Dr. Steve Johnson** for their Clinical and Basic Research, respectively.

Dr. Paul Renfrew, who is completing the Surgical Oncology program this year, was awarded Best Overall Research by a Fellow for his work on perioperative I.V. fluid restriction in abdominal surgery. Best Clinical Poster was given to **Dr. Alicia Ponton-Carss** for "Assessment of Communication, Professionalism & Surgical Skills in an Objective Performance Related Examination (OSPRE): Preliminary Results." Best Basic Poster went to **Dr. Laurie Wallace** for "Anti-Inflammatory Actions of GLP2 aren't dependant on IL10 signalling."

Following the symposium awards, the Distinguished Service Awards were given out. Each of the awards was presented by a colleague of the recipient, and it was quite clear that the recipients were very well respected as each received a standing ovation when taking the stage to accept their award. One award was given to a surgeon from each of the four main acute care sites in Calgary

— the Foothills, Peter Lougheed, Children's and Rockyview hospitals.

There is also an Educator of the Year Award which is chosen by the Residents. The winners of those awards were:

EDUCATOR OF THE YEAR AWARD:

~**Dr. Tony MacLean**

Dr. MacLean received an MD from Dalhousie University. He joined the Division of General Surgery at the University of Calgary in 2001. He is currently Director of the General Surgery Residency Program and Chairman of the General Surgery Residents Research Committee.



DISTINGUISHED SERVICE AWARDS:

~**Dr. Betty MacRae** - Foothills Medical Centre

Dr. MacRae received her MD from the University of Toronto. She is a Neurologist and a Neurosurgeon and obtained a diploma in Sports Medicine. She is also married to a psychiatrist and joked in her speech that her husband said that if he couldn't fix a problem, she could cut it out.



~**Dr. Bob Hollinshead** - Peter Lougheed Centre.



Dr. Hollinshead obtained an MD from the University of Manitoba in 1971. He was a Medical Officer for the Canadian Forces before completing General and Orthopedic Residencies. He has since worked in Calgary, is involved with many professional associations, and is a Clinical Professor in Orthopedic Surgery.

~**Dr. Rich Dewar** - Alberta Children's Hospital.

Dr. Dewar received an MD from the University of Alberta. He came to Calgary in 1968 worked as an Emergency Physician before beginning an Orthopedic Residency. He stayed in Calgary until 2004 when he moved to Vernon, B.C. He works largely with spinal deformities and diseases.



~**Dr. Merv Kirker** - Rockyview General Hospital.



Dr. Kirker has an MD from the University of British Columbia and received many awards as a student. He completed training in Montreal, Toronto, England and Germany and has worked in Calgary since 1971, including a term as the Head of the Division of Ophthalmology from 1985 to 1997. 

NEUROSURGICAL ROBOT PASSES FIRST PATIENT TEST

The recent development of a neurosurgical robot called the neuroArm has made news across Canada and around the world, but nowhere should it be bigger news than within the local Surgical community.

Dr. Garnette Sutherland, a Calgary neurosurgeon in the Department of Clinical Neurosciences, is the lead physician involved in the neuroArm project. He worked with a team including Department of Surgery members, **Dr. Joe Dort**, **Dr. Richard Hu**, **Dr. Andrew Kirkpatrick**, **Dr. Sean Grondin**, and **Dr. Oliver Bathe**, along with other Calgary- and Ontario-based doctors and engineers to create it.

In May 2008, about a year after it was unveiled and about seven years after research began, the neuroArm was used to remove a brain tumour in a 21-year-old woman. She was released less than a week after her surgery.

Dr. Sutherland said that it wasn't until after they began her surgery that they realized how difficult it would be to remove her particular tumour.

It was caused by neurofibromatosis, which causes benign tumours to grow around nerves. This can affect the senses and in this particular case, it was affecting the woman's sense of smell.

Dr. Sutherland said her tumour would have been very difficult for a surgeon to remove by hand because of the complex way it was attached to the woman's nerves. The neuroArm gives surgeons a level of precision that was impossible before, and Dr. Sutherland said that the technology represents a new age in surgical care.

It allows for movements of about 50 microns, or 0.05 millimetres — a significant difference, given that the best surgeons can usually only work in increments of one millimetre or bigger.

For his part in the neuroArm, Dr. Sutherland received an Alberta Science and Technology (ASTech) award for Outstanding Leadership in Alberta Technology in 2007, and a Manning Innovation Award of Distinction in Medical Science in 2004. ☞



Dr. Sutherland used the neuroArm to remove a complex tumour and said that it is much more accurate than a surgeon's hands alone.

CIVILIAN SURGEONS HELP FILL SHORTAGE AT KANDAHAR BASE

Last year, a number of local surgeons volunteered to go to Afghanistan to fill a shortage of Canadian Forces Surgeons, and some of them found the experience to be quite different from their expectations about a country involved in conflict.

Dr. Rob Mulloy said that it was the attitude of those at the base that most surprised him about the trip.

"The camaraderie," Dr. Mulloy said. "The Canadians we met seemed to think it was a worthwhile effort and were appreciative of

what we were doing there."

Dr. Mulloy is a General/Trauma surgeon and said he has a background in injury. He said that when the opportunity came up, he was one of the early doctors to volunteer.

Of the cases he worked on there, he said that about 95 per cent of them were trauma cases and that many of those were explosion or blast injuries.

But despite what many people might think, he said that he felt very safe once he was inside the compound, and that the experience was im-

portant to him.

"I'd be hard pressed to summarize it, but I think I got something out of it," Dr. Mulloy said. "War is a very unique experience."

Dr. Ian Anderson helped to organize the trip, which included Dr. Mulloy, **Dr. Steve Bureau** and **Dr. Andrew Kirkpatrick**. Drs. Anderson and Kirkpatrick will both be returning to Afghanistan as reservists to help cover the shortage. Dr. Anderson said Calgary reservists will be covering one quarter of the year as general and trauma surgeons there. ☞

CHARITY GOLF GAME FUNDS RESEARCH

After last year's tournament was rained out, and with only a handful of dry days in the month leading up to it, there were many fears that the annual Charity Golf Tournament would be a wet one.

And with ominous clouds in the sky, members of the Department of Surgery headed out to the River Spirit Golf Club to raise money for the Calgary Surgical Education and Research Trust.

Luckily, the weather held. Except for a few raindrops during registration, it was a beautiful day for the approximately 90 golfers who came out.

Throughout the course, golfers were able to participate in a number of draws and contests, including shortest and longest drives and putts for men and women, and draws for landing a ball in the water or the sand.

A hole-in-one contest on the 8th hole was sponsored by Sunridge Nissan. Unfortunately, no one actually managed a hole-in-one so the Nissan *Rogue* that was up for grabs went back to the dealership this year.

The putting contest, which allowed each golfer three tries at a relatively short putt, looked easy enough. Every putt in the hole got a ballot

entry at the prize, but the hole was deceptively difficult. The draw came down to only five golfers who were able to find the hole.

After the golfers came back, a banquet, sponsored by **Dr. Kortbeek**, was served. **Dr. Gary Gelfand** acted as MC for the evening, and drawing for door prizes, announcing all the contest winners, and awarding the winning teams.

The first place team came down to a tie, so the last hole was used as a tiebreaker. Finishing with an eagle, the team of **Dr. Nick Mohtadi, Dr. Preston Wiley, Dr. Brian Burkart** and **Dr. Kelly Brett** won, while the team of **Dr. Phil Mitchell, Dr. Ian Mitchell** and **Brant Hill** finished second with only a birdie.

All together, approximately \$20,400 net profit was raised by the tournament.

The Department of Surgery and the Calgary Surgical Education and Research Trust wishes to thank all the sponsors for making this year's event a success.

If you are interested in sponsoring or participating in next year's tournament, visit the Department of Surgery website or contact the Department for information. ☞

ALUMNI LECTURE: CONTINUED FROM PAGE 1

Cellular and Molecular Biology degree in 1987 and his M.D. in 1990, both at the University of Calgary. He followed that with a one year rotating internship in B.C., and then returned to complete his residency in Calgary as well.

When Dr. Haigh finished his residency, he moved to California, where he took on a two year Surgical Oncology Fellowship, an Endocrine Surgery Elective and a Fellowship in Breast and Endocrine Surgery before returning to Canada in 2000. He then began work on his Master's of Science in Clinical Epidemiology at the University of Toronto while he was on staff there, but returned to California in 2002, while still working on his Master's.

By 2004, he finished his Master's and became the Assistant Program Director of the General Surgery Residency Training Program — a post he still holds. He is also an Assistant Clinical Professor with the Department of Surgery at UCLA, and said he enjoys teaching.

He is also married and proudly included photos of his two-and-a-half-year-old daughter, Kiera, his five-month-old son, Liam, and his dog in his presentation.

Dr. Haigh said that it was during his residency here in Calgary that he became interested in most of his current clinical work; surgical oncology and endocrine surgery. But how does Calgary's medical training measure against others?

"When I moved to L.A. and compared my knowledge to those around me, I felt I really got a superior experience," he said. "My training in Calgary prepared me extremely well for my career."

Last year, the Lafreniere lectureship program was created to recognize the achievements of our surgical alumni. It was named after Dr. Rene Lafreniere who, from 1993 to 2006, served as Regional Head of the Department of Surgery in Calgary. ☞



Photo: Angi Fletcher/2008

Dr. Kortbeek tries his hand at winning the car in the hole-in-one contest. Sadly, his drive didn't quite make it, nor did anyone else's, but all the golfers had a good time trying.

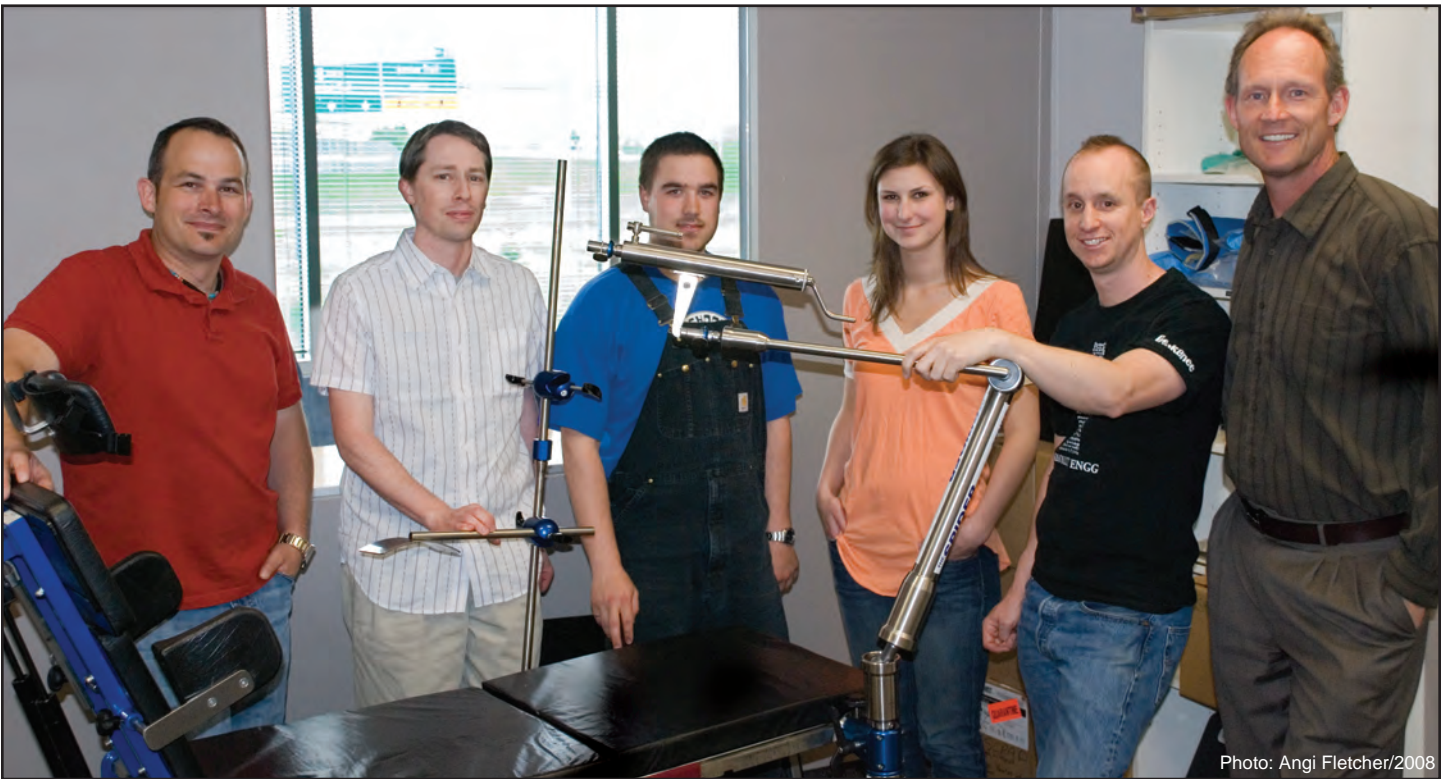


Photo: Angi Fletcher/2008

TENET president Ken Moore said all the engineers with the company are graduates of the U of C. Engineers Brent King (Far Left), Mark Allen, Simon McCurdy, Kara Chomistek and Matt Beer, along with Moore (Far Right), help design the products the company makes.

FROM LOCAL RESEARCH TO WORLDWIDE SUCCESS

TENET Medical Engineering, a company that originated from research done through the University of Calgary and the Calgary Health Region, is changing the way Orthopedic Surgeons work.

Before TENET, surgeons often required assistants to hold up limbs during long surgeries which left more room for error caused by fatigue, and further crowded already busy operating rooms with extra people. However several new products have changed that.

The company now produces two main lines of positioning systems with a multitude of accessories to make all kinds of Orthopedic surgeries easier for surgeons.

But the company didn't actually begin in positioning systems. According to Ken Moore, the president of TENET, it all started with a research project that he and his colleagues thought had some "commercial potential."

Moore said that the McCaig Bone and Joint Centre had developed some new products, but

"had either not gotten them to market fast enough, or had sold the rights to American companies." Moore, and several others, decided that it would be better to produce the products themselves, rather than let others take the credit, and profit, from their ideas.

The first device they worked on was an arthroscopic indenter, which can detect cartilage softening, an early sign of degradation in a joint. However, they soon realized it was more of a research tool and didn't have the sales potential they had anticipated. Then they began working with hospitals and found that there was a need for positioning systems.

One of their two main products now is the

SPIDER limb positioner, designed mostly for wrist, elbow and shoulder surgery.

Moore said that a product like the SPIDER can replace a number of different products that

existed before it, because it works in multiple positions which previously required multiple systems.

"The SPIDER is just a product that's able to do a lot of different functions so that's the big distinguishing feature between that and other products; that, and how much range of motion it has to be able to position those arms and legs wherever you want."

The bottom attaches to a standard OR table and the top attaches to the patient, either by wrapping the patient's gripped hand or extended fingers around the handle.

"It's a relatively simple design idea...the best ideas aren't always the most complex."

— Ken Moore,
president, TENET Medical

The SPIDER is one of TENET's main products. It uses a pneumatic pump to reposition limbs during Orthopedic surgery.



Once the patient is attached, the SPIDER's joints are locked in place until the surgeon steps on a foot pedal. Through a pneumatic pump, the joints then release and the surgeon can move the arm to exactly where they need it. When the surgeon steps back off the pedal, the joints lock into place again. It functions somewhat like the children's toy that collapses when the bottom is pushed in, except that it can be repositioned and held there.

"It's a relatively simple design idea. The engineering behind it took a little more effort," Moore said. "You know, the best ideas aren't always the most complex."

But this simple idea has really made surgery a little easier for doctors.

Dr. Ian Lo, an Orthopedic surgeon who specializes in shoulder surgery and helped to develop several of TENET's products, including the SPIDER, agrees that simple technology is often best.

He said that TENET's products really make a difference for surgeons and that they were the first major improvement in at least 20 or 25 years, "since the beginning of shoulder arthroscopy."

"The stuff that was out there before was really quite poor. They had very archaic patient positioning products," Dr. Lo said. He described prior systems as "almost like a glorified IV pole."

In fact, those previous systems were so poor that they often required an assistant to hold the limb even after it was positioned because the limb wasn't necessarily all that steady. That extra person also adds significantly to the cost of a surgical procedure.

"Where I trained in the States, we had another specific person across the table just to hold the arm and it works OK if you run a private clinic and you can hire your own people...In Canada, it's basically not possible," Dr. Lo said. "And then you get too many people (in the OR) because the person that's across from you gets in your way."

Though Dr. Lo said it has taken some time, surgeons are adapting to the new technology.

"The market is still expanding because some people are still traditionalists," he said. "Surgeons traditionally don't like change, but it's clearly better so (TENET products) are getting pretty good worldwide acceptance."

He also said one of the best things about the company is that they are local and able to respond to the needs of surgeons by observing and asking about problems. Ken Moore agreed that TENET tries to work with the people who use their products.

"The ideas for the products basically come from the end users, so it might be the surgeons, it might be the nurses ... that are in the procedures watching many, many, many cases and saying 'There's got to be an easier way,'" Moore said.

And even more importantly, by improving the systems used by doctors to allow for a more ergonomic posture and better con-

trol, patients are immediately better cared for.

"We are trying to work with surgeons and healthcare practitioners to try and improve the quality of surgery," Moore said. "It's better for the surgeon and ultimately for the patient."

Another place that TENET takes inspiration from is their symbiotic relationship with the research groups that spawned them. They maintain this relationship, in part by donating a portion of profits back into research.

"When we first established the company, it was one of the initial goals," Moore said. "We allocated, at that point in time, some shares to go back into research."

Moore also said that some of TENET's shareholders also donate extra money back into research. In total, in the last few years,

TENET MEDICAL:
CONTINUED ON PAGE 13

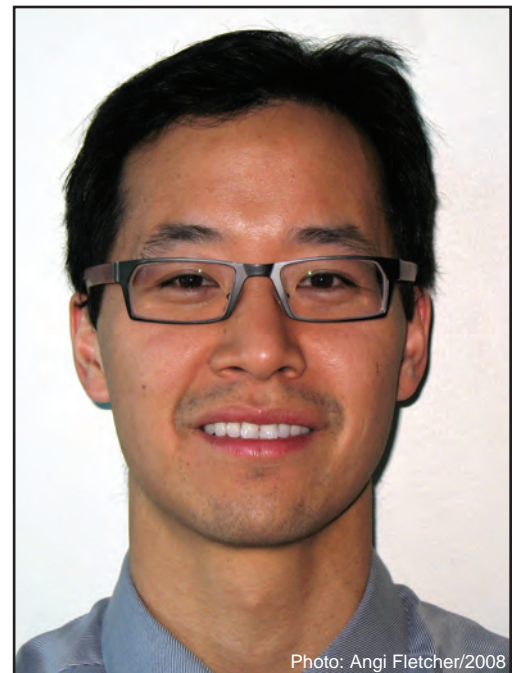


Photo: Angi Fletcher/2008

Dr. Ian Lo specializes in shoulder surgeries. He helped TENET engineers develop some of their products including the SPIDER and lateral arm positioners because they are both used for the type and position of surgery he does.

Photo Illustration:
Angi Fletcher/2008

NEW FELLOWS FOR 2008-2009

Division of Orthopedic Surgery



Dr. Jonathon R. Ball
12 month **Combined Spine**
Fellowship beginning Feb-
ruary 2008.



Dr. Sohail Bajammal
12 month **Combined Spine**
Fellowship beginning July
2008, following a 12 month
Orthopedic Trauma Fellow-
ship



Dr. Aleksa Cenic
12 month **Combined Spine**
Fellowship beginning July
2008.



Dr. Matthew Denkers
12 month **Arthroscopy**
Fellowship beginning July
2008.



Dr. Arno Frigg
6 month **Joint Reconstruc-
tion** Fellowship beginning
July 2008, following a
6 month Foot & Ankle Fel-
lowship.



Dr. Satish Kutty
12 month **Joint Recon-
struction** Fellowship be-
ginning July 2008.



Dr. Raoul Pope
12 month **Combined Spine**
Fellowship beginning July
2008.

Division of Ophthalmology



Dr. Ismat Ereifej
12 month **Pediatric**
Ophthalmology and Adult
Strabismus Fellowship be-
ginning July 2008.



Dr. Michael Fielden
12 month **Medical Retina**
Fellowship beginning July
2008.

Division of Urology



Dr. Abdulrahman Almaghrabi
12 month **Pediatric Urology**
Fellowship beginning July
2008

Division of General Surgery



Dr. Azzam Al Kadi
12 month **Trauma Fellow-
ship** beginning July 2008

NEW RESIDENTS FOR 2008-2009

The Department of Surgery will have over 80 Residents this year, including these 19 who are new to their respective programs.



Sultan AlSheikh R1
General Surgery
King Saud University



Brie Banks R1
General Surgery
University of Toronto



Paul Cantle R1
General Surgery
University of Calgary



Chris Doherty R1
Plastic Surgery
University of Calgary



Tom Gonder R1
Ophthalmology
University of Calgary



Trevor Hamilton R1
General Surgery
Dalhousie University



Ryan Hodgins R1
Orthopedic Surgery
University of Toronto



Monica Hoy R1
Otolaryngology
University of Alberta



Herman Johal R1
Orthopedic Surgery
Queen's University



Ryan Martin R2
Orthopedic Surgery
University of Ottawa



Spencer McLean R1
General Surgery
University of Calgary



Patrick Mitchell R5
Ophthalmology
University of Calgary



Bogdan Paun Research
Colorectal Surgery
Queen's University



Rachel Schachar R1
Orthopedic Surgery
University of Calgary



Colin Schieman R6
Thoracic Surgery
University of Calgary



Prism Schneider R1
Orthopedic Surgery
University of Calgary



Andrew Smith R1
General Surgery
University of Calgary



Esmaeel Taqi Research
Pediatric General Surgery
McGill University



Christina Verenka R1
Orthopedic Surgery
University of Calgary

GRADUATING RESIDENTS 2008

In the last year, the Department of Surgery had 73 residents, 13 of whom recently graduated. Most of the graduating residents are moving onto further residencies and fellowships in specialties including Thoracic and Vascular Surgery. Some will remain in

Calgary, while many will be moving on to cities including Toronto, Montreal, Halifax, Seattle, and New York. The Department of Surgery commends all the graduating residents on their hard work and wishes them luck in the next phase of their careers.

CONGRATULATIONS RESIDENTS!

General Surgery

Dr. Heather Cox is heading to the University of Toronto to pursue a Vascular Surgery Fellowship. She will also be getting married.

Dr. Colin Schieman will be continuing with the University of Calgary, pursuing a Thoracic Fellowship in Calgary as an R6.

Dr. Jason Bayne will be moving on to Montreal where he will be starting a two year fellowship in Vascular Surgery at McGill University.

Orthopedic Surgery

Dr. Robert Chan will be going to the Hand and Upper Limb Center at the University of Western Ontario to do a Fellowship in Upper Extremity Surgery.

Dr. Gurpreet Dhaliwal will be heading to New York to complete a fellowship in Hand and Microvascular surgery.

Dr. Danny Goel is moving to London, Ontario to do a one year Shoulder/Elbow Fellowship at the Hand and Upper Limb Center and St. Joseph's Hospital.

Dr. Elizabeth Pedersen will likely remain in Calgary for the immediate future following graduation, but could not be reached regarding future plans.

Dr. Thomas Woods will go to Comox, B.C. on a locum from July to December, then he, his wife and their three kids will head to New Zealand, where he will complete six months of Pediatric Orthopedics and six months of Sports Medicine Training from January to December of 2009.

Plastic Surgery

Dr. Owen Reid will complete a one year locum with the Division of Plastic Surgery at the PLC followed by a six month Fellowship in Oculoplastic Surgery in Atlanta, Georgia.

Thoracic Surgery

Dr. Maurice Blitz is moving on to a one year Fellowship in Minimally Invasive Thoracic and Foregut Surgery at the Swedish Cancer Institute in Seattle, Washington.

Vascular Surgery

Dr. Wesam T. Abuznadah will be moving on to a position as an assistant professor with King Saud Bin Abdulaziz University for Health Science in Saudi Arabia, helping to develop their new medical school. He will also be working to turn the medical centre in Jeddah, into a Vascular Surgery Centre of Excellence.

Surgical Oncology

Dr. Paul Renfrew will be moving on to the University of Dalhousie in Halifax to do a fellowship in Multi Organ Transplantation in order to gain some exposure to liver transplantation.

Colorectal Surgery

Dr. Heather Redstone will be doing a locum at the Peter Lougheed Centre for the next three months. After that, Dr. Redstone hasn't yet decided where she may go for the longer term. ☛

NEW APPOINTMENTS

Dr. Kelly Johnston will join the Division of Orthopedic Surgery in September. Dr. Johnston received his B.Sc. at the University of Calgary, before attending the University of Alberta for his MD. He returned to Calgary and completed his Residency in Orthopedic Surgery in 2006, including a month-long elective in Angola. Last year, he completed the Zimmer Arthroplasty/Trauma Fellowship in New Zealand, where he worked on Minimally Invasive Surgical Techniques and Hip Resurfacing. Dr. Johnston's hobbies include hunting and fly-fishing. He is also married to Jennifer, an OR tech at the RGH. They have a 2-year-old, Mateo and are expecting another baby boy in early September.

Dr. Robert Korley is new to the Division of Orthopedic Surgery this year. Dr. Korley completed a Physiology degree and his MD at McGill before coming to Calgary for his Orthopedic Residency. He completed terms as a Locum in both Alberta and Toronto, as well as Fellowships in Orthopedic Trauma and Reconstructive Hip and Knee Surgery, before returning here for this opportunity. He has also served as a representative for the Canadian Orthopedic Residents Association, the Orthopedic Education Committee and the Post-Graduate Surgical Training Committee, and edited the McGill Journal of Medicine for a year while completing his MD.

Dr. Ganesh Swamy joined the Division of Orthopedic Surgery in 2007. Dr. Swamy received a B.Sc. and an MD at the University of Ottawa. He completed his residency in Orthopedic Surgery, and a one year Fellowship in Orthopedic Trauma and Spine Surgery in Ottawa. He has completed Clinical Fellowships in Orthopedic/Neurosurgical Spine Surgery and Spine Deformity Surgery in Calgary and San Francisco, respectively. He is currently a Ph.D. candidate, completing research through the Bone and Joint Training Program and has received several research grants. He is also a Clinical Lecturer with the Faculty of Medicine, University of Calgary.

Dr. Ahmed Al-Ghoul has joined the Division of Ophthalmology. Dr. Al-Ghoul completed Pre-Medical Sciences Microbiology training and his MD, with Great Distinction, at the University of Saskatchewan. He finished a residency in Ophthalmology there in 2006. He has recently completed a Fellowship in Cornea, External Disease and Refractive Services at the University of Pittsburgh. He has attended numerous courses and meetings on Refractive Surgery, Cataracts and other Ophthalmology topics. Dr. Al-Ghoul has received many scholarships and awards for scientific and academic achievements, including the Best Paper of Session Award in 2005 from the American Society of Cataract and Refractive Surgery. ☛



TENET MEDICAL: CONTINUED FROM PAGE 9

Moore said TENET has donated between \$100,000 and \$200,000 to research.

"Basic research might help a little bit more in developing some products which we can develop and create some income and so then there can be more money going back into basic research," Moore said.

The current co-vice chair of the Alberta Bone and Joint Health Institute, and the head of the Division of Orthopedic Surgery in Calgary, **Dr. Cy Frank**, also discussed this relationship, calling it a "cycle of innovation."

"That would be endless in terms of reinvesting and building new, better, faster, cheaper things that are going to benefit patients and help the University and the Health Region," Dr. Frank said. "Everybody literally wins, and TENET is a model of that."

He said the difference that TENET makes to a research institute like the ABJHI, is immeasurable, and really sustains the group.

"(TENET) is just one proof of concept, so if you had five or six TENETs, that could drive research here for lifetimes."

More information on TENET Medical Engineering, including videos that explaining their products, can be obtained on their website at www.tenetmedical.com. ☞



Photo: Angi Fletcher/2008

Dr. Cy Frank, Chief of Orthopedic Surgery, said that TENET Medical shows that reciprocal relationships between research and companies can help both.

UPDATE FROM THE CLERKSHIP PROGRAM

The current class of 2009 is comprised of 137 clerks. This year, the new combined Surgery/ Anesthesia Clerkship rotation consists of an 8 week rotation, where Anesthesia is now integrated with a one week allocation. The Clerkship Director for the Department of Surgery is **Dr. John Graham**, the Evaluation Coordinator is **Dr. Ian Anderson** and the Education Coordinator is **Anita Jenkins**.

The combined eight week clerkship, with 20-25 University of Calgary clerks for each of the 6 blocks is scheduled as follows:

- ☞ 3 weeks general surgery
- ☞ 2 week assignments in plastic surgery or orthopedics
- ☞ 1 week assignments in urology, vascular surgery, neurosurgery or thoracic surgery. Clerks also attend 2 emergency Ophthalmology clinics (1/2 day each)
- ☞ 1 week assigned to Anesthesia

The General Surgery on-call requirements were changed this year to accommodate the reduced time in Surgery with the addition of the week in Anesthesia. This decision was made by the undergraduate committee in order to reduce the number of days lost

post call as in previous years. Therefore, clerks now have 24 hour call on Friday/ Saturday weekend days but must finish call by 11 PM on Sunday to Thursday to avoid a post call weekday as they are expected to attend ward rounds, clinics and the OR following weekday call.

New exams have been developed with a midterm, on-line formative exam, as well as a final combined Anesthesia/ Surgery exam at rotation end. There is a cumulative clerkship OSCE to be offered in January 2009 with all clerks participating, therefore the mid rotation Surgery OSCE has been discontinued for this year.

The University of Calgary Faculty of Medicine has initiated the Rural Integrated Community Clerkship (RICC) and now has 10 clerks placed in community settings for the duration of their clerkship year. These clerks all attend one week in general surgery at the Foothills assigned to the Acute Surgery team. As a result, we now require distance delivery via web casting to remote sites for all seminars for Block #4 (September 29 to Oct. 21).

All surgery programs accommodate an increasing number of visiting elective clerks, now averaging 8 - 30 per month. The elective clerk number has increased with the addition of new surgical residency programs.

Thank you to all Surgeons, Residents, Fellows and Nurses for continuing to teach and share your clinical expertise, and for providing a positive learning experience for students during the surgery clerkship.

Anita Jenkins, Education Coordinator



Photos: Angi Fletcher/2008

Dr. John Graham chairs the Surgical Undergraduate Education Committee, and Anita Jenkins is the Education Coordinator for Surgical Clerkship.

NEW RESIDENCY WILL SEE FIRST GRAD SOONER THAN EXPECTED

The Ophthalmology Residency program through the University of Calgary is a young program: The first Resident to enter the program, just started his 4th year this past July.

But for a U of C grad who went to the United States for an Ophthalmology Residency, this program was the perfect place for him to re-enter medicine in Canada.

"They weren't going to have a 5th year when I got here," Dr. Patrick Mitchell said. "So there were no other 5th year residents for me to be stepping on anyone's toes or anything."

Dr. Mitchell explains that in the U.S., an Ophthalmology Residency only takes four years, but to practice in Canada, he had to complete five.

But to explain why he went to the U.S. in the first place, is a more complicated story.

After only three years of Undergraduate work at the U of C, Dr. Mitchell was accepted into the MD program, and graduated three years after that at quite a young age.

"The flip side of that was that I didn't really have a very clear idea of what specialty I wanted," Dr. Mitchell said. "I ended up trying internal medicine first, and decided that wasn't for me."

By this point, he knew he wanted to try Ophthalmology, but said he couldn't switch directly into Ophthalmology, so he went into family medicine, completing his Residency and several years of practice, before reapplying to Ophthalmology.

The trouble was, in Canada once you have completed a Residency, it is very difficult to get placed in a second one, and you are left with only a few options; second round program matching, return of service contracts, or leaving Canada.

Further complicating things, he said that by the second round of the Canadian Resident Matching Service (CaRMS), there is almost never an Ophthalmology spot left, and that return of service contracts, — essentially the government pays for training in exchange for several years of service in "under-served communities" — are sporadic, and require extra time after Residency.

"So basically, you're compelled to go to the United States," Dr. Mitchell said. "I ended up applying to programs in the States, and was fortunate enough to get one in Virginia Beach."

When he completed their four-year Residency, he faced yet another problem. In Canada, to practice Ophthalmology you must finish five years of Residency. However, funding generally allows Residency programs to accept only a set number of people each year. The Ophthalmology program here has taken only one new Resident every year since it was created.



Photo: Angi Fletcher/2008

Dr. Patrick Mitchell will be the first to graduate from the University of Calgary Ophthalmology Residency, despite having recently returned from the U.S.

In a long established program, unless a Resident leaves the program, it is very difficult to add a Resident into one of the higher years as it changes the dynamics of responsibilities and funding.

"The whole time, I knew I wanted to come back to Canada and practice in Calgary," Dr. Mitchell said. "I was lucky that Calgary had a pretty young program."

He also said that it's good that the program gets to test out its fifth year on someone who is, according to American board standards, ready to practice. It allows the program to figure out what may be helpful to the next Resident, who will have different experience than Dr. Mitchell.

"Guinea pig, yes, I would say that's a pretty good estimate," he said, laughing. "Fortunately, it's been a really good learning experience so far, and it allows me to reintegrate into Calgary, after spending a few years away."

He said the biggest difference he has felt is that American Residents often have more independent patient care responsibilities, citing the large number of uninsured patients that more experienced doctors often don't want to treat. With public healthcare, he feels the responsibilities are more evenly distributed because everyone receives the same care.

Despite, or maybe because he has felt these differences, Dr. Mitchell said he feels very well prepared to practice now. He will graduate in December, and spend the next six months preparing for both his American and Canadian Board exams, as well as getting married in April. He then hopes to complete a retina fellowship, and in the long term, would like to practice in Calgary.

"The whole kind of bizarre, tortuous way that I ended up to where I am now, it's not your standard route through Ophthalmology," Dr. Mitchell said. "But that's OK. I feel better prepared...I feel like I'm ready to be out there again." ❧

"I was lucky that Calgary had a pretty young program"

— Dr. Patrick Mitchell,
Ophthalmology R5

CALGARY HEALTH REGION/UNIVERSITY OF CALGARY RENE LAFRENIERE LECTURESHIP

Dear Alumnus,

To recognize Dr. Rene Lafreniere's thirteen years of outstanding leadership as Department Head, the Rene Lafreniere Lectureship was established in 2007. A surgeon, recognized for his or her achievements, is invited to deliver this lecture, and is asked to participate in postgraduate educational activities while in Calgary. We were fortunate to have Dr. Phil Haigh deliver the second Lafreniere Lecture this year. For more about Dr. Haigh, please read the article on the front of this newsletter, "Calgary Alumnus Returns for Lecture."

In 2007, seed money toward the lectureship was made available by the Calgary Health Region and the University of Calgary. Our goal is to make this endeavour self-sustaining. Please consider a directed donation toward this effort. A tax receipt will be issued and your name will appear on a list of donors. You would, of course, be notified in advance of the annual lecture date and be welcome to attend the lecture.

We are now in the process of searching for our next lecturer. Preference will be given to Calgary Surgical Alumni. Forward any suggestions to me at heinej@shaw.ca.

Sincerely,

John A. Heine, MD, FRCSC
Chair, Lafreniere Lectureship Committee



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