

Perspectives

Julie Freischlag
Hold on to Your Team

PAGE 2

Teams at Work

Surgery Administration
What Makes Surgery Run?

PAGE 2



Changing Lives Through Research

Regenerating Nerve Cells

PAGE 3

On the Job

Boi Carpenter-Mellady
Director of Development

PAGE 3

THE JOHNS HOPKINS Cutting Edge



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Two Years and 200 Fewer Pounds Later

After a stint in the Army, Doug Roberts was working his way through college when the balance in his life got out of whack. “If I wasn’t at school or at work, I was sleeping,” he recalls. Exercise fell by the wayside. Although it took several years, he says it felt like “one day I woke up and I was 100 pounds overweight.” It wasn’t until he saw a photograph of himself that reality hit, but instead of motivating him, he spiraled out of control.

He started binge eating and his health deteriorated. He had hypertension, chronic back pain and sleep apnea. The pressure on his chest was such that he frequently dreamt of suffocating or being buried alive. Even short walks left him out of breath. He was depressed and stopped seeing friends.

When a co-worker announced she was having bariatric surgery, Roberts initially pitied her. He believed in willpower and dieting, although his own attempts were always unsuccessful. But as he read more about the procedure, he set up an appointment with his co-worker’s doctor, **Michael Schweitzer** of Bayview Medical Center, and qualified as a candidate for laparoscopic gastric bypass surgery.

“I realized I’d be a fool to think the surgery would do 100 percent of the work.”



Doug Roberts at the Vienna marathon and (right) pre-surgery at more than 400 pounds. His goal was that his weight start with the number one. “I didn’t want my happiness to be derived by reaching 195, because I didn’t want to be miserable at 197. I’ve been incredibly healthy, really happy.” Today he weighs 182 pounds.



Roberts was zealous about attending the support-group meetings required prior to his operation. What distinguished the experience from his previous diets was his serious exploration of his behavior. He charted everything he ate and his every mood throughout the day. He asked friends for their observations of his habits. “I wanted to capture all of that and be accountable for it,” he says. He listened closely to the Bayview staff’s advice to create a tool belt. “I used to rely on diet but didn’t exercise, or exercise and not diet. I realized I’d be a fool to think the surgery would do 100 percent of the work.”

Roberts weighed 400.5

pounds on the day of his surgery, Oct. 6, 2003. The procedure went so well that he was released a day early from the hospital. He had thrown away all of his food at home and had meals pre-made and ready for his two-week recuperation. Needing a physical outlet, he started walking, then eased into a program to take up his old pastime, cross-country running.

Roberts, who was a human resources specialist at Aberdeen Proving Ground at the time of his surgery, had always wanted to be sent to Germany on his job but had passed up one opportunity. “There was no way I was going to get myself on a plane for eight hours at my

original weight,” he explains, “so I never considered it.” Now the offer came up again, and Roberts, 215 pounds lighter, accepted.

Life is good for Roberts. He lives atop a hill in Heidelberg, Germany. His former pastime has turned into a passion and he was just named president of the Heidelberg International Marathon Club, which is also his social network. He completed his first marathon, in Vienna, in May, and his first triathlon this summer. Next year, he’s planning events in Paris, Stockholm, Scotland,

Switzerland and Dublin. “I’m exploring Europe, one marathon at a time,” he says.

Roberts doesn’t crave the foods he once did, but doesn’t deny himself the occasional small bag of chips or forkful of cake. He takes his vitamins religiously and always eats “protein first” like he was taught at Bayview. When he eats out, he asks for a to-go box as well, and puts away half of his order instantly, saving calories and money.

Roberts, now 38 and single, realizes his lifestyle isn’t realistic for everyone. “I tell people, Don’t follow my exact model. Find your passion and run with it.” ■

The Surgeon Speaks

He’s been remarkable in that he’s changed his whole life.

Doug Roberts had the most commonly performed operation for weight loss in the United States, the Roux-en-Y gastric bypass. He was a model patient postoperatively. He exercised and developed good eating habits, like increasing protein and decreasing white-flour carbs. He’s been remarkable in that he’s changed his whole life.



I perform about 200 procedures a year and our Obesity Surgery Service does more than 300 a year. All my surgery is done laparoscopically. In the Roux-en-Y gastric bypass, a small stomach pouch is created with a surgical stapler and the connecting intestine is reconfigured. The average patient loses more than 70 percent of excess weight in two years.

To avoid a bypass, some patients opt for laparoscopic adjustable gastric banding. The advantage is that we don’t rearrange the intestines, but the average weight loss is less than with a gastric bypass.

The most complicated laparoscopic surgery is the duodenal switch with biliopancreatic diversion. The procedure avoids the “dumping syndrome,” in which patients get abdominal pain, flushing and palpitations when they eat sugars. The stomach reservoir is larger and allows the patient to eat more, but at the cost of more malabsorption. The average patient loses 70 percent to 80 percent of excess weight.

Most recently, we’ve published the first paper in the world about our experience using endoscopic procedures on gastric bypass patients. ■

– Michael Schweitzer



From Julie Freischlag
Director of Surgery

Hold on to Your Team

Since I became department director in March 2003, we've added 30 new faculty members to our staff. We have decided on our core values, held leadership seminars and conducted teamwork training for 1,000 people. Now I'd like to talk about what it takes to retain those people.

First, I believe, you have to value them. You have to know something about their jobs and tell them why their work is so important to the team, schedule frequent meetings and ask for feedback. What do they think could be better in their work environment so that they love coming to work and want to stay here?

Having a flexible work environment also is key. If possible, allow people the freedom to deal with personal issues so that they do a great job here and at home as well. The latest national study by the Families and Work Institute finds that employees supported by work-life practices exhibit more positive work outcomes, such as job satisfaction and retention, and more positive life outcomes, like better mental health and less negative spillover from work to home.

Take advantage of opportunities that arise to recognize staff. Remember to bring back a small gift from a trip for your administrative assistant. Teach and treat medical students and residents well. Give a card to someone who did something nice for you. Remember a birthday. Say "thank you" every day.

Each October, thoracic surgeon Steve Yang holds a pumpkin carving contest using surgical instruments for medical students interested in surgery. Recently, the research residents got to take a course on surgical research offered by the Association for Academic Surgery. We also took 14 medical students to the American College of Surgery annual meeting.

As the holidays approach, I'd like to encourage you to plan some sort of event to celebrate your teams. My hope is that in 2006, each of us will resolve to do one thing to improve the environment and culture around us. ■

What Makes Surgery Run?

A restructured administration makes for smoother operations.

The Project: John Hundt and his team of administrators may not wield scalpels or retractors for a living, but their work undergirds a mighty department of 1,300 employees. Lately, the matter of supporting that staff has grown increasingly complicated. Thirty surgeons have been added to the faculty in less than three years, and each new hire has meant that protocols must be followed. Hundt's staff gets involved from the beginning with the offer letter, then attends to myriad details like helping to find clinic time, hire assistants, get OR equipment and create vouchers to capture charges. Finding office space is a problem that pains the team. "We all wish we had better facilities for all of them," says Hundt, administrator of surgery.

This summer, in preparation for the upcoming HopkinsOne project, administration aligned its financial divisions (hospital and university) under one finance director. "It's going to be a good thing for staff," says Hundt, because now they can direct questions to one office. Soon the entire finance group will move into offices together at Washington and Monument streets.

The consolidation was put to the test this fall when administration labored on a multimillion-dollar recruitment package for Bayview Medical Center's new surgery chief, Dana Andersen. The process took only a month, "surprisingly fast," says Hundt. "It was a big team effort on a tight deadline, but we got the resources he will need to recruit new surgeons and improve the programs at Bayview."

Another large, recent project has involved funding for trauma services. Trauma loses money for the department, and Hundt's group has been trying to get maximum reimbursement for Hopkins' work. "The state has created a trauma fund using our driver's license renewal fees to help fund some of the cost of trauma," says Hundt, "and that's had a positive impact."

But the administrative team also has its hands in everyday things like troubleshooting people's parking problems and standardizing OR supplies. Recently, for instance, the team analyzed whether less-costly, low-latex gloves should replace the safer non-



The surgery administration team (left to right): Jennifer Fortier, assistant administrator, billing and compliance; Julie Freischlag, director of surgery; John Hundt, administrator of surgery; Michele Mehrling, assistant administrator; and Catherine Casey, manager of clinical operations. Not pictured: Kathy Nardone, director of finance; Elizabeth Callendar-Johnson, Bayview administrator; and Brigitte Reeb, transplant administrative director.

latex option (non-latex won out). "There's a lot more financial pressure on the department because of the reality of our 10-year plan involving new buildings," says Hundt. "It requires a strong leadership team."

The Players: Although the director of finance position now spans both the hospital and university, Hundt's operations team is still split. On the hospital side, there's an operations administrator and a transplant administrative director. University employees include a clinical operations manager, production unit manager, a Bayview administrator and an assistant administrator for research.

The team also has a close partnership with nursing. "We meet all the time and can't do things without each other," says Hundt. In fact, the two groups recently got together to take an "emergentics" questionnaire and followed up by painting pottery as a team-building activity. "I want the team,

including nursing, to communicate better together," he continues. "It was also a way to just enjoy ourselves around each other."

The Results: According to the recent employee satisfaction survey, the administrative team "really likes what they're doing," says Hundt. "They like working with an interesting faculty who are hard working." This is true even in a year that ended with a deficit. "We have financial challenges," he continues, "but we've tackled some things as well." The transplant program, which has been a particular focus over the past two years, is running well now, for example.

Internally, the entire team is gearing up for the changes that HopkinsOne will bring. Training begins in the spring, with implementation on July 1.

"A lot is expected," says Hundt. "The faculty have very high standards of what they want from people. But I think we have the best team around." ■

Let's Meet: Dana Andersen, Bayview Surgery Chief

It's fun to talk to Dana Andersen about surgery. He can home in on his specialty, pancreatic disease, at the molecular level and then project out 50 years into the future. "I think the names *medicine* and *surgery* and *radiology* will all have vanished," says the new chief of surgery at Bayview Medical Center. "We'll be looking at specialists who focus on diseases, not on the tools of their trade."

Andersen, who arrived this fall from the University of Massachusetts Medical School, started his research career at Bayview 30 years ago. "The pancreas is a marvelously smart and complicated organ that makes all sorts of hormones that help regulate our metabolism," he says. "We began our research by looking at how different hormones interact and regulate the release of insulin. We now know that some of these gut hormones can act like insulin. And if we can find a way to capture them, then we'll be on our way to replacing the pancreas in someone at risk for developing pancreas cancer."

But until the day arrives when a drug can be given to simulate those hormones, pancreatic surgery will still carry risks. At Bayview, where big-incision operations of yesterday have given way to minimally invasive, catheter-based technology aided by image-based techniques like CT scanners inside the OR, Andersen is recruiting surgeons in nearly every specialty. "This is a campus where there's room to expand and build new programs," he says.

Already, Bayview is adding four new operating rooms, for a total of 14. "We probably need 20," says Andersen, who expects the medical center's surgical volume, now at 10,000 cases a year, to double over the next five years. He expects much of the increase to be in endovascular surgery "because the community around us suffers with so much vascular disease."

Andersen also envisions Bayview as a center for clinical research. "The history of progress in medicine has been to figure out why surgical operations achieve the goals they do and then see if you can replicate the same response in a safer way and provide the treatment to lots more people. Our patients represent a great source of information for us." ■



Regenerating Nerve Cells

In his pediatric plastic surgery practice, **Rick Redett** often performs facial nerve surgery on children with congenital facial paralysis. He takes a sensory nerve from the leg, ties it onto the facial nerve, drapes it across the face and transfers a muscle to control the corner of the mouth. The outcome: a smile, although results vary and get worse with age.

“We’ve reached an impasse where people are still only getting a certain percentage of return of function after nerve grafting, which isn’t that good,” says Redett, who trained at Hopkins and is in his third year on faculty. “There’s nothing we can do surgically right now. We can’t use different instruments or different sutures or higher-power magnification. We’ve figured out technically how to do this years and years ago. So the next advance will be on the molecular level.”

Redett works on that level

whenever he’s not in the OR. With an unlikely band of cohorts—Thomas Brushhart of orthopedics and Ahmet Hoke of neurology—he is trying to find a way to improve peripheral nerve regeneration. “It’s a beautiful project because it has a lot of clinical applications.”

Surgeons always repair nerve injuries using sensory, as opposed to motor, nerve grafts. There are two reasons. One is the abundance of sensory nerves in the body; the other is that sensory nerves are somewhat more expendable. To be sure, removing a sensory nerve will leave a numb patch in the part of the body from which it is taken, but it won’t paralyze a muscle like the removal of a motor nerve will.

The first thing that the team of Redett, Brushhart and Hoke set out to prove was a point that seems logical but still needed evidence—that motor nerve grafts work better on motor nerves and that sensory nerve grafts regenerate better in sensory nerves. Their paper,

describing their experiments using pure motor nerves and pure sensory nerves in rats, published in October in *The Journal of Neuroscience*, provided the definitive proof they sought.

Given that using motor nerves is impractical in humans, however, how do you improve nerve regeneration? The team’s next step was to analyze the different growth factors, called neurotrophins, that support motor nerves and sensory nerves. The neurotrophins are found in Schwann cells, the main support cells to the nerve that make myelin. “Our idea is to take a sensory nerve, using it as a graft, and change the Schwann cell to produce motor neurotrophins,” explains Redett. Using an adenovirus, the group plans to transfect the Schwann cell to produce a different set of neurotrophins, turning the sensory nerve graft

into a motor nerve graft.

“If we can get a sensory Schwann cell to change its phenotype and become a motor Schwann cell, our next question will be, Does that nerve graft improve function in a rat? If so, that would be translational research you would take into the clinic.”

Although Redett cautions

that the project, partially funded through a Department of Surgery start-up grant, is still in its early stages, it has a lot of potential. “It’s very applicable to what we do clinically day in and day out. There are a lot of surgeons at this hospital who are treating nerve injuries. But this is laying the foundation.” ■



“Peripheral nerve regeneration is incomplete in most people, and it gets worse as you get older,” says Rick Redett. “So the big question is, What can you do to improve nerve regeneration? At Hopkins, we see a lot of patients with nerve injuries.”

On the Job

Boi Carpenter-Mellady, Director of Development for Surgery

“I’m touched by how our patients and their families who are going through so much want to support our missions at Hopkins.”

Born in Britain and raised in Indiana, Boi (pronounced BO-ey) Carpenter-Mellady is a mixture of cultures and skills. She grew up on college campuses (her father is a mathematics professor from Sierra Leone) and earned a law degree from Tulane. By chance, she landed a job in development right out of law school and never looked back. She arrived at Hopkins in 2000 from the University of Tennessee Health Science Center and started a fund-raising program for the eight basic science departments. Three years later, she joined the Department of Surgery.

Has having a law degree helped in your development work?

Definitely. The law makes you well rounded. You have to do public speaking, be able to digest information and process it, be able to think on your feet. It gives you critical thinking skills. You also know a little about planned giving.

Why is fund raising important to a department?

It provides the necessary resources to support novel scientific ideas of our physician scientists, it provides for

innovative medical treatment for our patients and invests in the surgical leaders of tomorrow—just to name a few things.

What’s the best part of your job?

Interacting with patients. I’m touched by how our patients and their families who are going through so much want to support our missions at Hopkins. They’re very generous and are always thinking about how to make a difference in the lives of others. I also like dealing with our sur-



geons, who touch human life in a unique way that most people will never experience, and do it with tact and grace. **How many gifts do you handle each year?**

About 1,000. Last year, we raised \$3.3 million in cash and pledges—the most raised in the department in any given year over the last five. I work with eight divisions and 74 faculty members, so we’ll be adding a new associate director of development position next year to enable us to secure more private funding for our research and programs. That should help the department touch many more lives in a positive way. ■

The Birthday Girl's Gift

Last year, on her 9th birthday, Katie Hamelburg asked the girls she invited to her party to bring cash. She wasn't saving for anything special; in fact, she decided she had enough stuffed animals and board games. She wanted to send the money to a charity. A classmate's little sister had been ill for several years and had more than one liver transplant at Johns Hopkins. "I decided it would be nice to help her get better and not need more liver transplants," says Katie.

Once again, on her birthday on May 14 this year, Katie made the same request of her friends. She sent a check for \$60 to Hopkins and added another for \$9.63 she earned from a lemonade stand. "Every little bit helps," she wrote in her letter to the hospital.

Like many 10-year-olds, Katie, a fifth grader at Ritchie Park Elementary School in Potomac, Md., leads a jam-packed life. She likes to read (Harry Potter) and knit, plays soccer in fall, softball in spring, sings in the cho-

She sent a check for \$60 to Hopkins and added another for \$9.63 she earned from a lemonade stand.



Katie Hamelburg, 10, used the money she received from friends for her birthday and sent it to Hopkins to benefit research in liver transplantation. She also donated 10 inches of her hair to help children with medical hair loss.

rus at school and plays both the trombone and piano. She also attends Sunday school and Hebrew school.

Her gift to Hopkins wasn't her only charitable venture. Last year, she organized a food drive for a local food bank. This spring, she gave 10 inches of her dark brown curly hair to Locks of Love, an organization that makes hairpieces for financially disadvantaged children with long-term medical hair loss.

"She has a philanthropic spirit," says her mother, Jamie Hamelburg. This month, Katie is trying to organize a toy drive to help children less fortunate than herself. "She's always thinking about how to do something to help other people." ■

If you'd like to make a gift to the Department of Surgery, contact Boi Carpenter-Mellady, director of development, at 410-516-5483 or bmellady@jhmi.edu. To no longer receive information about supporting Hopkins' Department of Surgery, write to her at One Charles Center, Suite 421, 100 N. Charles St., Baltimore, MD 21201.



Photo by Allen J. Schaben, L.A. Times

SWIMMING WITH DOLPHINS

It was 12:19 a.m. on Oct. 11 when surgical resident Peter Attia waded into the water at Doctor's Cove on Catalina Island to begin his 20-mile swim across the Catalina Channel. Attia's marathon crossing was hardly a stunt. The native of Toronto was inspired by another Canadian, Terry Fox, a 22-year-old cancer patient with one leg who walked 26 miles a day for 143 consecutive days back in 1980 (Attia was 7) to raise cancer awareness. The reason for Attia's swim was to raise \$10,000 for the Terry Fox Foundation.

Attia, whose wife, Jill, a nurse practitioner in thoracic surgery, accompanied him on the trip, prepared for the crossing as much as his work schedule allowed. He trained for 26 hours a week in the water, worked relentlessly on streamlining his body position and stroke, and concocted the ideal sports drink for his 20-plus mile ordeal. He had perfect weather, 66-degree ocean temperatures and a pod of dolphins (which meant no sharks were about) on his side. He covered the distance in 10 1/2 hours, caught the Red Eye with Jill, and was back to work the next morning.

CLINICAL TRIALS RETREAT

"Conduct of Surgical Clinical Research: Evaluating New Treatments and Patient Outcomes" will be held on January 7 - 8, 2006, in Tilghman Auditorium, for faculty, fellows and residents. The retreat will cover Hopkins' research infrastructure, case examples and resources related to clinical trials, and resources related to outcomes research. It will also introduce participants to the resources at the Bloomberg School of Public Health.

JOHNS HOPKINS MEDICINE

THE CuttingEdge

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