

JOHNS HOPKINS Surgery

FALL 2017



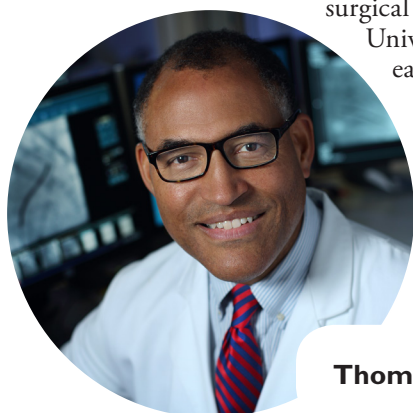
NEWS FROM THE JOHNS HOPKINS
DEPARTMENT OF SURGERY

Cardiothoracic Surgery in the Washington, D.C. Region Expands



Since Suburban Hospital began its cardiothoracic surgery program in 2006, the team has performed more than 4,000 procedures. Surgical outcomes for this program have met or exceeded those at other hospitals in the region and nation in every parameter measured by the Society of Thoracic Surgeons National Database. One way to make this program even better, says Jacky Schultz, the hospital's president, is to expand it and strengthen its connection with The Johns Hopkins Hospital. Suburban Hospital, located in Bethesda, Maryland, became a member of Johns Hopkins Medicine in 2009.

To that end, the hospital recently named **Thomas Matthew** as the new director of the Johns Hopkins Cardiothoracic Surgery Program at Suburban Hospital. Matthew, who received his undergraduate degree in electrical engineering from Harvard University and a master's degree in surgical research from the University of Virginia, earned his medical degree from the Columbia University College of Physicians and Surgeons. After completing his



Thomas Matthew

residencies in general and thoracic-cardiovascular surgery at the University of Virginia Health Sciences Center, he spent 14 years at the Colorado Health Medical Group at the University of Colorado Health North, where he co-directed the cardiovascular service line.

Matthew brings specific expertise in complex coronary artery surgical revascularization, mitral valve repair and aortic valve replacement to the program, as well as a strong interest in working with other community physicians on meeting their needs, Schultz says.

"He'll be living in the community and practicing here, building relationships with local referring physicians," Schultz says. "These relationships will improve communication and access to our already-thriving cardiothoracic surgery program."

Matthew joins Suburban Hospital cardiothoracic surgeons **Philip Corcoran** and **Michael Siegenthaler**. Matthew's expertise in trans-aortic valve replacement (TAVR) will enhance the ongoing services already being provided by Siegenthaler. Siegenthaler trained in TAVR at The Johns Hopkins Hospital and performs the procedure there and at Suburban Hospital.

In addition to his role at Suburban, Matthew has a faculty appointment and is employed with the Johns Hopkins University School of Medicine, says **Jennifer Lawton**, chief of the Johns Hopkins Division of Cardiac Surgery. His dual responsibilities will help ease the transfer of Suburban Hospital

patients with complex needs to The Johns Hopkins Hospital and facilitate more contact between the two hospitals. The groups are already planning to have joint mortality and morbidity conferences and use telemedicine to discuss difficult cases. They also plan to have joint grand rounds and recruitment of fellows.

"More communication between our teams will provide a larger scope of multidisciplinary discussion of patient cases," she says. "Having a wider range of physician opinions and treatment options can only benefit our patients." ■

Patients in the Washington, D.C., region who have severe aortic stenosis can be evaluated for TAVR through the Heart Team Clinic at Suburban Hospital in Bethesda, Maryland. The clinic also provides post-TAVR follow-up care.

To discuss a case or refer a patient with severe aortic stenosis, call 301-896-7610.



Two Baltimore Hospitals Combine Forces to Offer Expert Acute Care

The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, both in Baltimore, have long been recognized as powerhouses for acute care surgery.

Although the two hospitals have traditionally operated in a mostly separate fashion, united mainly under the Hopkins name, changing practices in the field are making them stronger together, says Charles Reuland, executive vice president and chief operating officer for both the hospital and the medical center. Toward this goal of a stronger integrated hospital system, the two centers are integrating their acute care surgery teams to provide consistent, evidenced-based care to patients treated at both hospitals.

“Instead of viewing themselves as part of the team only at one location or the other, our surgeons



will be part of acute care at Johns Hopkins and share efforts at both hospitals,” he says.

Acute care surgery, which delivers trauma, emergency general surgery and surgical critical care, has traditionally been handled by a combination of surgeons who specialize in this field as well as general surgeons and others who take acute cases on call, explains **David Efron**, chief of acute care surgery at The Johns Hopkins Hospital. However, he says, the field is shifting toward more specialized care provided by surgeons with specific trauma and acute care expertise. As such, there is value to having 100 percent of this type of coverage provided by surgeons in this specialty. This already occurs at the hospital; now faculty at both institutions will be within the unified Division of Acute Care Surgery.

“I’m honored to work alongside colleagues at both hospitals for our shared patient communities.”

—RAYMOND FANG

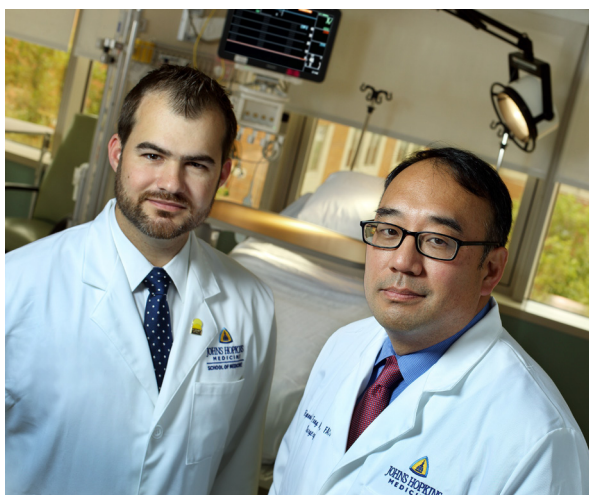
As part of this integration, Efron adds, Johns Hopkins Bayview recently hired a new trauma medical director. **Raymond Fang** is a 22-year U.S. Air Force veteran who served seven of those years at Landstuhl Regional Medical Center in Germany,

providing trauma and critical care services to Americans airlifted there from operations including Iraqi Freedom and Enduring Freedom. Immediately before coming to Johns Hopkins Bayview, he spent six years at the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center, preparing Air Force Medical Service personnel to support U.S. military operations worldwide.

In August, Fang was joined by **Alistair Kent**, who trained at both hospitals as a trauma/acute care surgery fellow. Kent’s longstanding collegial relationship with faculty and staff at both institutions during his training, Efron says, makes him a boon to the cross-hospital team.

Fang notes that the expertise and dedication of specialists based at both hospitals will ensure that patients receive the highest level of acute care available. The Johns Hopkins Hospital is designated a Level I Trauma Center and is the regional pediatric trauma center and eye trauma center in Maryland. Johns Hopkins Bayview is a Level II trauma center and the state’s only regional adult burn center.

“When I was in Germany, we all worked our hardest to help our men and women injured in the wars. We did everything we could to bring them back,” Fang says. “I see that same motivation at The Johns Hopkins Hospital and Johns Hopkins Bayview, and I’m honored to work alongside colleagues at both hospitals for our shared patient communities.” ■



Alistair Kent (left) and Raymond Fang

Pediatric Surgeons Treat Patients in Regional Community Hospitals

Pediatric patients can now see Johns Hopkins pediatric surgeons at WellSpan York Hospital in Pennsylvania. In addition, more Johns Hopkins surgeons have been added to the growing practices at the Greater Baltimore Medical Center, Howard County General Hospital and Anne Arundel Medical Center in Maryland. These collaborations deliver the triple aim of care at the right time, the right place and the right cost.

“At WellSpan York Hospital, when there was a pediatric surgical issue, the community hospital had to send the child somewhere else,” says **David Hackam**, surgeon-in-chief of Johns Hopkins Children’s Center. “Now we are their pediatric surgeons, as we have been for our other valued

“Tertiary pediatric surgery still comes to The Johns Hopkins Hospital but we perform community pediatric surgery in these surrounding locations.”

—DAVID HACKAM



David Hackam, surgeon-in-chief of Johns Hopkins Children’s Center, examines a patient after a successful surgery and recovery.

community hospital partners.”

Johns Hopkins pediatric surgeons are onsite and on call at the four hospitals. They see patients in the emergency department, neonatal intensive care unit and specialty clinics. The surgeons perform inpatient and outpatient operations including hernia repair, appendectomy, and lump and bump removal.

The hospitals formed relationships with Johns Hopkins Children’s Center so patients could receive care at locations closer to home. “Tertiary pediatric surgery still comes to The Johns Hopkins Hospital but we perform community pediatric surgery in these surrounding locations,” says Hackam.

Thanks to the Children’s Center’s rich history and programs, Hackam says the community hospitals’ clinicians report being both confident and pleased with the level of care provided by the

pediatric surgeons. “This community-academic partnership has been very successful for everyone, and especially the children,” he says.

The Children’s Center opened in 1912 as the nation’s first pediatric hospital affiliated with an academic research institution. Today it continues a tradition of innovative pediatric care with nationally recognized specialized programs including newborn and fetal surgery, pediatric colorectal surgery, pediatric surgical oncology, pediatric vascular surgery, and pediatric trauma and burn. ■



John Cameron

Surgeons Celebrate the Future, Honor the Past

As part of the Johns Hopkins University’s School of Medicine’s 2017 Biennial Meeting and Reunion, the Department of Surgery recognized the extraordinary career of pancreatic surgeon **John Cameron** with a celebratory dinner and Scientific Sessions.

“It was a time of reflection on all we have learned from Dr. Cameron,” says pancreatic surgeon **Christopher Wolfgang**. “He is truly an inspiration of surgical excellence.”

Attendees included graduates of the Department of Surgery’s Halsted Residency. Speakers came from Michigan, Colorado, Alabama, Florida, Massachusetts, Pennsylvania and Maryland. Each one touched on the contributions Cameron has made to surgery, students, research and clinical care.

A 1962 graduate of the school of medicine, Cameron completed his surgical training at The Johns Hopkins Hospital. Over the course of his career, he performed more Whipples than any surgeon in the world. He continues to perform Whipples, run his clinics, see old and new patients, attend conferences and carry out clinical research.

Robert Higgins, director of the Department of Surgery, says: “Dr. Cameron has made enormous contributions not only to Johns Hopkins Medicine and its students, but to people with pancreatic cancer around the world.” ■

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This newsletter is published for the Department of Surgery by Johns Hopkins Medicine Marketing and Communications.

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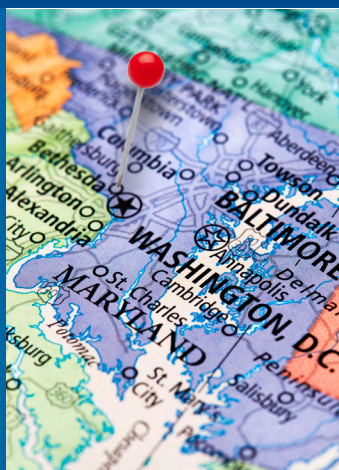
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