The Diversity and Excellence of General Surgery at McGill

The McGill Division of General Surgery is recognized internationally and its activities cover a wide range of surgical disciplines, many of which are the subject of sub-specialization: bariatric (morbid obesity) surgery, colorectal surgery, hepatobilio-pancreatic (HBP) surgery and transplantation, minimally invasive surgery (MIS) and surgical oncology (breast, melanoma and sarcomas). Our leadership role in acute care surgery is supported by our very close ties with the Division of Trauma. Our vision for the next five years consists in the establishment of an interdisciplinary digestive diseases program, principally with members of the Division of Gastroenterology.

At the MUHC, we count 25 surgeons at two hospitals and have recruited a Surgical-educator with a master's degree in Education (one of few surgeons in North America who have this training). We count three PhD surgeons (with two more pending recruitment), one independent PhD, and one surgeon with an MSC in Epidemiology. Many of our members occupy roles of leadership in the most prestigious provincial, national and international societies, and have authored landmark articles and chapters in the current major surgical textbooks including Sabiston and ACS Surgery: Principles and Practice.

The Minimally Invasive Surgery (MIS) group is internationally known for clinical innovation and education (it developed the most widely adopted simulation-based certification of competence program in the world: Fundamentals of Laparoscopic Surgery). It has a highly funded research program and has brought extensive extramural support to the institution (endowed chair in both education and minimally invasive surgery and innovation).

Provincial centres of excellence have already been recognized for Barietrics and HBP surgery; the former being mandated by the Ministry to expand its activities more than 5-fold.

(Please see Barkun on page 8)
Dear Editor,

I wish you and your family HAPPY HOLIDAYS and HAPPY NEW YEAR. No matter how busy I am, I have no excuse for not keeping in touch with you and for that I’m sincerely sorry and I apologize. Nevertheless, my mentors and colleagues at McGill will always be in my heart.

I’m doing very well. We had a new addition to our family, a baby girl, Layn who filled our life with more joy. Professionally, my career is progressing faster than I expected with regional-wide referral. I’m also still attached to research, both clinical & basic.

Last month I was awarded a grant for a stem cell research project that I will start in my new lab soon. As you can see McGill set me in the right path.

Regards,

Abdulaziz A. Alkhaldi, MD, MSc, FRCSC
Consultant Pediatric and Adult Cardiac Surgery
King Abdulaziz Cardiac Center
Riyadh 11426, Saudi Arabia

Dear Editor,

Taking a break from work I read the Winter 2010 Square Knot to see the deserved accolade for Dr. John Hinchey and the Surgical Scientist program, then to learn of the death of my Program Director and mentor Dr. George Wlodek. Going back to work I was unable to get the two and the lab out of my mind. What has happened may well be an unintended consequence. Thank you Dr. John Hinchey, Dr. George Wlodek, my colleagues and mentors and colleagues of NDSCS. I now understand why I had to instructive to current young scientists in that topic. The point is that without the research training afforded me at the MGH surgical labs and related core material at McGill, I would never have had the background to undertake this fascinating cutting edge work. We are blessed here to have a strong nanoscience corridor with nanoengineering at North Dakota State University, nanotechnology at NDSCS, research units and industrial units all close by and all talking to each other. While I made use of my training in the labs during my surgical practice this is certainly an unintended consequence. Thank you Dr. John Hinche, Dr. George Wlodek, we are doing my training in the labs yourself included Ray, the MGH and Dr. Fraser Gurd for his vision, and McGill.

Center for Nanoscience Technology Training Dept. of Applied Science and Technology North Dakota State College of Science.

Dear Editor,

I am extremely excited to inform you that I have been matched and will pursue my training in internal medicine at the Massachusetts General Hospital! I am sure I will have an incredible experience there. Thank you so much for your support and everything you have done for me. Working with you has permitted me to taste the complexities, rewards, and challenges linked to scientific research. It is definitely an area I hope to pursue in my future training and career.

Sincerely,

Yin Ge, Class of 2010, McGill University
Faculty of Medicine

Editor’s Note: Mr. Ge did two summer research studentships at the McGill cardiac surgery research laboratory.

Dear Editor,

I have read the winter edition of The Square Knot and am impressed with its quality. Perhaps for the spring edition the following update could be added of my current activities: I am completing a second five year term as Professor and Chair of the Division of Cardiac Surgery at the University of Western Ontario and Chief of Cardiac Surgery at the London Health Sciences Centre. I have recently been appointed as Head Examiner of the Cardiac Surgery Examination Board at the Royal College for a five year term.

Richard Novick, MD, FRCSC
University of Western Ontario, London, ON

Editor’s Note: We appreciate your support of The Square Knot, and wish to congratulate your continued achievements.

Dear Editor,

Thank you for continuing me on the roster to receive The Square Knot. I sent a contribution previously, but it apparently went to another department, so I am sending another to the proper address. I have appreciated receiving this publication for several years, even though the names are becoming unfamiliar.

I’m not in active practice anymore, but have been doing mission service many times, in Papua New Guinea, Brazil, Guatemala, and some five trips to Kenya, at Kikuyu Hospital and Rehab unit, near Nairobi. This is, of course, very challenging, but very rewarding. I hope to continue this again in the fall. ◆

Yours sincerely,

H. Keith Stinson, MD
Buffalo, MN, USA
This issue of The Square Knot appears to emphasize the innovative spirit of the Department of Surgery at McGill today. For example: Two articles in this issue, one on the appointment of Dr. Liane Feldman as the Steinberg-Bernstein Chair, and the other a case report by Dr. Salman Al-Sabah, both highlighted the advent of minimally invasive surgery. Their leadership in this field reminds me of the old days when we used to teach the residents not to hesitate making wide incisions for adequate exposure, since “The wounds heal from side to side, not end to end!” Well, the time has changed!

Again in the old days, the unique or rare cases you may see and deal with as a trainee in surgery used to be a hit and miss luck. With the advent of informatics and computer technology, “virtual patients” with various ailments may be created and made available for learning, anywhere anytime. The contribution of Dr. Dave Fleiszer, who is the Director of the McGill Molson Medical Informatics Project, offers a futuristic view.

Last but not least, the Balliol Collaboration Project described by Dr. Jeffrey Barkun in the lead article addresses the complexity of surgical trials and validation of trial outcomes. Dr. Joe Meakins’ effort to combine the talents of the Oxford team with those at McGill is an admirable contribution to the science of surgery and to the benefit of our patients.

Your letters or e-mails of suggestions, critiques and appreciations on these and other articles in The Square Knot are welcome. 

By Ray C. J. Chu, M.D., Ph.D.

Editor’s Note

I am truly delighted to announce that Dr. Liane Feldman has been appointed as the Steinberg-Bernstein Chair of Minimally Invasive Surgery & innovation at the McGill University Health Centre. She has made an outstanding contribution to the field of MIS (Minimally Invasive Surgery) at the MUHC, throughout the McGill orbit, and at the national and international levels. Liane has developed and advanced the field of solid organ laparoscopy clinically. She has led research efforts in surgical outcomes, education and physiology related to the field of MIS and has taught and mentored many of us. Currently, Liane is Chair of the Committee on Laparoscopy and Endoscopy of the Canadian Association of General Surgeons, and through that role is building collaborations across Canada. She has been appointed to the Committee on Emerging Surgical Technologies and Education (CESTE) of the American College of Surgeons, where her expertise and energy will be expanded to a wide audience as she leads educational programs at the annual ACS Clinical Congress. In addition, Liane will be the James IV Surgical Traveller for 2010 representing Canada (and McGill) as she takes her talents around the world speaking on her work in MIS and learning from eminent international surgeons.

In her role as the Steinberg-Bernstein Chair, Dr. Feldman will oversee the clinical and academic activities of the MIS Program at the MUHC, will help us evaluate innovative surgical technologies, and will continue as the Program Director for the McGill MIS Fellowship. Please join me in congratulating Liane on her well deserved appointment.

Gerry M. Fried, MD
Chairman, Department of Surgery
McGill University

New Steinberg-Bernstein Chair

By Gerald M. Fried, MD

“it is with coarctation surgery as with love: rather easy to do but difficult to understand”.

WHAT IS A VIRTUAL PATIENT?

Virtual patients are virtual “scenarios” that simulate clinical situations and the expert processes that are required to deal with these situations.

Virtual patients take many forms. One example is a simple dialogue between teacher and learner where the teacher poses a case-based problem and the student works through the problem with appropriate feedback and leading from the teacher. In the early days of case-based teaching a “problem box” was added which contained x-rays, lab results, pictures and the like to make the dialogue more realistic and to enrich the learning experience. At the other end of the spectrum are the complex mannequins that reliably respond appropriately to various manipulations such as intubation, administration of drugs, catheter insertion and so on.

Between these two extremes lie a variety of paper-based and computer-based virtual patients. Simple linear narrative cases are essentially page-turning exercises with minor variations in layout and navigational autonomy. More sophisticated models include branched narratives in which the ending is defined by a number of choices made by the student along the way through the narrative. Exploratory cases allow the student any number of choices and outcomes depending on their skill of data gathering and generating hypotheses (differential diagnoses for those of us who are older).

WHY DO WE NEED VIRTUAL PATIENTS?

Virtual patients represent one of many potential tools to satisfy a teacher’s quest to make their teaching better and better. Virtual patients can allow students to apply what they learn in the classroom to a virtual clinical scenario and safely hone their clinical knowledge and skills. They permit students deliberate practice using scenarios that are either common, thus likely to be integral to their future practice, or uncommon, providing learning opportunities that would otherwise be unavailable.

In addition, medical school accreditation has become increasingly stringent and requires each school to define a minimum set of clinical exposures for their students. With the increase in outpatient care and early discharges it may happen that not all of the patients required to fulfill these requirements are present at the time of the students’ rotation. Virtual patients are an acceptable surrogate for accreditation purposes.

Further, with the advent of the internet, medical students at different schools easily share their curricular material. Virtual patients are beginning to bloom as a popular method of teaching and if we want to keep up with other schools we need to have a great set of virtual patients.

WHAT HAVE WE DONE AT MCGILL?

We have created a medical encounter simulator based on the medical model of inquiry. We provide a “reason for visit” and the student has to actively search out the appropriate questions to ask the patient, do a focused physical examination, and order the right lab tests and imaging tests all the while formulating a list of hypotheses which is modified with each new critical finding. Once finished, there is an “expert trace” which shows the student what the expert did and provides a direct comparison to the student’s trace. Further, the expert trace provides the student with the didactic evidence as to why each action was a good one or a bad one. That “didactic evidence” could be the lecture material delivered to the students previously. The virtual patient serves to reinforce this “knowledge” while providing an opportunity for them to put the “knowledge” into practice.

WHAT CAN YOU DO?

You can create virtual patients on paper, using a word processor or by utilizing the software over the internet. Cases are published on our website and made available to medical students and their teachers anywhere in the world that has internet access. It is a vigorous, fun challenge to create excellent cases and the fruits of your labor can benefit the entire profession. If you would like to become an author contact us at McGill by e-mailing me or calling 514-398-2077.

Dave M. Fleiszer, MD
Associate Professor of Surgery,
Director, McGill Molson Medical Informatics Project

“For the difficult surgery of today, a sturdy pair of legs is also an indispensable necessity!”
Introducing the First Single Incision Laparoscopy

By Salman Al-Sabah, MD, MBA, FRCSC

McGill Centre for Minimally Invasive Surgery and Innovation at the Cutting Edge

On behalf of all members of the Colon & Rectal Surgery and Minimally Invasive Surgery groups at the Montreal General Hospital, I would like to announce the introduction of Single Incision Laparoscopic Surgery at the MUHC. On February 4, 2010, Drs. Sender Liberman, Barry Stein, Patrick Charlebois and Salman Al-Sabah (MIS Fellow) performed two colon resections and an appendectomy using this state of art technology.

Single incision laparoscopic surgery (SILS) has been introduced into different surgical specialties as an effort to further decrease the trauma of access to the abdomen using traditional laparoscopy. SILS procedures have been proposed as a way to revolutionize minimal invasive surgery which is generally performed using multiple small incisions. In essence, its concept lies in performing laparoscopic surgery through a small incision, hidden in a site like the umbilicus; therefore resulting in little to no visible scar, and theoretically reducing postoperative pain, in addition to other potential wound related complications from multiple operative sites.

Prior to implementing and adopting this new surgical innovation on our patients, we used a step-by-step approach for surgical development and evaluation at Steinberg-Bernstein Centre for Minimally Invasive Surgery and Innovation, McGill University Health Centre supported by Drs. Gerald Fried, Liane Feldman and Melina Vassiliou. As an initial step (pre-human), the Fundamentals of Laparoscopic Surgery (FLS) simulator and tasks were used as a platform for the evaluation of single port instrumentation as well as measuring the learning curve for single port complex tasks. Next, we took the technique to the operating room under the supervision of an experienced proctor, Dr. George Denoto (NY, USA). We recruited three patients for this event, who were selected for specific characteristics. For our next step, all procedures will be tracked using a designated database and reevaluated to determine the safety and efficacy of this technique. Future directions in this initiative will include long-term evaluation and mentoring. We expect that this step-by-step approach is an effective strategy for implementing novel instruments and techniques. By applying this formalized framework we hope to deliver the best and safest innovations to our patients.

I would like to thank and appreciate the work of the surgical, anesthesia and nursing teams for making it possible. 

Salman Al-Sabah, MD, MBA, FRCSC
Steinberg-Bernstein Centre for Minimally Invasive Surgery and Innovation, McGill University Health Centre
Divisional Activities  
DIVISION OF GENERAL SURGERY

**Dr. Peter Metrakos**, Symposium Chairperson, hosted the 7th Annual McGill University Hepatopancreatobiliary and Liver Transplant Surgery Symposium on October 28th and 29th 2009. The events were held at the Club Mount Stephen followed by a banquet at BICE Restaurant in the evening.

This year’s Visiting Professors: **Dr. Norman Kneteman** from the University of Alberta who spoke on *Therapy for Hepatocellular Carcinoma* as well as *Can We Prevent Recurrence of Hepatitis C After Liver Transplant*. **Dr. Gerald Batist** from the McGill Centre for Translational Research spoke on *Mechanisms of Resistance to Chemotherapy*. **Dr. A. J. Tector** from Indiana University presented on *The Current State of Xenotransplantation*. Our own **Dr. Steve Paraskevas** gave a talk entitled, *Immunosuppression for Every Occasion*. We also had **Dr. David Iannitti** from University of North Carolina present on *Alternatives to Open Liver Surgery* and **Dr. Mary Maluccio** from Indiana University presented her Hepatocellular Carcinoma research.

L to R, top row: Dr. Ronald Guttman, Dr. Steve Paraskevas, Dr. Antonio Di Carlo, Dr. Jeffrey Barkun, Dr. Prosanto Chaudhury, Dr. Goffredo Arena, Dr. Marcelo Cantarovich, Dr. Gerald Batist.
L to R, middle row: Dr. David Valenti, Dr. David Iannitti, Dr. Peter Metrakos, Dr. Norm Kneteman.
L to R, front row: Dr. Jean Tchervenkov, Dr. Tatiana Cabrera, Dr. Mary Maluccio, Dr. Joe Tector, Dr. Mazen Hassanain.

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Divisional Activities  
DIVISION OF UROLOGY

McGill Urology held its 9th Annual Canadian Senior Resident Urologic Oncology Course on October 23 and 24 2009 at the Omni Hotel in Montreal. Senior urology residents from all across Canada attended this conference. This year’s guest speaker was **Dr. Andrew Stephenson** from the Glickman Institute of Urology, Cleveland Clinic. Dr. Stephenson’s lectures were on *Prostate Cancer - Biochemical recurrence following definitive therapy* and *Testicular Cancer - Management of clinical stage 1 NSGCT.*

The 5th Annual Urologic Oncology Visiting Professor, organized by **Drs. Simon Tanguay** and **Armen Aprikian** of the Division of Urology, was held at the Jeanne Timmins Amphitheatre of the Montreal Neurological Institute on Wednesday September 30, 2009. This year’s guest speaker was **Dr. Joel Nelson**, Professor and Chairman, Department of Urology, University of Pittsburgh, who gave a state-of-the-art presentation entitled *Endothelin and prostate cancer: Bench to bedside.* Dr Nelson also gave a presentation at the Department of Surgery Grand Rounds the following day entitled *Surgical management of prostate cancer.*

Dr. Simon Tanguay was invited as a guest speaker to give the SIU lecture at the Chinese Urological Association meeting in Chengdu in September 2009. The title of his presentation was *Management of the small renal mass.*

In October 2009, **Dr. Sero Andonian** was awarded the American Urological Association Young Investigator Research Award

Congratulations to **Dr. Cristian O’Flaherty** and co-applicants, **Drs. Peter Chan** and **Armand Zini**, who recently were awarded a FQRNT Grant for their research on the Characterization of Peroxiredoxins in Patients with Clinical Varicocele or Idiopathic Infertility.

**Dr. Peter Chan** (P.I., Project Leader) of the Division of Urology, in collaboration with a team of multidisciplinary bio-psycho-social scientists including **Dr. Bernard Robaire** (Nominated P.I.) - McGill Department of Pharmacology and Therapeutics, **Dr. Vassilios Papadopoulos** - Director of MUHC Research Institute, **Dr. Milan Maric** - McGill Department of Chemical Engineering and **Dr. Jeff Nisker** -University of Western Ontario, received a five-year CIHR grant on a project entitled *The Impact of Exposure to Phthalates, their Metabolites and “Green” Plasticizers on Male Reproductive Health.* This is the sixth CIHR grant Dr. Chan has received as PI/Co-PI since he joined the MUHC in 2002.
Dr. Chan was invited by the Department of Obstetrics and Gynecology of the Memorial University of Newfoundland this October to present on Male Fertility Preservation Strategies after Cancer Therapy. At the 2009 Annual Meeting of the International Society of Urology in Shanghai, Dr Chan was invited to present at the plenary session on The impact of chemotherapy on Male Reproductive Health. Also at the 2009 Annual Meeting of the Mexican Urological Association, Dr. Chan will present at the plenary session on The Advances in Microsurgeries for Male Infertility Management.

Editor's note: These activities from our highly productive Division of Urology should have appeared in the earlier issue of The Square Knot. We regret the inadvertent delay.

Mini-Symposium on Technologic Innovations at the McGill University Health Center (MUHC) and the Research Institute (RI)

Organized by Drs. Simone Chevalier and Maurice Anidjar from the Division of Urology and the Department of Surgery, the 3rd Mini-Symposium on Technologic Innovations took place at the Montreal Neurological Institute, Jeanne Timmins Amphitheatre on Wednesday November 25th, 2009. The program was set to be a scientific activity with presentations on New Avenues in Minimally Invasive Surgery, Modern Therapies in Urologic Oncology, including robotic surgery, Trends in Uro-Oncology Molecular Diagnostic, Challenging Issues in Andrology and New Tools in Surgical Education. The new chair of the department of Surgery, Dr. Gerald Fried, kindly accepted to discuss perspectives of Surgery beyond Laparoscopy and gave an inspiring lecture on where we are going and how to get there. Several physicians and scientists belonging to Urology as well as other divisions of the Department of Surgery and from the Departments of Radiation-Oncology and Obstetrics-Gynecology were invited to progressively bring participants through their recent discoveries and findings on innovative approaches and challenges as well as new discovery platforms and models. This represented a unique opportunity to learn from each other on ongoing research projects and promising avenues for the future, including in Surgical Education. Overall, the event was a great success and was highly appreciated by over 100 participants. It highlighted the inspirational leadership role achieved by the Division of Urology, sponsors of the Symposium. Funds were also made available by the Research Institute of the McGill University Health Centre.

Simone Chevalier, PhD
Director of Research, Division of Urology, McGill University
Barkun
continued from page 1

Colorectal surgery is mostly involved with the lower GI cancer care mission, and is the principal partner of Gastroenterology in supporting the GI-cancer and Inflammatory Bowel Disease programs.

In spite of this apparent fragmentation of “conventional” general surgery roles, the superficial differences between our sections hide a common vitality and purpose which transcend any superficial divide; one example relates to education and training. The Division of General Surgery at McGill provides the fundamental educational component upon which all surgical programs are based. In fact, all medical students and core surgery residents acquire most of their surgical cognitive knowledge and technical skills at General Surgery teaching activities and rotations. The McGill General Surgery Residency Program counts over 60 residents, making it the largest of all the surgical disciplines. It attracts a high percentage of McGill students, greater than that at other Canadian faculties. Thanks to our successes in recent years, our popularity among graduating students has allowed us to successfully lobby for an increase in the number of our residency training positions at a time when there is a 20% drop in applications to programs elsewhere in Canada.

A CULTURE OF RESEARCH

Our annual academic day, the L. D. McLean Surgical Research Day, is named in honour of our reknowned surgeon-scientist and past chairman at McGill. It is an appropriate window for our unique Surgeon-Scientist Program which has helped to foster a culture of research resulting in a steady stream of resident-based abstracts and publications. The Division of General Surgery has been historically very strong in both basic research (especially in the fields of infection, inflammation, tumor metastases and immunity) and clinical trials (laparoscopic cholecystectomy, herniorrhaphy).

THE BALLIOL COLLABORATION PROJECT

More recently, a unique international and inter disciplinary collaboration has developed between our division and Oxford University, under theegis of our past chairman, Dr. Jonathan Meakins, and myself. The goal of this collaboration was to elucidate why the promise of Evidence-Based Medicine, which had so taken over the rest of Medicine, was seemingly eluding the surgical disciplines. Indeed, in 2003, despite numerous editorials and evidence-based surgery series in the Canadian Journal of Surgery and the Journal of the American College of Surgeons, only 3% of publications in leading surgical journals were randomized trials, and this number had increased to only 8% by 2006. The group thus set out to systematically address the evaluation of surgical interventions (ie, surgical research), and the adoption of surgical innovation. The collaboration consisted of a series of 3-day meetings which were held to incorporate the experience and expertise of international surgeons, methodologists, statisticians, and the evidence-based medicine community. (The list of contributors to the collaboration is included below). Three meetings were held in 2007 and 2008 which involved close to forty participants. Unique aspects of Surgery were thought to be the learning curve of interventional procedures, the perceived irreversibility of a surgical act, a scarcity of regulation or oversight, and the absence of a systematic approach of how and when to do definitive trials. By the end of the meetings, however, it became apparent much to surgeons’ surprise that the assessment of surgery was in fact not unique and had much in common with other complex, non-pharmacological interventions. Most importantly, we realized that many issues, although difficult, were solvable. The ensuing body of work was published in a series of three articles in The Lancet edition of September 26, 2009.

The first paper, whose principal authors are our own Drs. Jeffrey Barkun and Liane Feldman, provides a framework for surgical research by proposing a paradigm to address technological innovation in surgery through an adoption curve which distinguishes the evaluation of procedure-based interventions from that of pharmacological trials. The second paper, authored by Dr. Pat Ergina from McGill Cardiovascular Surgery, examines the top ten challenges faced in surgical research while highlighting the strengths and weaknesses of existing surgical study-designs. The third attempts to answer the questions raised by the first two, proposing insights and solutions to further the future quality of surgical research and evaluation in surgery. A follow-up meeting is planned with international surgical editors and technology assessment groups to adopt the proposed recommendations and allow surgical innovation to be appropriately appraised in a timely fashion. This process will in turn allow society and regulatory bodies to properly and ethically assess the value of surgery in the care of our patients.
This year's LD McLean visiting professor, Dr. David Flum, is a member of the Balliol Collaboration which is a writing group derived from a group of clinicians and methodologists who took part in three conferences at Balliol College, University of Oxford, UK, on the topic of surgical innovation and evaluation (organised by Jonathan L Meakins) between 2007 and 2009. The participants were: Douglas G Altman, Jeffrey K Aronson, Deborah Ashby, Jeffrey S Barkun, Nick Black, Jane M Blazeby, Isabelle Boutron, John Bunker, Martin Burton, W Bruce Campbell, Marion Campbell, Kalipso Chalkidou, Iain Chalmers, Pierre-Alain Clavien, Jonathan A Cook, Marc de Leval, Jon Deeks, Patrick L Ergina, Liane S Feldmann, David R Flum, Paul Glasziou, Adrian Grant, Muir Gray, Roger Greenhalgh, Milos Jenicek, Sean Kehoe, Richard Lilford, Peter Littlejohns, Yoon Loke, Guy J Maddern, Rajan Madhock, John C Marshall, Peter McCulloch, Kim McPherson, Jonathan Meakins, Jon Nicholl, Barney C Reeves, Peter Rothwell, Christoph M Seiler, Steven M Strasberg, Bill Summerskill, David Taggart, Parris Tekkis, Matthew Thompson, Tom Treasure, Ulrich Trohler, Jan Vandenbroucke.

Jeffrey S.T. Barkun, MD, CM, MSc (Epidemiology), FACS, FRCS(G)
Professor and Director of General Surgery,
MUHC and McGill University
Chief Clinical Officer of the MUHC technological transition

15TH ANNUAL H. ROCKE ROBERTSON
VISITING PROFESSOR - DR. HANS-CHRISTOPH PAPE
January 13-14, 2010

Dr. Pape is Professor and Chair of the Department of Orthopaedic Surgery at the University of Aachen Medical Center in Aachen, Germany. He is internationally recognized in the management of serious multiple traumatic injuries. His staged orthopaedic surgical approach in managing severely injured patients has been instituted in trauma centers around the world, improving their outcomes.

Dr. H. Rocke Robertson
The visiting professorship in trauma was established in 1996 in recognition of Dr. Robertson's many accomplishments in the service of the Department of Surgery Monreal General Hospital, and McGill University

H. Rocke Robertson Visiting Professorship
2010 Award Recipients

| 1st Prize | Dr. Alberto Carli |
| “FGF18 Augments Bone Regeneration and Osseointegration of Orthopaedic Hardware in an Animal Model of Osteopenic Bone Disease: Case Report and Review of the Literature” |
| 2nd Prize | Dr. R. Saluja |
| 3rd Prize | Dr. C. Gao |
| “Bone Tissue Engineering with Mesenchymal Stem Cell (MSC) Seeded Dense Collagen Scaffolds” |

Dr. Hans-Christoph Pape
1912 - 1998

McGill University
Department of Surgery

15TH ANNUAL
H. ROCKE ROBERTSON
VISITING PROFESSOR

DR. HANS-CHRISTOPH PAPE
JANUARY 13-14, 2010
Dr. Edward Harvey has been appointed Chairman of the Research Committee of the Orthopaedic Trauma Association— a worldwide organization that promotes excellence in care for the injured patient. He has also been asked to sit on the President’s Subspecialty Advisory Council of the Canadian Orthopaedic Association. Also, along with several investigators based at the McGill University and the Genome Quebec Innovation Centre, Dr. Harvey was successful in publishing in Nature Genetics in November 2009 on the subject of Global patterns of cis-variation in human cells revealed by high-density allelic expression analysis.

On February 1st, 2010, Dr. Sarkis Meterissian was promoted to Full Professor in the Departments of Surgery and Oncology (tenured). Sarkis started at McGill in 1994, becoming an Associate Professor in 2002. He thanks Drs. Cruess, Loutfi and Meakins for their guidance, mentorship and friendship.

Dr. Balfour Mount, Professor Emeritus, Departments of Medicine, Oncology and Surgery and Founding Director of the RVH Palliative Care Service at the MUHC, has been inducted into the Academy of Great Montrealers. He was honoured on November 4th at the Board of Trade of Metropolitan Montreal for his exceptional contribution to Montreal in the scientific sector.

Dr. Steven Paraskevas was promoted to Associate Professor at McGill in November 2009. He was chosen for 3 years as a Councillor-at-large of the Canadian Society of Transplantation. He received a 2009-10 operating grant from Diabète-Québec for the project Functional Genomics of Human Islets During Isolation and Transplantation, and was also appointed by the American Society of Transplant Surgeons as Co-Chair of the 2011 American Transplant Congress, the largest annual meeting in the field of transplantation.

On March 1st, 2010, Dr. Dominique Shum-Tim was invited to visit the Peking Union Medical College (PUMC) in Beijing. This is one of the most prestigious medical colleges in China, founded by the Rockefeller Foundation in 1921. The PUMC has a long record of treating some of the most important political figures in its history including the Father of the Nation Dr. Sun Yat-Sen, serving also as the designated medical center for the recent summer Olympics in Beijing. In addition, it has been commissioned to build a separate modern pavilion equipped with new operating room facilities budgeted for 10 billion RMB. The visitor made round on the ward, visited the operating room and delivered a lecture entitled Cell Therapy: Over a Decade of Observation.

On March 4th, 2010 Dr. Shum-Tim also visited Nanjing Medical College, another prestigious institution in the old capital of China. The city is known historically for the Massacre of Nanjing by the invaders during the Second World War. Dr. Shum-Tim gave a talk to their medical students entitled Taking the Path of an Academic Surgeon: The Enemy Within.

Dr. Barry L. Stein, Colon and Rectal Surgeon at the MGH and associate program director for the McGill General Surgery residency program was married on January 31st in Montreal to Kathy Lempert. They are expecting their first child this summer. (Submitted by: Dr. Patrick Charlebois). ♦
A new modern medical school in Hualien City, Taiwan with a teaching hospital of over 1,000 beds, is sponsored by a new branch of Buddhism which is spreading worldwide, including a small foothold in Montreal. Amazingly, over 20,000 of its believers have already signed their commitments to donate their own bodies post-mortem for teaching anatomy to their medical students! Dr. Ray Chiu from McGill learned this during a site visit while serving as an invited advisor to TMAC (Taiwan Medical Accreditation Council) in October, 2009.

Dr. Ray Chiu standing in front of the Medical School Meditation Hall in Hualien City, Taiwan

A Unique Medical School in Taiwan

No training of the surgeon can be too arduous, no discipline too stern, and none of us may measure our devotion to our cause. For us an operation is an incident in the day’s work, but for our patients it may be, and no doubt it often is, the sternest and most dreaded of all trials, for the mysteries of life and death surround it, and it must be faced alone.

— Sir Berkeley Moynihan (1865-1936), Addresses on Surgical Subjects, “The Approach of Surgery” (1879-1962)

New Appointments for Dr. Gerald Fried

Dr. Gerald M. Fried, Professor and Chairman, Department of Surgery at McGill University, was elected to serve as the World Congress President at the 12th World Congress of Endoscopic Surgery on April 14-17, 2010 held at Washinton, DC, USA. He has been also elected as the President of the Central Surgical Association. The pioneering contribution of Dr. Fried and his team to the advance of endoscopic surgery put McGill in the forefront in this new era of minimally invasive surgery.

Dr. Gerald M. Fried

Dr. Ray Chiu

He needs the broad vision, the cultivated imagination, the catholicity of artistic taste and human sentiment, that give to his manual accomplishments the attributes and qualities that glorify the hand in the higher arts. To do all this and to be all this, the Master Surgeon must be a man of mind, a man of thought, a man who knows his province, the human body as a whole, and not only one of its parts.

— Introduction to W.S. Halsted’s “Surgical Papers”
University Surgical Clinic 1970-71

SURGICAL RESIDENT RESEARCH FELLOWS AND THEIR DIRECTORS IN THE UNIVERSITY SURGICAL CLINIC AT THE MONTREAL GENERAL HOSPITAL - 1970-71

DR. ALAN GIBB THOMPSON

Alan was born in Montreal and attended Westmount High School prior to attending McGill University and Oxford in England. He graduated from McGill University in 1943. Following internship at the Montreal General Hospital, he entered the Royal Canadian Army Corps. Upon completion of his military service, he entered the McGill Diploma Course in Surgery. His surgical education also included a year at Ohio State University where he was deeply influenced by Drs. Robert Zollinger and Edward H. Ellison. He finished his training at McGill in 1952 and became a Fellow of the Royal College of Physicians and Surgeons, Fellow of the American College of Surgeons, and a Diplomate of the American Board of Surgery.

Dr. Thompson joined the staff of the Montreal General Hospital in 1953. He soon assumed the dual role of Director of the Surgical Residency Program at the M.G.H. and Associate Director of the McGill University Clinic in 1963. His laboratory investigations elucidated the important role which nutrition plays in the etiology of pancreatitis. He served as Surgeon-in-Chief of Queen Mary's Veterans Hospital prior to becoming Surgeon-in-Chief at the Montreal General Hospital in 1972 (following the retirement of Dr. Fraser N. Gurd). He was Chairman of the McGill Department of Surgery from 1973 to 1976. Alan's leadership at this time was pivotal for the M.G.H. and the McGill University Department of Surgery.

Alan played an important role in teaching several generations of surgical residents. He had the unique ability to transfer his superlative surgical skills to his students. He served the Royal College of Physicians and Surgeons in all its important functions. He was a most effective leader in Quebec Surgery where he was most respected by his French-Canadian colleagues. He was a member of all of the prestigious North American Surgical Societies. He was a member of the Board of Trustees of the Society of Surgery of the Alimentary Tract, and Governor of McGill University. His clinical practice was large with an emphasis on pancreatic-biliary disease which led to significant academic publications related to his large personal experience with pancreatitis. He was truly a “Surgeon’s Surgeon”. His contributions to the M.G.H. extended beyond his clinical reputation. He was an outstanding teacher, a crisp administrator, and led the hospital effectively at a critical time in its history. At his retirement, friends, colleagues, and family established the Alan G. Thompson Scholarship in the M.G.H. Department of Surgery. This has now become an endowed Chair in Surgical Research in Alan’s name. He was also the recipient of the M.G.H. Award of Merit in 1997.

Alan married Marjorie Schofield in 1943 who predeceased him. He is survived by his children and families Hugh (Francine), Joy (Paul), Andrea (Gary), Alan Jr. (Dori). In their years of retirement, Alan and Marjorie spent time at their beloved Lac Brûlé/Lac Noir home enjoying their favorite pastimes of tennis, gardening, skiing and receiving their loving family and many, many friends.

The Department of Surgery benefitted greatly from Alan's wisdom, experience, and clinical leadership. Our deepest sympathies are extended to his family and friends.

David S. Mulder, M.D.
DR. ROBERTO L. ESTRADA

Roberto was born in Guatemala City where he began his preliminary education. He completed his elementary education at D’Arcy McGill High School prior to entering McGill University where he received a B.Sc. and his M.D.C.M. in 1943. His surgical training was all done at McGill University in the Diploma Course from 1944-1949. He also spent one year in the Harrison Department of Surgical Research, School of Medicine, University of Pennsylvania. He became a Fellow of the Royal College of Physicians and Surgeons in 1952 and a Fellow of the American College of Surgeons in 1956. He was recognized by his country of birth with the Diploma de Gratitud by La Liger Nacional Contra el Cancer on July 24, 1962.

Bob’s clinical role was as a General Surgeon with a special interest in thyroid and parathyroid surgery. His clinical activities were centered at the Reddy Memorial Hospital and the Montreal General Hospital. He rose to become a Senior Surgeon at both institutions. At his retirement, he was an Associate Professor (Surgery) at McGill University.

Early in his career, he spent two years at the Donner Building in the Division of Experimental Surgery where he worked on the physiology of the Ampulla of Vater and its impact in pancreatobiliary tract disease. He also began his life-long interest in the embryology of intestinal rotation and the formation of internal hernias. This ultimately led to publication of a classic book in 1958 (Anomalies of Intestinal Rotation and Fixation: Including Mesenterico-Parietal Hernias). He had several other publications and many visiting lectureships on this topic.

His major clinical contributions were related to thyroid and parathyroid surgery. He was noted for his meticulous technique and attention to detail in protecting the recurrent laryngeal nerves. He passed on his skills to many surgical residents. He contributed to many hospital activities including the Medical-Nursing Committee where he was always a strong supporter of nurses in all surgical activities. He was a longstanding Chair of the Committee of Medical and Dental Evaluation and the Tumor Policy Committee. He served as a member of the Operating Committee from 1970-84.

Bob will be remembered as a solid clinical surgeon who helped establish the concept of surgical endocrinology. He was an internationally recognized expert on congenital small bowel malrotations and the associated surgical procedures. He was a loyal participant in Surgical Grand Rounds at the M.G.H., extending well into his retirement years.

Bob was predeceased by his wife Eileen and is survived by his five children Colleen, Kathleen, Thomas R., Patricia, Maura and their families. Our deepest sympathy to his entire family.

David S. Mulder, M.D.

PEER PORTNER, PhD

Pioneer of the first implanted electric heart assist pump for patients with terminal heart failure, died Monday, Feb. 9, 2009 from cancer. He was 68 years old.

Born in Kenya, Dr. Portner received his undergraduate and graduate education at McGill University. From there he went to Oxford University in England where he was a National Research Council Fellow. He was a nuclear physicist at that time, but his ambition was to make a difference in medicine.

Internationally known for his life-long work in developing mechanical heart-assist devices, Portner, consulting professor of cardiothoracic surgery at Stanford University School of Medicine, developed the left ventricular assist device, which made history in 1984 when it kept a gravely ill heart patient alive mechanically for eight days until a heart was available for transplantation. Never before had such a device been successfully implanted in a human being.

For more than three decades, Portner established and led a multidisciplinary team in the development of the Novacor Left Ventricular Assist System, or LVAS. Use of the Novacor heart assist system has expanded around the world to more than 100 medical centres in more than 20 countries.

Throughout his brilliant career, he visited and expressed his deep emotional attachment to McGill many times, shared interests in cardiac assist research and remained as a respected friend of Drs. Tony Dobell and Ray Chiu.

Ray C.J. Chiu, MD, Ph.D.
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