The Division of Pediatric General Surgery at McGill has been a leader in Canadian and North American pediatric surgery since its inception. The Montreal Children’s Hospital was founded in 1903 with the goal of attending to surgical patients. Pediatric surgery has therefore been at the forefront of the hospital’s mission for more than a century. The history of the Division includes several pediatric surgical giants, on whose shoulders contemporary pediatric surgeons stand. Among these giants are Drs. Gordon Karn, E. W. Archibald, Dudley Ross, David Murphy, Herbert Owen, Harvey Beardmore, Frank Guttman, and Jean-Martin Laberge. In 1967, Dr. Karn, a pediatric surgical leader of his time convinced the newly formed Canadian Association of Pediatric Surgeons (CAPS) to adopt the Montreal Children’s Hospital motto – Ambroise Paré’s “Je le pensay; Dieu le guarit” (I treated him, God healed him) – as the Association’s motto, which stands to this day. Dr. Archibald was the first to envision specialization in pediatric surgery during the early part of the 20th century. In 1938, Dr. Ross performed the first operation in Canada to repair a congenital heart defect, and ten years later, reported the first successful repair of esophageal atresia in Canada. Dr. Murphy took over the leadership of pediatric surgery in 1953 and championed the creation of the first pediatric surgery training program in Canada and the 5th in North America. Dr. Owen supervised the move of the hospital to its current location on Tupper Street. He introduced the concept of outpatient day surgery. The Owen Centre for Day Surgery at the MCH stands as testimony to his efforts. Dr. Harvey Beardmore revolutionized the practice of pediatric surgery in North America by advocating for the specialty and almost single-handedly, successful, lobbying the American Board of Surgery to recognize pediatric surgery as a distinct specialty and offer a certificate of special competence in the specialty in the mid 1970’s, after the Board had refused to do so for several years. In 1967, Dr. Beardmore served as the first President of the newly founded Canadian Association of Paediatric Surgeons and went on to serve at the 5th President of the American Pediatric Surgical Association. He was the only Canadian to receive the Ladd Medal, pediatric surgery’s highest honour, from the American Academy of Pediatrics. Dr. Frank Guttman solidified the academic traditions of pediatric surgery at McGill during his leadership of the Division for 15 years from 1981 to 1996.
Dear Editor,
I just received The Square Knot (Summer 2011) and, as always, enjoy seeing familiar faces and hearing their stories. A lot has happened since we last met at a Stikeman Dinner in Montreal.

I married my beautiful wife, Christelle, in Aug 2009 in Byblos, Lebanon. Our daughter, Isabella, keeps me busy as if I’m on-call every night!

Work has progressed better than expected. I was recently promoted to Associate Professor of Surgery (with tenure) at University of Illinois at Chicago. I also enjoy a busy CVT private practice at multiple hospitals here in Chicago.

I thank you for your mentorship throughout the years and look forward to seeing you at the next Stikeman Dinner,

Edgar G. Chedrawy, MD, MSc, FRCS, FACS
Associate Professor of Surgery
University of Illinois at Chicago

Dear Editor,
I hope you have been keeping well. Congratulations on your fine stewardship of The Square Knot - I look forward to the arrival of each issue. After reconnecting with Dr. Dave Mulder today, I also understand that you have been pursuing your passion for international consulting and travel.

As my mentors, I thought you might be interested to know that after nearly a decade in a thriving private practice environment in Florida, I have recently transitioned back into academic practice at the University of Pittsburgh. Hope to be in touch soon to reconnect with you regarding updates on some other initiatives and to learning how I might best contribute to McGill.

My best New Year wishes to you and your family. ◆

Vinay Badhwar, MD
Associate Professor of Surgery,
University of Pittsburgh

Letters to The Editor

“Blood is the vessel of the soul”.
In Leviticus we find an early claim that the soul resided in the blood, and this has lingered on in popular belief. Some religious sects, such as Jehovah’s Witnesses, also use the Bible as a basis for their refusal to take blood transfusions.

When Samuel Pepys (1633-1703), the great English diarist, heard of blood transfusions, he tactfully wondered what would happen if a Quaker’s blood were given to an Anglican archbishop. Perhaps due to similar dark thoughts, a contemporary German doctor tried to patch up marriages by transferring blood between the husband and wife. Queen Christina of Sweden (1626-89) is said to have made it clear that, if she should ever need a transfusion, the blood had to come from a lion!

— “Medicine Becomes a Science” Haeger, Knut (1990)
The Illustrated History of Surgery, Ch. 5.

The Director General Awards

The Director General Awards are given to individuals who are recognized as having made outstanding contributions to the MUHC in a variety of categories. There is an award for “best” doc, nurse, technician, clerical staff, etc. ten altogether. There is a gala dinner each year (this was the third) and there were almost 1000 attendees this year. One of the winners this year was Dr. David Fleiszer, a senior surgeon specialist in breast cancer and a devoted teacher in our Department, who satisfied the following “selection criteria”….

Selection Criteria:
Altruism
The practice of unselfish concern for the well being of others

Impact - positive impact upon:
The organization
The patient
The team/unit/department

Initiative
The competency, motivation and skill to begin and follow through with a plan or task outside of one’s regular duties ◆
In this issue of The Square Knot, we present the rise of modern Cardiac Surgery at McGill University as uniquely recounted by a pioneer in the field himself, Dr. Anthony R.C. Dobell.

Editor's Note

By Ray C.J. Chiu, MD, PhD

Dr. Dobell was a young McGill graduate who returned from Philadelphia in 1956 to introduce the avant-garde technology of cardiopulmonary bypass thus “open heart” surgery to McGill - and to Canada. Over the years, he sub-specialized in Pediatric Cardiac Surgery, and trained many superb cardiac surgeons. One such trainee, Dr. Jim Dutton, wrote eloquently in the last issue of The Square Knot of Dr. Dobell’s Presidential Address to the Society of Thoracic Surgeons entitled “The Human Touch”, in which he lauded McGill core values of patient support and respect. Dr. Dobell was Director of the McGill Division of Cardiothoracic Surgery for three decades until he retired in 1992 . . . at which time I had the opportunity to succeed him. At present Dr. Dobell is, at age 84, in good spirit!

While we reminisce about the past, we are excited by the future: As this issue of The Square Knot presents, the McGill Division of

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s 2011 draws to a close, we all reflect on the exciting activities of the past year and look forward with resolve to creating change for the future. The most exciting aspect of being Department Chair is in watching the development of the young faculty and seeing them achieve greatness. Thanks to the generosity of the community that supports the McGill Faculty of Medicine and the Foundations of the hospitals in which we work, we have had the privilege of appointing several of the leading academic surgeons in our department to endowed chairs. I would like to highlight some of these important events in this message.

Dr. Armen Aprikian, Director of the Division of Urology and Director of the MUHC Cancer Mission received the Tomlinson Chair in Urology. He will use this support to advance the field of urologic oncology, already an outstanding program within McGill.

Dr. Aprikian is an internationally respected urologic oncologist and a talented surgeon. He developed a strong minimally invasive surgery group within urology and has led the development of the MUHC robotic surgery program. Following in the footsteps of Dr. Elhilali, Dr. Aprikian has demonstrated outstanding leadership and vision for the Urology Division, providing excellence both clinically and academically. It is a fitting tribute to his productivity that he is named to this prestigious Chair.

Also, in urology, we are delighted to have received a very generous donation, led by Mr. Lucien Rémillard, to initiate an endowed Chair to honour Dr. Yosh Taguchi. Dr. Taguchi has been an iconic figure in urology at McGill and is beloved by his patients and colleagues. The Taguchi Chair will be used to support a leading individual who will focus on urology research.

Another extraordinary McGill surgeon and role model, Dr. David Mulder, has been honoured by his friends and patients
Dr. Lorenzo Ferri is currently Associate Professor of Surgery and Oncology at McGill. He has organized and chaired a multispecialty upper GI tumour board, and has brought innovative protocols to McGill for management of these difficult clinical problems. He and his collaborators have developed a productive research program in upper GI metastases, and he has been well funded by peer-reviewed grants. He has been awarded the prestigious American College of Surgeons Traveling Award to visit Japan, where he brought back knowledge of the techniques for endoscopic submucosal dissection for esophageal and gastric premalignant and malignant lesions. He has also recently been honoured with the DeMeester Traveling Award by the Society for Surgery of the Alimentary Tract. With this, he will visit leading esophageal surgery centres in North America.

Dr. Ferri has published extensively in the fields of thoracic surgery, upper GI diseases, minimally invasive surgery and oncology. He has been a leader, a role model, and a sought-after mentor to his students and residents.

Finally, I am delighted to introduce Dr. Kevin Lachapelle as the Adair Family Chair in Surgical Education and Vice-Chair of Surgery (Education). As the Adair Chair, Dr. Lachapelle will direct all educational activities within the Department of Surgery, including undergraduate and graduate medical education, continued medical education, simulation-based education, faculty development, and educational research within the department.

For the past 10 years Dr. Lachapelle has done an outstanding job as the inaugural Director of the Arnold and Biema Steinberg McGill Medical Simulation Centre. He has brought it from a concept to a world-leading facility. This took clear vision, strong interpersonal skills, and commitment. He harnessed the talents of those around him to develop innovative curricula, to deliver the educational programs effectively across a number of disciplines, and to all levels of learner. We know that these same skills will ensure his success in his new role.

Dr. Lachapelle is positioned at the forefront of medical simulation in North America, and has been recognized nationally with the John Reudy Award for Innovation in Medical Education, and at McGill by being named to the Faculty’s Honour List for Educational Excellence. He has been selected “Best Teacher” by the Cardiac Surgery Residents, has received the Lloyd D. MacLean Traveling Award to further his educational development, and in 2009 was recognized for his Outstanding Contribution to Pre-deployment by the Canadian Medical Forces. We look forward to further growth in the McGill Department of Surgery’s reputation for educational innovation and excellence under Dr. Lachapelle’s leadership.

The endowment of this important chair is thanks to the extraordinary generosity of the Adair Family Foundation, who have been valued supporters of both McGill and The Montreal General Hospital Foundation.

We appreciate the support of all the donors who made these endowed chairs possible. They have recognized that an investment in outstanding people will pay enormous dividends in perpetuity.

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Dr. Kevin Lachapelle
Adair Family Chair in Surgical Education
Vice-Chair of Surgery (Education)
Chairman, Department of Surgery, McGill University

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Dr. Kevin Lachapelle

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Gerald Fried, MD, MSc, FRCSC, FACS
Surgeon-in-Chief, McGill University Health Centre
Chairman, Department of Surgery, McGill University

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Theodor Billroth on Doctors (1829-94):
“A person may have learned a good deal and still be a bad doctor who earns no trust from patients. The way to deal with patients is to win their confidence, listen to them (patients are more eager to talk than to listen) and help them, console them, get them to understand serious matters: none of this can be read in books. A student can learn it only through intimate contact with his teacher, whom he will unconsciously imitate… The patient longs for the doctor’s visit; his thoughts and feelings circle around that event. The doctor may do whatever is necessary with speed and precision—but he should never give the impression of being in a hurry, or of having other things on his mind…”

“The Human Face of Surgery” Haeger, Knut (1990)
The Illustrated History of Surgery, Ch. 8.

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THE SQUARE KNOT WINTER 2012
In 1985, he performed the first successful pediatric liver transplant in Quebec in a 13-month old 10-kg baby. The patient continues to thrive to this day, is performing graduate studies at McGill, and continues to celebrate her birthday yearly with Drs. Guttmann and Laberge. Dr. Guttmann also defined new surgical syndromes, and published widely in almost all areas of pediatric surgery. Dr. Jean-Martin Laberge led the Division as it transitioned to the 21st century, further advancing its clinical standards, its academic output, and its national reputation. In collaboration with Dr. Hélène Flageole and others, Dr. Laberge made major contributions to the field of fetal diagnosis and treatment and established the McGill Fetal Diagnosis and Treatment Centre. He attracted national attention in 2000, when he performed the first Ex Utero Intra Partum procedure in Quebec on a fetus with a giant cervical teratoma. The child, originally recommended for pregnancy termination, is now a beautiful 10 year old girl. Dr. Laberge is also recognized as an international authority in the fields of congenital lung malformations and pediatric liver surgery. He is the immediate past President of the Canadian Association of Pediatric Surgeons and the first Canadian editor of Pediatric Surgery, the authoritative text in the field, since Dr. Mustard from Toronto co-edited the second edition in 1969. Through the efforts of these giants and their associates, McGill pediatric surgery always shined brightly on the international pediatric surgical map.

In 2008, Dr. Sherif Emil, who graduated from McGill medicine in 1991 and completed pediatric surgery fellowship at the MCH in 2001, was recruited from the University of California Irvine to return to the MCH as Division Director. Earlier in the year, Dr. Pramod Puligandla who completed his fellowship at the MCH in 2003, assumed the role of fellowship program director. Dr. Emil came to McGill with a 5-year plan to further advance the Division and prepare it for the move to the new Glen site. The plan is built on the principles of increased clinical productivity, improvement in the quality of clinical research, innovations in education, and increased public visibility of the Division in Quebec and beyond.

Dr. Emil recruited Dr. Robert Baird, a bright young pediatric surgeon and investigator, to replace Dr. Luong Nguyen who retired in 2010. Dr. Emil successfully negotiated with the hospital administration the end of the decades-old practice of staffing the surgical emergency room by pediatric surgeons, a change which allowed for absorption of more surgical patients in the clinic and provided staff surgeons time for more academic endeavours. A series of new multidisciplinary clinics are being planned. The first of these, a chest wall anomalies center, opened at the Shriners Hospital in July, 2011. The first of its kind in Canada, it was featured in a long article in the Gazette in September (http://www.montrealgazette.com/health/Montreal+Shriners+Hospital+expands+services/5461941/story.html). Satellite clinics in several Montreal suburbs are being considered.

In research, a strong push was made towards designing prospective studies and participation in multi-centre clinical trials. The Division participated with 4 other Canadian centres under a CIHR meeting and dissemination grant to create a Canadian pediatric surgery research consortium. New laboratory investigations were started to look into alternative and innovative treatments for gastroesophageal reflux disease. More than 20 clinical and laboratory projects are currently in progress.

In education, a new international rotation was created for the fellows at Kijabe Hospital in Kenya under the supervision of Dr. Dan Poenaru, a McGill graduate. This rotation, which has now become a fellows exchange between the MCH and Kijabe, is truly unique in North American paediatric surgical training. A new annual award, the Luong Nguyen award, was created for the best performance by a core surgical resident on the pediatric surgical rotation. Dr. Emil is involved in teaching embryology to first year students. Through this contact and the Osler shadowing program, at least a dozen students every year are seeking exposure to pediatric surgery, and many are involved in research projects. The Division continues to train residents in general surgery, urology, plastics, ENT, and paediatrics, and continues to attract paediatric surgery fellows of superior quality.

The Division has also significantly increased its public visibility with several features in the local and national media. An innovative facial endoscopic procedure performed by Dr. Emil and Dr. Nabil Fanous on a little boy garnered national attention in the fall of 2009, and was covered locally and nationally by Global, CTV, CBC, and the French press. Patient stories from the Division have been featured in La Presse, Journal de Montréal, and The Gazette. A mission statement was developed that reads “The mission of the MCH Division of Pediatric General Surgery is threefold: to provide state of the art, evidence-based surgical care to children in a friendly, compassionate, and family-centered environment, to train the pediatric surgeons of tomorrow, and to conduct cutting-edge clinical research.” The statement was incorporated into an attractive new brochure that also contains a pledge to patients. The brochure was mailed to all pediatricians and family physicians in Quebec, and is distributed daily to all patients who make their first contact with the Division. In February, 2011, the Division offered a one day course for pediatricians. The course, the first of its kind, was attended by almost 100 pediatricians from Quebec and throughout Eastern Canada, and was rated very highly.
The five current members of the Division all complement each other and bring a wide array of expertise and involvement. Dr. Pramod Puligandla, who is certified in pediatric critical care, staffs the pediatric intensive care unit 6-7 weeks per year and has also developed significant expertise in pediatric thyroid disease. Dr. Kenneth Shaw is interested in resident education, and co-directs the Core Surgery program. Dr. Robert Baird, currently completing a master in evidence-based medicine at Oxford, is positioned to become a major contributor to high quality pediatric surgical clinical research in Canada. Dr. Emil is actively pursuing outcomes research in many areas of pediatric surgery, as well as innovative laboratory research in the treatment of GERD. He also has significant interests and involvements in health care policy and development of professionalism by medical students. An article he recently authored based on a commencement speech to medical students at the University of California Irvine in 2010 (Emil S. The quest for significance. Bull Am Coll Surg 96:28-32, 2011) garnered much attention throughout the surgical community in the US and Canada. Dr. Emil has also authored a chapter on patient and family centered pediatric surgical care, a subject that will appear for the first time in the 2012 edition of "Pediatric Surgery". Dr. Laberge continues to be active in many clinical and research areas, and is highly sought after as a speaker and visiting professor. He also frequently travels on surgical missions throughout the world, and has participated in McGill’s teaching mission in Rwanda.

The Division of Pediatric General Surgery has recently changed affiliations to the new McGill Department of Pediatric Surgery. However, this change in affiliation will in no way decrease the Division’s involvement in the clinical or academic affairs of the Department of Surgery. The Division will maintain its strong commitment to training surgical residents, and participating actively in the clinical and academic programs of the Department of Surgery. Pediatric surgeons are general surgeons first. These roots are permanent and solid.

Sherif Emil, MD, CM, FRCSC, FACS, FAAP
Director, Division of Pediatric General Surgery
The Montreal Children’s Hospital
McGill University Health Centre
intend in this article to tell the story of how intracardiac surgery came to McGill. Much of it will be a personal tale told in the first person singular. But cardiac operations preceded this era and exciting progress was made before the interior of the heart could be examined while the circulation was deviated through a heart-lung machine. I would remind the reader of the contributions at this university of Mercier Fauteux and Arthur Vineberg as pioneers in the surgical treatment of coronary artery disease, and of the pediatric surgeon Dudley Ross who operated successfully on children with patent ductus arteriosus or coarctation of the aorta during the 1940s. As the momentous advancement of open-heart surgery approached mitral commissurotomies were being done from time to time by Arthur Vineberg at the Royal Victoria Hospital (RVH) and by Harry Scott at the Montreal General Hospital (MGH) to enlarge the orifice of stenotic mitral valves by passing a finger through the left atrial appendage or by passing a dilator forwards or retrograde through the valve in the beating heart.

Operations on the heart were to be rendered obsolete by the eventual perfection of the heart-lung machine and it is on this trail that my story begins. Serendipity entered unknowingly in the summer of 1945 when as an undergraduate science student I worked as a life-guard at a resort in the Laurentians and met an elderly judge from Philadelphia who took an interest in my education. He had helped a medical student in Philadelphia who later became a surgeon attached to Jefferson Medical College Hospital, and I corresponded with this gentleman from time to time for several years. After graduation from McGill, I became an intern at the MGH with four rotations of three months each. The first combined neurology and metabolism and on arrival at the Neurology ward Preston Robb, Chief of Neurology, showed me a Norwegian sailor who had tuberculous meningitis and was to receive streptomycin daily. It soon dawned on me that I was going to plunge a long needle every day through burr holes in his skull and inject streptomycin into the cerebral ventricles. I was going to be doing things far removed from the theory of medical school!! My second rotation included surgical experience which I enjoyed, but I still had an open mind about my life in medicine.

Towards the end of December, I was unexpectedly called to the medical director’s office and told there was to be a change of assignments, and I was to be sent to Bermuda for three months as the general intern in the King Edward Hospital. I looked forward to this general experience. As the only intern I functioned in all departments, but soon I became extremely interested in surgery for two reasons: first, I was called upon to do a lot of trauma surgery on my own including suturing lacerated tendons in the early morning hours, but the second and more important reason was that I was able to assist a superb surgeon, Mark Kaufman, who had settled in Bermuda after some years of practice in Montreal. It was a pleasure to observe his excellent technique — efficient, deliberate and calm — and his relationship with patients and their families regardless of their status.

So I decided to seek surgical training and, with my Philadelphia connections, I applied to Dr. Gibbon who was the Gross Professor at Jefferson Medical College. I had already met Dr. Gibbon on a visit to Philadelphia while I was a medical student. And so my surgical career began in July 1952 as I embarked on a four year residency in general and thoracic surgery. There was no specialty of cardiac surgery in this era. I was aware of Dr. Gibbon’s interest in developing an apparatus that could take over the function of the heart and lungs and permit surgical manoeuvres inside the heart. I had read his papers going back to the early thirties when he began experiments in Boston assisted by his wife, but the early apparatus looked overwhelmingly complicated and it was only when the IBM Company assigned several engineers to design an integrated pump-oxygenator that a sophisticated version was available. This was the apparatus that supported the life of a 16 year old girl in 1953 at Jefferson, the first successful open heart operation with a pump-oxygenator. The clinical volume at Jefferson included the entire range of general surgery with a large volume of chest surgery, primarily the resection of carcinoma of the lung or esophagus.

I digress to recall what has always remained in my mind as a remarkable and memorable event during the early months of my residency. Jefferson was at the time and still is one of the great medical schools of the USA and one of the largest in terms of number of students and prestige of professors. I was called by the Professor of Pathology one day and invited to dinner for a few days later. When my wife and I arrived, we were welcomed not only by Dr. Peter Herbut, the pathologist and author of multiple textbooks, but also by Garfield Duncan, Professor of Medicine and author of a popular textbook of medicine, and by Dr. Friedman, Professor of Physiology as well as the Professor of Ophthalmology and one more department chairman; a remarkable turnout for a junior resident. The explanation soon revealed itself: they were all McGill graduates. They were welcoming me to Philadelphia and offering advice and support should I...
ever need it. This was and remains a heart-warming episode, a tribute to their years in Montreal and their debt to McGill.

In 1954, I was assigned to work on the extracorporeal circulation project in the experimental laboratory. It was my introduction to heart surgery. We created ventricular septal defects in animals using a cork-borer passed through a small incision in the right ventricle and several weeks later the defects were repaired using cardiopulmonary bypass by Bernard Miller, the project supervisor and a brilliant multi-talented surgeon. Regrettably he left the laboratory in mid year, and so it was that I and another research fellow worked regularly with the only proved heart-lung machine in the world for several months.

It surprised many that Dr. Gibbon did not pursue heart surgery thereafter. I think his primary interest was to show that his pump-oxygenator could maintain the life of a human while the heart was repaired. He was a renowned academic general surgeon who considered all of surgery to be his field, a leader in prestigious surgical societies, a dedicated editor of a leading surgical journal, and with a busy practice mostly in pulmonary and esophageal procedures.

During my surgical residency, heart surgery was only occasionally performed. From time to time, these included mitral commissurotomies, the odd coarctation of the aorta, a pulmonary valve stenosis, but certainly there was no concentration of this sort of work. I sometimes visited Charles Bailey who was doing a volume of valvular heart procedures a few blocks away at Hahnemann Hospital because I recognized that with the perfection of the heart-lung machine these lesions and malformations would be repaired under direct vision.

With this background, I returned to Montreal in 1956. I had made known my situation and that I hoped to affiliate with one of the major hospitals and work experimentally to develop intracardiac surgery. I went first to the MGH where I had interned, but there was absolutely no interest in such a program at that time. I then met Donald Webster, Chief Surgeon at the RVH, and he offered me the position of a teaching fellow with the opportunity to do experimental work at the recently constructed Donner Building on university ground next to the medical school at the top of University Street. I soon met David Murphy, Chief Surgeon at the Montreal Children’s Hospital (MCH) and we found we had common goals and established a life-long friendship. We would work together to establish open-heart surgery at the MCH, and in due course I would acquire experience in standard children’s heart surgery under the guidance of Murphy and Gordon Karn for I had virtually no experience in this area as a resident in an adult hospital in Philadelphia.

I had, of course, to acquire the Fellowship of the Royal College and this was delayed in 1956 as the result of intensive grilling on matters orthopaedic in the oral examination, but I was granted certification. The following year, I qualified for the Fellowship when the orthopaedic interrogation in the oral exam was perhaps less rigorous.

At this time, intracardiac surgery was established by the dramatic results published by surgeons in two cities in Minnesota, Walton Lillehei in Minneapolis and John Kirklin in Rochester, home of the Mayo Clinic. Lillehei’s first device incorporated a pump system adapted from the dairy industry and a bubble-oxygenator consisting of a plastic cylinder into the base of which venous blood was directed to flow upwards on a stream of small oxygen bubbles before settling in a defoaming chamber coated with commercial antifoam. Lillehei knew that such a machine need only have an output a fraction of normal during a short period of bypass to repair defects in children. The oxygenator was the brain-child of Richard DeWall, a resident, and seemed a Rube-Coldeburg gadget, but it did work and remarkable results were reported. In contrast, the Gibbon machine modified at the Mayo Clinic was a massive stainless steel apparatus that could duplicate the normal cardiac output of an adult.

These results electrified the surgical world and surgeons rushed to Minnesota to see for themselves. We at the MCH were no exception. Returning home, we did animal bypasses using the rather crude DeWall apparatus first at the Donner Building and later at the old MCH on the mountainside across from the MGH. The animals were anesthetized at the Donner Building and taken up to the hospital in the evening in the trunk of David Murphy’s car. They were smuggled into a closed operating room and scrub nurses and anesthetists participated in rehearsals for patient operations. I do not recall that these experiments were continued once the MCH moved to Tupper Street in 1956. Simple procedures like closing atrial septal defects or opening of stenotic pulmonary valves were done at the MCH using moderate hypothermia, a technique that allowed ten minutes of circulatory arrest. The anesthetized children were immersed in a bath of ice water to reduce their core temperature to 30°C with careful monitoring and then the operation followed. The venae cavae were occluded and the empty heart was opened for a brief period to carry out the repair. This was a simple and safe technique, but the time limit restricted its use to only the simplest malformations. It moved us along the path to intracardiac surgery.

Some might wonder why open-heart surgery was first introduced to children with congenital heart disease rather than, for example, adults with valvular heart disease. There were several reasons: first of all the malformations were imagined to be fairly simple to repair, then entering the heart through the right...
atrium or ventricle was seen to be much simpler than through the left side with the great danger of air embolism and finally, the demands on a pump-oxygenator system would be much less in a child than in an adult. Of course, the main stimulus was that children with heart defects were dying in hospital. First, the patent ductus had been ligated, then the coarctation of the aorta had been resected, and now simple defects were being repaired with hypothermia. Pediatric heart surgery had momentum and progress had to continue with a safe method of exposing the inside of the heart in a dry surgical field.

As the team headed by David Murphy prepared to do their first operations, it is appropriate to consider the role of the cardiologists who would select the children. In that era, diagnoses were not as sophisticated or precise as today. Ultrasound did not exist, angiograms were printed on cut films after heart catheterization had been completed, blood gases to detect shunts were measured in a time-consuming biochemical procedure that took hours, hiding information at the time of the catheterization. Even catheterization of the heart itself was primitive even though it had been pioneered in Canada by Arnold Johnson, the Head of Cardiology at the MCH.

The problem facing Dr. Johnson and his associates related to surgical risk when no cases had been done. Should a desperately ill child be offered hope even though the risk might be extreme? Or should less advanced patients be proposed in order to establish a good track record? I must add that throughout my 36 years at the MCH decisions were always made jointly in a weekly open meeting attended by cardiologists, surgeons and radiologists and we were all in agreement in selecting the first few patients.

These patients were operated on with the bubble-oxygenator system devised in Minneapolis. The results were tragic. Not a pleasant memory. We could not go on. Changes had to be made. We lost confidence in the extracorporeal system and decided to change it. We again visited Minneapolis and the Mayo Clinic and were particularly impressed by the organized systematic conduct of operations at the latter using a modified Gibbon heart-lung machine. The problem, the bête noir, was the oxygenator. The pumps propelling the blood were always simple roller pumps compressing flexible tubing. But oxygenator design was much more complex. Recall that the alveolar surface of an adult lung is about the area of a tennis court. How to duplicate this area for gas exchange? The bubbler had the inherent problem of getting rid of all the oxygen bubbles. The Gibbon oxygenator pumped venous blood over a battery of parallel screens in an oxygen environment; the blood formed a thin film on both sides of each screen and flowed gently into a reservoir from which the now oxygenated blood was directed into the patient’s aorta. There were other designs always directed at forming a thin blood film in an oxygen environment, most notably the rotating disc oxygenator which consisted of a series of parallel discs like CDs rotating in a horizontal cylinder in a trough of blood.

A simpler screen oxygenator became available at this time and this was purchased and tested, and became the unit that introduced successful open-heart surgery to the MCH in late 1957. For the record, I should point out that the first open-heart operation done successfully in Montreal was performed on a young man with an atrial septal defect by Edouard Gagnon in July 1957 at Maisonneuve Hospital, then the site of the fledgling Montreal Heart Institute.

The first operations on children were on malformations exposed by way of incisions in the right atrium or ventricle in a beating heart, but surgeons quickly devised systems to provide a still operative field first by cross-clamping the aorta to deprive the heart of coronary flow so that cardiac arrest could occur, and then by first injecting a potassium solution into the aortic root. These and other modifications were tried out of necessity on patients, but were tested concomitantly with lab experiments. Operations were soon being done on the left side of the heart first for congenital aortic stenosis, but in short order acquired valvular disease was exposed and innovative techniques for repairing mitral insufficiency were being evaluated. Mitral stenosis at this time was still being treated by a closed method with a finger or dilator passed through the valve of a beating heart. Arthur Vineberg was called on occasion to perform such procedures at the RVH, but like all adult surgeons he longed to expose the heart valves with a view to repair. He arranged to buy a commercially available version of the Gibbon oxygenator and with Donald Webster’s encouragement I was happy to work with him and operations were successfully begun in 1959 with the support of dedicated anesthetists (Earl Wynands and Arthur Sheridan), an excellent perfusionist and nurses.

Working with Arthur was an interesting experience because not many could. There were teams of surgeons on the various surgical services at the Vic, but he was unique. There were no others on his service. He employed a resident personally to do his bidding both in the OR and in the experimental laboratory where the Vineberg operation of implanting the internal mammary artery into the myocardium was evaluated. No one would say that he was objective in these evaluations. He was emotionally tied to his operation and he was out to prove that it worked. Parenthetically I should mention that it did indeed bring new blood to an ischemic myocardium; not immediately and not all the time, but it was all that was available at the time; a remarkable concept proved in the laboratory and subsequently by angiography in patients.

In preparing for the first operation at the RVH, Arthur
arranged for a photographer to be in the OR and this brought about an interesting exchange and an illustration of his dogged determination. I told him that I would not participate if there was a photographer in the room. He argued, but I insisted and reluctantly he agreed. But during the operation, flash bulbs exploded from the small gallery behind a window overlooking the OR and photos appeared in the press documenting the first open-heart operation north of Pine Avenue. Well, technically, the photographer was not in the OR!

I was extremely grateful to Dr. Vineberg for giving me experience with acquired heart disease and we worked together doing occasional operations over the next few years. Our relationship was cordial and I respected his intense dedication.

In 1959, the Department of Surgery at McGill took a huge leap forward with the appointment of H. Rocke Robertson as Chief at the MGH. McGill lagged behind in an almost total lack of full-time hospital based staff and Dr. Robertson set out to change this and to set up the University Surgical Clinic for Experimental Surgery. He was a dynamic breath of fresh air, a gentleman and a scholar who went on to become Principal of the University. He pulled the surgical staff enthusiastically together and a mood of excitement prevailed.

He asked me to participate with Harry Scott to inaugurate open-heart surgery at the MGH. This was a wonderful opportunity for me and I was happy to work with Harry who was an active general surgeon who had done closed heart operations like mitral commissurotomy for several years. So it was that we initiated intracardiac surgery at the MGH and we worked together from 1960 to 1964 in a happy environment. We never fussed about who was the boss, we simply worked together to do our best for the patients in a developing field in which the results were not always secure. In fact, Dr. Robertson said he would not appoint a Chief of Cardiac Surgery; if we had problems we could come to him. We never did. We worked easily and harmoniously together and became life-long friends. I have always felt so thankful to the surgeons at the MGH for accepting me so completely into their surgical family while I remained a surgeon at the RVH.

This personal story of the early days of open-heart surgery can be wrapped up by recalling the complete revitalization of the department at the RVH with the appointment of Lloyd MacLean as Chief in 1962 with a mandate for radical change. His energy and dynamic leadership advanced the department...
Last month the Orthopaedic Surgery Department held a two day Centennial Reunion celebrating 2011 as the one hundredth year since the inception of Orthopaedic surgery at McGill University.

We had the pleasure of welcoming back many of our previous residents from far and wide including New Zealand, Saudi Arabia and various centres in the United States and Canada.

The academic program was of excellent calibre including talks given by our many visitors as well as local faculty. One of the benefits of this reunion was that we were able to update our contacts with our previous residents and will continue to maintain an annual communication.

Enclosed are several pictures of some of our distinguished personalities. As you can observe, a good time was had by all.

Orthopaedic Centennial at McGill

Drs. Pierre Guy, Carroll Laurin and Ed Harvey

Drs. Robert Turcotte, Carroll Laurin and Max Aebi
Dr. E. Harvey with group of residents

Dr. E. Harvey and residents

Dr. E. Lenczner with group of residents

Program of the day's events

Drs. E. Harvey, M. Aebi, P. Guy and F. Al-Jassir
KUDOS!!

Dr. Gerald Fried: Summary of Awards and Recognition in year 2011:

1. President, James IV Association of Surgeons, Canadian Chapter.

2. Winner of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Distinguished Service Award (for a significant, long-term educational, research, clinical and/or technological contribution to the field of surgical endoscopy as well as to SAGES).

3. Named President-Elect of SAGES for the 2012-2013 year (1st Canadian to be elected to this).


5. Elected to Board of Regents, American College of Surgeons, October 2011.

NAMED AND KEYNOTE LECTURES

6. Dr. Robert Zhong Lecture, Department of Surgery, University of Western Ontario, London, ON.

7. Inaugural Johnson & Johnson Lectureship, on the Opening of the Li Ka Shing International Healthcare Educational Centre, St. Michael’s Hospital, Toronto, ON.

8. Gallie Lecturer 2011, Royal College of Physicians and Surgeons of Canada.

9. Keynote Address, International Meeting on Gynecologic Cancer, Montreal, QC.

10. Keynote Address, Simulation Summit of the Royal College of Physicians and Surgeons of Canada, Montreal, QC.

11. Dr. Wally Chung Visiting Professor, University of British Columbia, (annual resident research day), November 2011, Vancouver, BC.

12. Visiting Professor in Surgical Education, Southern Illinois University, Springfield, IL.

Dr. John Antoniou, an orthopaedic surgeon at the Jewish General Hospital specializing in Hip and Knee replacement surgery has recently been promoted to tenured professor of surgery at McGill University. With over 120 peer reviewed publications, 400 abstracts presented at national and international meetings, and numerous national and international grants and awards, Dr. Antoniou and his research team continue to work on developing the latest in hip replacement / resurfacing technology and tissue engineering using stem cells for musculoskeletal disorders.

Dr. Melina Vassiliou was recently bestowed the American Gastrointestinal and Endoscopic Surgeons (SAGES) Young Investigator Award. This is a great honour from the largest North American general surgical society outside the American College of Surgeons. Congratulations!

Canadian Academy of Health Sciences appoints seven new Fellows from McGill.

The Canadian Academy of Health Sciences (CAHS) last week recognized seven leaders in the health sciences from McGill as elected CAHS Fellows, one of the highest honours for individuals in the Canadian health sciences community. Elections are based on a nominating and peer review process that seeks to recognize those who are marked by a record of substantial accomplishment. Congratulations to Drs. Gerald Batist, Gerald Fried, Richard I. Levin, Joaquin Madrenas, Vassilios Papadopoulos and Gilles Paradis of the Faculty, as well as associate member Dr. Paul Allison.

Dr. René St-Arnaud, Professor of Medicine, Surgery and Human Genetics, McGill University has been promoted to Acting Director of Research, Shriners Hospital for Children – Canada on September 1, 2011.

Two members of the Department of Surgery and the Multi-Organ Transplant Program have been elected to the Board of the Canadian Society of Transplantation (CST) for the 2011-2013 term. Dr. Steven Paraskevas will serve as Vice-President and Dr. Jean Tchervenkov will serve as Member-at-Large.

Dr. Michel Gagner, a fellow of the American College of Surgeons from Montreal, was awarded a medal from the National Assembly of France, given during an award ceremony at the Faculty of Medicine of Montpellier, France, on June 20, 2011. Dr. Jacques Domergue, member the national assembly of France, awarded this medal on behalf of the people of France for Dr. Gagner’s efforts in the development of laparoscopic surgery and bariatric surgery. Dr. David Nocca had organized an outdoor ceremony in the presence of several dignitaries, the Dean of the Faculty of Medicine and prominent French surgeons in the field of bariatric and laparoscopic surgery.

Also, recently during the annual meeting of the Society for Laparoendoscopic Surgery (SLS), held in Los Angeles on September 15th, Dr. Gagner received the Excel Award given annually to a pioneer of laparoscopic surgery. Dr. James “Butch” Rosser made the introduction during an invited dinner, celebrating 20 years of laparoscopic advances. Established in 1991, the Excel Award has been presented to 25 surgeons who have made outstanding contributions to laparoscopy, endoscopy, and minimally invasive surgery. The Excel Award may be presented to an individual, in any field, and previous recipients have been from various specialties and various nationalities.

Dr. Gagner was born in 1960 in Montreal, and obtained his M.D. from the Faculte de Medecine de l’Universite de Sherbrooke in 1982. He did his surgical training at McGill University in Montreal from 1982-1988. Dr. Gagner completed two fellowships in Hepatic surgery at Hospital Villejuif in Paris, France and Pancreatico-Biliary surgery at Lahey Clinic Medical Center in Burlington, Massachusetts, until 1990. After 5 years at the Hotel-Dieu de Montreal, he continued a career in the USA, including the Cleveland Clinic (1995-1998), Mount Sinai School of Medicine in New York (1998-2003), Weill Medical College of Cornell University (2003-2007), and chair
Dr. Gagner is known for his contributions in the field of Minimally Invasive Surgery, in particular in bariatric surgery with the first description of laparoscopic duodenal switch for obesity in 1999 and laparoscopic sleeve gastrectomy in 2000. He has pioneered numerous laparoscopic revisional surgeries over 15 years, and created 4 centres of excellence in bariatric surgery amongst the best hospitals in USA. He is currently working with the Government of Qatar to establish one of the best centres of excellence in Hamad General Hospital, Doha, Qatar, for the Arabian Gulf region. He also has organized 3 international consensus conferences on sleeve gastrectomy and will host the World congress of bariatric and metabolic surgery (IFSO) in Montreal, August 26-30, 2014.

Michel Gagner, M.D. FRCSC, FACS, FASMBS, FICS, AFC(Hon.), Clinical Professor of Surgery, Chief, Bariatric and Metabolic Surgery.

The cardiac surgeon Dr. Dominique Shum-Tim, Associate Professor of Surgery at McGill, was the co-editor with Bioengineering Professor Satya Prakash to publish a cutting edge book, entitled Stem Cell Bioengineering and Tissue Engineering Microenvironment. Two Chapters were contributed by members of McGill Surgical Department; Chapter 4, Aging and stem cell therapy: A review and highlights of current controversies, by Madhur Nayan, Nina Nouraeian, Wendy Chiu and Dominique Shum-Tim. And Chapter 5, Immunological basis for allogeneic mesenchymal stem cell therapy, by Rony Atoui and Ray C.J. Chiu.

Dr. Dominique Shum-Tim on October 2011 was also invited to visit the Nanjing First Hospital where he attended 2 adult cardiac operations which were live broadcasted to the attendants in the conference room. After the surgery, he lectured on: An Update on Cardiac Surgery and the Potential of Tissue-Engineered Cardiovascular Structures. Through this exchange, they had the opportunity to establish a good relation between the two centres which later sent their surgeon to observe the operating facilities at MUHC.

They then moved on to Guiyang Affiliated Hospital and continued their annual visit as planned last year. Thanks to the "Jackie Chan Charity Foundation", children from low income families were able to enjoy free open heart surgery this year. They performed 10 cardiac operations with different complexities during their 6 day visit, both in adult and pediatric patients. He was also invited to deliver a talk on The outcome of LAD endarterectomy in CABG patients with poor distal run-off. The visit was a great success, such that they hope to continue this annual event between Guiyang and McGill next year.

Dr. Ari Meguerditchian (Surgical Oncology - RVH) and co-investigators from the Departments of Surgery, Epidemiology and Biostatistics and Laval University were recently awarded a two-year operating grant from the Canadian Cancer Society Research Institute to study challenges in adherence to long-term anti-estrogen therapy in breast cancer survivors.

Dr. Ari Meguerditchian was also awarded a Special Initiatives grant from the Canadian Institutes of Health Research to identify potentially preventable gaps in quality of care for seniors diagnosed with breast cancer. His project is entitled: “Adherence to adjuvant endocrine therapy: understanding challenges in senior with breast cancer”. With colleagues from Quebec and the U.S., his team will work on identifying preventable risk factors for lesser quality treatment trajectories in patients with breast cancer over the age of 65.

The Lebanese Society for General Surgery Golden Hand Prize for 2011 was given to Dr. Antoine Loutfi at a ceremony on December 10, 2011 in Beirut, Lebanon. This award is given as a tribute to activities and contributions to excellence in surgery. At McGill University, Dr. Loutfi is Associate Professor, Division of General Surgery and Department of Oncology. He is also Directeur, Direction Québécoise du cancer.

Dr. Loutfi receiving his award

Achievements

Residents and Fellows

Dr. Abdallah Husseini, graduate student in the Dept. of Surgery received a travel award and was selected for an oral presentation at the annual meeting of the American Society for Bone and Mineral Research (ASBMR) in San Diego, CA that was held on Sept. 16-20, 2011. The title of Dr. Husseini’s presentation was: Bone Formation in mice deficient for the Vitamin D-24-hydroxylase gene, Cyp24a1.
Obituary

By Michael P. Laplante, MD, FRCSC

Dr. Everett Reid, ? – 2011

The McGill Surgical and Urologic communities lost a highly respected and esteemed colleague and mentor with the passing of Dr. Everett Reid on June 2, 2011.

Although born in Northern Ontario, Ev was a true and proud Maritimer, raised and educated in Isaac’s Harbour, a small community in Yarmouth county east of Halifax. He earned his BSc at Acadia University at age 19 and was accepted into Medicine at McGill—graduating in 1948. He completed a one year internship at the “old” General and Western, and during that year was much influenced by the surgical residents and young urologists he worked with. These included Dr. Harry Scott who became a surgical mentor, avid golfing partner and life long friend. Harry predeceased Ev by only a few weeks.

After this internship, Ev established a busy, if somewhat isolated general practice in Plaster Rock, N.B. in the upper St. John river valley. This included obstetrics and, of necessity, some surgery and acute orthopaedic practice. In addition to gaining valuable practical medical and surgical experience, and starting his family, Ev was instrumental in planning and building a small hospital in Plaster Rock as well as a golf and curling club. Golf was a passion he revelled in his entire adult life.

In 1961, after 12 years of general practice, Ev made a decision to specialize in a surgical discipline and chose to return to the Montreal General Hospital (MGH) to train in Urology. His natural technical skills, practical experience and intellectual curiosity served him well, and during this ‘mature residency’ he substantially improved the quality of urologic care at the MGH. By the end of the planned training he was vigorously recruited to stay at the MGH. A further year of clinical fellowship at MSKCC in New York and in the MGH pathology department led to his FRCS(C). His clinical and academic career focused mainly on urologic oncology but he was a superb general urologist as well. His interest and approach to the modern aggressive management of invasive bladder cancer was well recognized and appreciated nationally and internationally. He was appointed Chief of the MGH Dept of Urology in 1967 and held that position until his retirement in Nov 1992. From the outset his aim was to build a new and productive department and he recruited new young urologists with similar ideas. Under the pre 1970’s two tiered system, the standard of urologic care at the MGH had been less than enviable. Dr. Reid and his new team soon corrected this with excellent rearrangement of resources and modern forward thinking. Undergraduate teaching and postgraduate training improved considerably and the department rapidly achieved standards expected in a leading tertiary care centre. Working in harmony with Dr. Ken MacKinnon’s department at the RVH, an integrated McGill Urology training program was developed. This writer was the first chief resident to rotate through both the RVH and MGH in the final year of urology training (1967-68), a breakthrough undreamed of before the cordial leadership of Drs. Reid and MacKinnon. Within a few years a MGH urology practice plan proved to be a successful McGill first. It was later to be incorporated into a McGill Urology practice plan, an even more radical concept.

Under Dr. Reid, and with his dedicated support, the MGH Urologic Research lab was developed by Dr. Simone Chevalier and was well established at the time of his retirement.

He has left behind him a generation of residents who have greatly benefitted from his wise, kind, generous, and decisive mentoring. The annual McGill Urology Department reward for teaching excellence bears his name and he will be fondly remembered by the dozens of residents who were exposed to his teaching, professional enthusiasm and genuine friendship.

He is survived by his wife Nancy Stewart, former head nurse at the MGH, and his two daughters Debbie and Patsy and two sons Bill and Bruce.

He will be missed.

Michael P. Laplante, MD, FRCSC
Site Director (Retired), Division of Urology
Montreal General Hospital, McGill University

If tears could build a stairway,
And memories a lane,
I’d walk right up to Heaven
and bring you home again.

– Author unknown
Dr. Gustavo Bounous (Gus) 1928 – 2011

Gus was born in Lucerna, Italy on July 10th, 1928. Here he obtained his education in a background of a severe economic depression and the Italian involvement in the First Great War. He obtained his basic education locally and his Medical Degree at the University of Turin. During his medical student days, he was greatly influenced by a visiting guest lecturer, Alexander Fleming who recounted the serendipitous discovery of penicillin. This clearly influenced Gustavo Bounous for his life’s work.

At the urging of his mother, he began a surgical residency in Parma and Genoa in 1958 and towards the end of this program was offered a research position with Dr. Harris B. Schumacher, Jr. at the University of Indiana. Here he worked for four years where he learned English, developed some surgical laboratory expertise, and published important observations on reno-vascular hypertension. Schumacher was an ideal mentor and promised Bounous a position as a surgical resident. The expiration of his student visa in the U.S.A. however led to Dr. Schumacher obtaining a position for him in the Department of Experimental Surgery at McGill University under the direction of Dr. Fraser N. Gurd. It was here that he commenced his basic studies on hemorrhagic shock and in 1965, three years after arrival at McGill, received the medal of the Royal College of Physicians and Surgeons for his observations on the protective role of a protease inhibitor on small bowel mucosa in low blood flow states. This pivotal observation by Bounous opened the door to the broad implications of surgical nutrition. At McGill, Gustavo began work on an elemental diet with a biochemist, Dr. Hope McArdle. This led to the use of an enteral type of nutrition for many surgical patients, particularly those who had suffered a period of low flow states. The research performed gained international recognition. Gus obtained consistent financing from the Medical Research Council of Canada and this led to his recruitment to the University of Sherbrooke where he became a Full Professor of Surgery and continued his consistent MRC grant support.

In 1976 he decided that a sabbatical year would be best spent with his return to McGill University to the Department of Experimental Surgery and it was here that he began a collaboration with Dr. Patricia Kongshavn. He expanded his dietary manipulations to examine the role of whey protein in enhancing the immune system in various diseased states. This led to the discovery that the important ingredient in whey protein was glutathione, a tripeptide immuno acid. Bounous’ research then explored the relationship between enhancing immune competence in the field of malignancy, the acquired immune deficiency syndrome, and immune deficiency following chemotherapy.

Gus then co-operated with Dr. Dieter Behr in attempting to commercialize a derivative of whey protein which may have implications for many disease states. Gus Bounous termed this derivative a type of “medical food” rather than a new drug or chemotherapeutic agent. The joint venture with Behr led to the commercialization of Immunocal which is now broadly used as an immune stimulant.

Gus’ contributions in the Department of Surgery at McGill University were legendary in his role as a pioneer in the development of surgical nutrition. This led to broader application of both enteral and parenteral nutrition for the surgical patient. Perhaps his most important role was the influence he had on generations of surgical residents who during their surgical research year in the McGill University Surgical Clinic were heavily influenced by his keen intellect, his renaissance man attributes, and his genuine friendship. Gus Bounous’ ability to make basic observations and then unravel the mysteries which he observed was absolutely unique and clearly influenced his productivity and his impact on a generation of surgical residents. His basic work led to establishing the importance of nutrition in surgical recovery and in other diseased states. At Gus’ retirement dinner, he humbly summed up his life’s work by saying – “I did not discover anything. I was privileged to find a choice protein mixture carefully derived from milk so that it remains undenatured and containing the critical precursor of glutathione”.

Obituary

By David S. Mulder, MD, FRCS(C)
A place where revolutionary procedures are born and where often lives are saved, the interventional platform is the home of surgical teams, operating rooms, cardiac catheterization, electrophysiology and pacemaker laboratories. It is a hub of activity that must function fluidly.

At the Glen, the interventional platform will be as cutting-edge as they come. The Adult Hospital will house 14 ORs, three endoscopy rooms, one bronchoscopy room, and three urology procedure suites. In addition to these, patients will also benefit from three angiography suites, three catheterization labs, one pacemaker lab, and one cardiac electrophysiology laboratory.

The Children’s Hospital will be outfitted with one angiography suite, one pediatric cardiac catheterization lab, one intra-operative MRI and six operating rooms. Out of the six ORs, four will be generic, allowing surgeons the chance to perform a wide array of procedures; one will be a neurosurgical OR outfitted with an MRI; the sixth will be a cardiac OR specially equipped for cardiac surgeries. There will also be three procedure rooms where endoscopy, motility and dental interventional procedures will be performed.

The interventional platform will also have its own sterile core: a central area where only sterile material is stored. According to associate director of Planning for Programs & Services for the New MUHC, Imma Franco, “in the new design the clean and soiled flows are separated by the creation of sterile cores and tools and surgical kits will be close at hand.” Other departments will be on the same floor and conveniently near; for instance, the interventional platform will be adjacent to the Intensive Care Unit.

Even the trauma elevators, which will be linked to the adult Emergency Department (ED), are included in the interventional platform design. Thus, when patients have to be moved from the ED to the OR it is done via the trauma elevators quickly and efficiently. This ensures that patients get to their destination more quickly and allows healthcare professionals to have a faster response time.

“We’re really trying to look to the future while planning,” explains Ms. Franco. “We want MUHC staff to be able to work efficiently and we want the hospital to be able to evolve.” To support this effort, each OR will be integrated. This means that all surgical teams will be able to view procedures on large monitors installed in the OR. What is more, all ORs and procedure rooms will be Telehealth ready. Essentially, Telehealth will allow healthcare professionals to tele-conference with colleagues from anywhere around the world during a procedure. “Not only are these excellent teaching tools, they are a way for experts to share information and support each other,” says Ms. Franco.

The interventional platform at the Glen Campus will be one of the most modern this province has to offer. Leading-edge technology coupled with the instauration of the latest best practices will make of it a place of medical evolution.
An impressive look at the progress of the McGill University Health Centre's Glen site taken in December, 2011 by Robert Derval, Medical Photographer at The Montreal General Hospital, Medical Multimedia Services.
Tie one on for McGill!

The McGill Department of Surgery invites you to tie one on for the old school!

The McGill red silk tie and scarf with CREST, SQUARE KNOT and FLEAM are available for purchase from the Alumni Office as follows:

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