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RECONSTRUCTIVE MICROSURGERY

Tides of Change

January may mean snow and skiing for some, but the forecast for Cancun, Mexico is 75°F and sunny!

The ASRM Program Committee is looking forward to welcoming you to The Ritz Carlton Cancun for our 2011 Annual Meeting. We are dedicated to making this meeting educational, topical, interactive, and entertaining. Based on your online feedback from this past meeting, we will continue to have panels with the experts and provocative break-out panels and instructional courses. The Audience-Response System is being introduced for selected sessions to increase attendee participation in panels and streamline voting for the popular Best Case/Best Save Presentations chaired once again by Dr. Michael Zenn. More fresh, newer faces have been given an opportunity to participate as

2011 SCIENTIFIC PROGRAM CHAIR



Joan E. Lipa, MD, MSc

invited speakers, in addition to our well-known experts, both national and international. Hot general (non-micro) reconstructive topics will be included.

We are looking forward to Dr. Roger Khouri as the ASRM Presidential Invited Lecturer, giving his insights "Beyond Microsurgery". Dr. Gottlieb continues to Chair the Masters Series with another new theme - Tricks, Tips and Pearls: Insights from the Masters.

We are ensured an extraordinary quality of scientific presentations this year. The Program Committee received 305 abstracts, and this year 78 will be presented as Oral Presentations and 26 will be presented as Poster Presentations. Residents or fellows presenting in either format will be eligible for a prize.

And we also hear that you want more "beach time" if you are going to be in such a beautiful sunny location in January. A few hours in the afternoon will either be designated as free time or optional programming, so that you can swim in the Caribbean, and then reconvene for social events and networking in the evenings at the Welcome Reception, the Poster Cocktail Reception and Best Case/Best Save, and the ASRM Closing Event.

Make sure your passports are in order, and book your flights and accommodations. See you at the Ritz Carlton Cancun! [RM](#)

The 2011 Annual Meeting Program at a Glance can be found on page 5



Microsurgery – A Small World

I am pleased to present to you the Autumn/Winter edition of *Reconstructive Microsurgery*.

In this edition we have tried to again give you critical information regarding upcoming events, microsurgical pearls, historical information and current membership benefits for our society. We are excited that this year's annual meeting will be held in Cancun Mexico. Under the able direction of our president Peter Neligan and the program director Joan Lipa, an outstanding educational program has been assembled. For those of you in the snowy Midwest and East, Cancun offers a unique opportunity to thaw out from those post holiday blues. I would encourage you to visit the website for registration and program

EDITOR'S MESSAGE



Gregory R. D. Evans, MD

Cross cultural interactions allow all of us as microsurgeons to learn from each other.

overview (<http://www.microsurg.org/meeting.html>).

Reconstructive microsurgery continues to grow and our ability to contribute and influence medical issues has increased. Our continued focus on lawn mower injuries is just one example on how our society has and continues to make its mark on the current issues of the day. I would encourage all of you to become more involved in our society. Further if you have contributions, patient cases or techniques that you would like to include in this newsletter, please forward them to me. Our newsletter will continue to be a conduit for information about our society. Don't forget—sign up for Cancun. We will see you there. [RM](#)

HISTORIAN'S CORNER

By Lawrence J. Gottlieb, MD, FACS

Perhaps the most historic event of this past year has been the establishment of the Microsurgery Fellowship Match (MFM). This important achievement is the direct result of the dedication and hard work by Dr. Charles Butler and his MFM committee.

To foster the advancement and innovation in reconstructive microsurgery research, the ASRM has partnered with the PSEF to offer an ASRM/PSEF Combined Pilot Research Grant of up to \$10,000.00 for the period of July 2011 – June 2012.

The 27th annual meeting of the ASRM will be held at the luxurious Ritz Carlton Cancun, Mexico from January 15-18, 2011. The President is Dr. Peter C. Neligan and the Program Chair is Dr. Joan E. Lipa, and the meeting is without doubt going to be a great educational and fun experience. The meeting will start on January 15th with the traditional combined AAHS/ASPN/ASRM day. The Joint Presidential Keynote Lecturer will be Bob Woodruff, an award-winning Journalist, who was severely injured by a roadside bomb while reporting on US and Iraqi security forces 5 years ago. The Masters Series in Microsurgery, will be held once again on Saturday afternoon. It will take a new twist this year highlighting—Tricks, Tips and Pearls from a new panel of Masters. Dr. Roger Khouri will give the President's invite lecture titled "Beyond Microsurgery" and the ASRT update will be on Sunday, January 16th. After some time in

the sun all are invited to view the poster and exhibit reception followed by everyone's favorite Best Case/Best Save competition chaired by Dr. Michael Zenn. Monday, January 17th highlights will include the YMG panel, the Presidential Lecture and the Godina Lecture, which will be given by Dr. James Higgins. On January 18th, the Buncke Lecture titled "Will the 'Brave-New-World' of Transplantation be the Answer to the Limitations of Reconstructive Surgery" will be given by Dr. Julian J. Pribaz. Once again, the ASRM will be sponsoring an International Travel Grant and a Medical Student Scholarship Award to help support attendance at the 2011 ASRM meeting for those who may have limited resources. Please join us for the premier reconstructive microsurgery meeting of the year in Cancun, Mexico from January 15-18, 2011. [RM](#)

Securing Our Future

The lifeblood of any organization, of any business is R&D, research and development. ASRM is no different and the future of microsurgery depends on R&D.

Research requires dedication, skill, knowledge and an enquiring mind. Our membership can produce and of these attributes in spades. However, it also requires money and that is more difficult to come by than any of the other requirements. However, we have it in our power to provide the money (or at least some of it) as well as the brains. By pooling our resources (or at least some of them) we can provide some money to fund some research. It may not be much but it is much better than not doing it at all.

We can also seek donations from others, those with whom we do business....our industry partners, our patients. The sad fact is that our industry partners are generally the same as the industry partners of all the other subspecialty groups in Plastic Surgery. They are constantly being bombarded from all sides with requests for funding. A further restraint has come in the form of legislation that now puts more and more of a squeeze on our relationship with industry and their relationship with us. Therefore we need to be strategic.

In the past several years the PSEF has re-tooled and has become the true research arm of ASPS. They have gone beyond that. They have reached out to all the subspecialty groups and included us in the decision-making process of what research is conducted and what research is funded. This is a great opportunity for them and for us. Through internal re-organization they have been able to increase research funding from approximately \$100,000/year to \$800,000/year. Through the

PRESIDENT'S LETTER



Peter Neligan, MD

An exciting development for ASRM has been the institution of matching grants whereby [PSEF] offers to match funds put up by the subspecialty societies.

national endowment in Plastic Surgery (NEPS) they make substantial grants of \$50,000 available for select projects while they have increased the research training grants from \$5000 to \$10,000.

From the perspective of ASRM, the most exciting development has been the institution of matching grants whereby they offer to match funds put up by the subspecialty societies. This is a win win situation for ASRM. Last year the first combined ASRM/PSEF grant was awarded. This was a \$10,000 grant with \$5000 coming from us, and \$5000 from them. We have agreed to participate in this program again this year. The mechanism is through the PSEF grant system. This too, has been revamped. All grants submitted are reviewed by

2 reviewers and then, in a face-to-face meeting, just like an NIH study group, the grants are discussed and scored. These scores are then sent to another committee that awards the funds based on scores and matched to the research priorities established each year by a committee on which we, as well as the other subspecialty groups, are represented. Grants that have been submitted as joint ASRM/PSEF submissions are sent to us and we make the decision on which grant to fund. The remaining grants are still eligible for funding by PSEF so it's almost as if we get two kicks at the can.

This is a great step forward and one we wholeheartedly support. As ASRM members we need to make sure that we have enough money to be able to participate in this excellent scheme. Furthermore, we need to build our resources so that we can expand this program and fund even more research. What we need to do, therefore, is to donate money to our own endowment so

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RECONSTRUCTIVE MICROSURGERY

The mission of the American Society for Reconstructive Microsurgery is to promote, encourage, foster and advance the art and science of microsurgical and other complex reconstructions; and to establish a forum for teaching, research and free discussion of reconstructive microsurgical methods and principles among the members.

President	Peter Neligan, MD
Editor	Gregory R. D. Evans, MD
Executive Director	Krista A. Greco
Managing Editor	Anne Behrens

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The views expressed in articles, editorials, letters and or publications published by ASRM are those of the authors and do not necessarily reflect the society's point of view.

UPCOMING ANNUAL MEETING IN CANCUN, MEXICO, JANUARY 15-18, 2011

For the convenience and security of our attendees, AAHS, ASPN and ASRM have arranged for private shuttles to and from the Cancun International Airport. We are also offering private optional tours. Private is defined as designated only for the AAHS, ASPN and ASRM attendees. Both of these conveniences are available to attendees. Click here for more information.

DISCOUNT ON ANNUAL MEETING REGISTRATION

AAHS, ASPN and ASRM are offering reduced registration rates on all combination meeting registrations. You must register for at least 2 meetings to take advantage of the reduced rates. Visit www.cancun-meeting.com for more information.

President's Message

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that we can build up our funds for the future. I am asking each one of you to consider doing this. While we would like to see everyone donate a substantial amount of money, we do recognize that the current economic climate does not support that. However giving something, no matter how small is better than not giving at all. For information on how to donate, visit our website at www.microsurg.org. [RM](#)

DUES

Membership dues invoices will be mailed in November. Payments may be made online www.microsurg.org or by check. If you have any questions, please contact Lauren Snider at the Central Office 312-456-9579. Dues must be kept current in order to receive membership benefits inclusive of reduced meeting registration rates.

BEST CASE AND BEST SAVE SUBMISSIONS ARE DUE DECEMBER 1, 2010

Please forward submissions to contact@microsurg.org.

ASRM/PSEF COMBINED RESEARCH GRANT

PSEF and ASRM are pleased to offer the following grant opportunity:

ASRM/PSEF Combined Pilot Research Grant

Purpose: To promote advancement and innovation in reconstructive microsurgery research.

Amount: Up to \$10,000 United States Dollars

Submissions are due no later than December 1, 2010. Click ASRM/PSEF Combined Research Grant for more information.

THE YOUNG MICROSURGEONS' GROUP

The vision of the Young Microsurgeons Group is to unite young microsurgeons through active membership in the society and to enhance the voice and representation of younger members in the society. The Young Microsurgeons' Group will help coordinate educational experiences tailored to their membership and have a voice on select ASRM committees. Social activities will also be organized to foster camaraderie and provide opportunities to meet

and interact with more senior members.

Potential members of the Young Microsurgeons Group include ASRM members who have been in practice 8 or less years after finishing their formal training. Click here for information and to become a member of this group.

MEMBERSHIP STATUS UPDATING

Are you a Candidate Member? Are you board certified? Let us know and we can transfer you to Active membership status without all the paper work!! Email contact@microsurg.org or call the Central Office at 312-456-9579.

[RM](#)

ASRM FUTURE ANNUAL MEETINGS

2011

JANUARY 15-18, 2011
Ritz Carlton Cancun
Cancun, Mexico

2012

JANUARY 14-17, 2012
Red Rock Casino Resort Spa
Las Vegas, NV

UPCOMING INTERNATIONAL MEETINGS IN 2011

WSRM 2011 PRE CONGRESS
June 25 – 27, 2011
Bucharest, Romania
www.wsrn.net

WSRM 2011
6th Congress of the World Society for Reconstructive Microsurgery
June 29- July 2, 2011
Helsinki, Finland
www.wsrn.net

ASRM AND ITALIAN SOCIETY OF MICROSURGERY MEETING
October 27-29, 2011
www.microchirurgia.org

**26th Annual Meeting
of the American Society
for Reconstructive
Microsurgery**

January 15–18, 2011

**The Ritz-Carlton Cancún
Cancún, Mexico**



Saturday, January 15, 2011

**AAHS/ASP/ASRM
Combined Day**

- 6:30-8:00 am Breakfast with Exhibitors**
- 7:00–8:00 am AAHS/ASP/ASRM Instructional Courses**
- 201 Controversies in the Management of Nerve Compression in the Upper Extremity
Thomas Hughes, MD, Moderator
Tyson Cobb, MD
Neil Ford Jones, MD
John Lubahn, MD
Mary Nordlie, MS OTR CHT
- 202 Reconstruction of Acute and Chronic Scapholunate Ligament Injuries—How I Treat
Mark Rekant, MD, Moderator
Steven Moran, MD
Peter Stern, MD
Jennifer Thompson, MPT CHT
- 203 Cortical Plasticity and Changes with Nerve Injury
Dimitri Anastakis, MD, Moderator
Martijn Malessy, MD PhD
- 204 Adult Brachial Plexus Lesions
Allan Belzberg, MD, Moderator
Michael Dorsi, MD
Thomas Tung, MD
Justin Brown, MD
- 205 Monitoring Technologies for Flaps and Replants
William Swartz, MD, Moderator
Darrell Brooks, MD
Alex Keller, MD
Hakim Said, MD
- 206 Innovation in Free Flap Surgery
Geoff Gurtner, MD, Moderator
David Brown, MD
Paul Cederna, MD

8:15–8:30 am AAHS/ASP/ASRM Presidents' Welcome
A. Lee Osterman, MD FACS, AAHS President
Paul S. Cederna, MD, ASPN President
Peter C. Neligan, MD, ASRM President

8:30–9:30 am AAHS/ASP/ASRM Panel: Robotic Surgery
Jesse Selber, MD, Moderator
Michael Bednar, MD; Philippe Liverneaux, MD; Sijo Parekattil, MD

9:30–10:00 am Coffee Break with Exhibitors

**10:00–11:00am Joint Presidential Keynote Lecture
Bob Woodruff**

**11:00 am–
12:00 pm AAHS/ASP/ASRM Outstanding Papers**

12:00–5:00 pm Master Series in Microsurgery
“Tips, Tricks and Pearls: Insights from the Masters” (*Additional fee required*)
This year the Masters Series will be a little bit different and with the title Tricks, Tips and Pearls: Insights from the Masters, a panel of Masters will offer insight into their respective specialties.
Chair: Lawrence J. Gottlieb, MD
Joon Pio Hong, MD – SuperMicrosurgery
James Higgins, MD – Hand/Upper Extremity Reconstruction
Neil F. Jones, MD – Pediatric Microsurgery
Ming-Huei Cheng, MD – Head and Neck Reconstruction
Gregory R.D. Evans, MD, FACS – Reconstruction Using Tissue Engineering
Keith Brandt, MD – Breast Reconstruction
Liza Wu, MD – Getting Started as an Academic Reconstruction Microsurgeon
Loren Schechter, MD – Reconstructive Microsurgery in (Solo) Private Practice

12:30 pm Golf Tournament

5:30–6:30 pm ASRM Young Microsurgeons Group/New Member Reception
(Invitation Only)

6:30–8:00 pm ASPN/ASRM Joint Welcome Reception
Supported by ASSI

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2011 PROGRAM-AT-A-GLANCE

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Sunday, January 16, 2011

ASP/ASRM Combined Day

- 6:30–8:00 am** Continental Breakfast
- 7:00–7:15 am** **President and Program Chair Welcome**
Peter C. Neligan, MD, ASRM President
Joan E. Lipa, MD, Program Chair
Michael Klebuc, MD, Co-Chair
Roman Skoracki, MD, Co-Chair
- 7:15–8:15 am** **Panel: Lessons From the Global War On Terror—Unique Reconstructive Challenges**
Christopher Crisera, MD, Moderator
Robert T. Howard, MD
Anand Kumar, MD
Barry Martin, MD
- 8:15–9:15 am** **President's Invited Lecturer**
Roger Khouri, MD
"Beyond Microsurgery"
- 9:15–9:30 am** **William G. Shaw Memorial**
- 9:30–9:45 am** **Coffee with Exhibitors**
- 9:45–10:45 am** **ASRM Concurrent Scientific Paper Sessions**
- 10:45–11:45 am** **ASP/ASRM Joint Panel: Facial Paralysis**
Michael Klebuc, MD, Moderator
Chris Coombs, MD
Eyal Gur, MD
Julia K. Terzis, MD, PhD
Ronald Zuker, MD
- 11:45 am–1:00 pm** **ASRM Break Out Panels**
- 401 **Face Transplant**
David Mathes, MD, Moderator
Laurent Lantieri, MD
Maria Siemionow, MD
- 402 **Nerve Transfers, Targeted Reinnervation, & Rehabilitation in Upper Extremities**
Doug Ross, MD, Moderator
Gregory Dumanian, MD
Thomas Miller, MD
- 403 **Sarcoma & Limb Salvage Reconstruction**
Steven Morris, MD, Moderator
Marco Innocenti, MD
E. Gene Deune, MD
Robert Whitfield, MD
- 404 **Fat Grafting and Engineering**
Gregory Evans, MD, FAC, Moderator
Maurice Nahabedian, MD
Roger Khouri, MD
- 1:15–2:45 pm** **ASRT Update**



David Mathes, MD

4:00–5:00 pm **Poster & Exhibits Reception**

5:00–7:00 pm **Best Case/Best Save**

Supported by an educational grant from Synovis, MCA

Monday, January 17, 2011

ASRM

- 6:30–8:00 am** **Continental Breakfast**
- 7:00–8:00 am** **Break Out Panels**
- 405 **Scalp Reconstruction**
Lawrence Gottlieb, MD, Moderator
Stefan Hofer, MD
Eduardo Rodriguez, MD
- 406 **Strategies for Microsurgery Practices**
(Not offered for credit)
Keith Brandt, MD, Moderator
Anu Bajaj, MD
Edward Buchel, MD
Jason Rosenberg, MD
- 407 **Lymphedema Treatment**
Jay Granzow, MD, Moderator
David Chang, MD
Ming Huei Cheng, MD
Isao Koshima, MD

2011 PROGRAM-AT-A-GLANCE

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- 408 Preoperative Imaging in Perforator Flap Reconstruction
Michel Saint-Cyr, MD, Moderator
David T. Greenspun, MD
Thomas Hayakawa, MD
Shai Rozen, MD
- 8:00–9:00 am YMG Panel: Lessons Learned in Practice**
Robert Ferguson, MD, Moderator
John Boehmler, MD
Neil Fine, MD
L. Scott Levin, MD, FACS
John LoGiudice, MD
Michael Neumeister, MD
Vu T. Nguyen, MD
Roman Skoracki, MD
- 9:00–10:00 am Concurrent Scientific Paper Sessions**
- 10:00–10:30 am ASRM Coffee Break with Exhibitors**
- 10:30–11:00 am Presidential Lecture**
Peter C. Neligan, MD
ASRM President
- 11:00 am–12:30 pm Concurrent Scientific Paper Sessions**
- 12:30–1:00 pm Lunch with Exhibitors**
- 1:00–2:00 pm Godina Lecture**
James Higgins, MD
2010 Godina Traveling Fellow
- 2:00–3:15 pm Break Out Panels**
- 409 Practical Local Flaps for Head and Neck Reconstruction
Ernest Chiu, MD, Moderator
Jaume Masia, MD
Julian Pribaz, MD
Robert L. Walton, MD
- 410 Impact of Health Care Reform on Microsurgery—Is there One?
Scott Oates, MD, Moderator
Raj Ambay, MD
Malcolm Roth, MD
- 411 Hand Transplant Update
W. P. Andrew Lee, MD, Moderator
Warren Briedenbach, MD
Achilles Thoma, MD
- 412 Shaping in Breast Reconstruction
Elisabeth Beahm, MD, Moderator
Pierre Chevray, MD
Jian Farhadi, MD
- 6:30–8:30 pm ASRM Social Event**

Tuesday, January 18, 2011

- 6:30–8:00 am Continental Breakfast**
- 7:00–8:00 am ASRM Business Meeting**
(Members Only)
- 8:00–9:15 am Break Out Panels**
- 413 Laryngo-Tracheal Reconstruction
Peirong Yu, MD, Moderator
Ralph Gilbert, MD
Jan Jeroen Vranckx, MD
- 414 Reviving the Failing Flap or When to Just Start Over
J. Brian Boyd, MD, Moderator
Jaco Festekjian, MD
Matthew Hanasono, MD
Babak Mehrara, MD
- 415 Intraoperative Perforator Selection
Michael Zenn, MD, Moderator
Aldona Spiegel, MD
Claire Temple, MD
- 416 Abdominal Wall Reconstruction
Charles E. Butler, MD, Moderator
William Kuzon, MD
Maurice Nahabedian, MD
- 8:00–9:30 am ASRM Council Meeting**
- 9:15–9:45 am ASRM Coffee Break**
- 9:45–10:45 am Buncke Lecture**
Julian J. Pribaz, MD
“Will the ‘Brave-New-World’ of Transplantation be the Answer to the Limitations of Reconstructive Surgery”
- 10:45–11:45 am Concurrent Scientific Paper Sessions**
- 11:45 am–12:45 pm The Best “Back Up” Flap for Breast Reconstruction (When the DIEP Isn’t Enough)**
Steven Kronowitz, MD, Moderator
Joshua Levine, MD
Gottfried Wechselberger, MD
- 12:45 pm Closing Remarks**
RM

Exceptional Invited Speakers



President's Invited Lecturer: Roger Khouri, MD

"Beyond Microsurgery"

Is there an alternative to flap reconstruction? Are we on the verge of supplanting tissue transfer with tissue regeneration? Dr. Khouri, a veteran microsurgeon, will give us a tantalizing glimpse of what we might provide our patients as we advance beyond microsurgery.



Godina Lecture: James Higgins, MD

"Marko Godina distinguished by his tireless energy, his impeccable logic, his boundless optimism, and his contact good humor and courtesy" – G. Lister

It is these qualities that are sought after in choosing the ASRM Godina Lecturer, honoring Dr. Marko Godina, an unrivaled leader and innovator in reconstructive microsurgery whose life was tragically cut short at the young age of 43. Established by the trustees of the Marko Godina Fund, this distinguished lectureship highlights a young, upcoming microsurgeon who has demonstrated leadership, innovation and ongoing commitment to our field in the best traditions of Dr. Godina. It is a pleasure to introduce James Higgins, MD as the 2010 Godina Traveling Fellow.



Buncke Lecture: Julian J. Pribaz, MD

"Will the 'Brave-New-World' of Transplantation be the Answer to the Limitations of Reconstructive Surgery"

It is interesting that it was a plastic surgeon, Dr. Joseph Murray who ushered in the era of organ transplantation with the first human kidney transplant in 1954. This transfer of tissue required an anastomosis of the supplying artery and vein, and thus could be considered the first vascular 'flap' transfer. However, the great potential of cutaneous

transfer was not realized for almost 20 years when Daniels and Taylor performed the first free tissue transfer. Over the last 35 years members of this society have made outstanding contributions in microsurgery, including fasciocutaneous flaps, perforator flaps, pre-fabricated flaps, free-style flaps, innervated flaps etc. Routinely, we now exceed success rates of 95%. However, despite our best efforts and the utilization of the full spectrum of techniques, many of our patients still have sub-optimal results. Have we now plateaued and reached the limits of reconstruction using conventional methods? My personal odyssey and struggles over the last 30+ years to maximize the functional and aesthetic results highlight the limitations of our current techniques. With the advent of composite tissue allotransplantation (CTA) in recent years, we have now entered a new era of repair where we can expect superior results as we are repairing 'like with like', and in far fewer steps. Although it is important to embrace change and not become complacent, CTA is unlikely to completely replace conventional methods of repair. There are obviously many unresolved issues, and CTA is currently considered to be experimental surgery. Exactly what niche CTA will eventually fill is speculative, but it does have the potential to lead to a major paradigm shift in our approach to tissue repair, with a change from our present concepts of 'Reconstruction' (using any available donor tissue) to that of 'Restoration' or 'Replication', (using exact replicas of what is missing). These exciting developments come full circle from the contributions Joseph Murray first made almost 60 years ago.

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Invited Speakers

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Joint Presidential Keynote Lecture: Bob Woodruff

Saturday, January 15
10:00–11:00 am

Bob Woodruff joined ABC News in 1996 and has covered major stories throughout the country and around the world. He was named co-anchor of ABC's World News Tonight in December 2005. On January 29, 2006, while reporting on U.S. and Iraqi security forces, Woodruff was seriously injured by a roadside bomb that struck his vehicle near Taji, Iraq.

In February 2007, Woodruff and his wife Lee released *In an Instant: A Family's Journey of Love, Courage, and Healing*, their personal memoir about Woodruff's recovery after his attack in Iraq and the medical and family support that helped him heal.

In April 2008, Woodruff won a Peabody Award for *Wounds of War – The Long Road Home for Our Nations Veterans*, a series of reports that aired on ABC. He is also the recipient of the Daniel Pearl Award for Courage and Integrity in Journalism. He has received numerous awards and

citations from organizations around the country for his work on behalf of the wounded veterans.

His overseas reporting of the fallout from September 11 was part of ABC News' coverage recognized with the Alfred I. duPont Award and the George Foster Peabody Award, the two highest honors in broadcast journalism.

Before becoming a journalist, Woodruff was an attorney. But in 1989, while teaching law in Beijing, he was hired by CBS News

to work as a translator during the Tiananmen Square uprising and a short time later he changed careers.

Woodruff is back at work reporting for ABC News shows on a variety of international and national stories with his "Bob Woodruff Reports" unit. Woodruff has a law degree from the University of Michigan Law School and a BA from Colgate University. He is married and has four daughters. **RM**

AAHS/ASRM Day at the Links Golf Tournament



being held in conjunction with the AAHS/ASPN/ASRM Annual Meetings

Saturday, January 15, 2011

Depart Resort at 12:30pm for a 1:00pm Shotgun Start

Cost: \$200.00 per player. Tickets are non-refundable unless the tournament is called due to weather.

Rental Clubs: \$65/must be arranged in advance to guarantee availability.

Five minutes from our host resorts, a truly magnificent golf experience awaits on the first-class championship course at the Hilton Cancún. This year's format is a shamble, and promises an exciting challenge for all skill levels. Each member of your four-some hits a tee shot. The best drive of the team is selected, and all players play their own ball out from that point. We're looking forward to seeing you on tournament day, and will pass on more details and instructions in your meeting registration packet.

Estimated duration: 5 Hrs. Includes: transportation, greens and cart fee, tournament fees, gratuities and tax.

To sign up or for more information, call 312-456-9579.

Young Microsurgeons Are Not Too Young to Lead

Three big issues continue to effect reconstructive surgeon's everyday: scope of practice, patient access, and reimbursement. I would like to offer some ideas of how to impact these issues. Scope of Practice Issues come up each and every time I speak with my colleagues from around the country. Recently it had to do with oculoplastics surgeons caring for a patient with a Panfacial Injury. The patient outcome was effected based initial evaluation and treatment without appropriate subspecialty involvement.

This to me leads to one of the core issues that affect all reconstructive surgeons but especially the young microsurgeon: becoming involved with the hospital where you perform reconstruction is mandatory for the reconstructive surgeon. Many will ask why? How can I devote more time than I already spend?

Balance is essential to being successful in life. For far too long, reconstructive surgeons have done the work and left the administrative duties to someone else. That someone now is a non-core provider who sits on a committee that tells you what you can and cannot do, or worse, is your competition.

In the above example an oculoplastics surgeon is caring for a panfacial injury. As we know, multidisciplinary care for trauma patients and cancer care has proven to be the best for the patient.

Unfortunately we can no longer afford not to be at the table! When a reconstructive surgeon resides on the credentialing committee of a hospital or is the medical director of a surgery center, specific recommendations regarding the training, certification, and professional responsibility can be explained so that the most the



Robert Whitfield, MD

*Whether you like
it or understand it,
our futures are
dictated by money
and votes.*

appropriately trained physicians care for patients. Step one in this process is to get involved with hospital and/or ambulatory surgery center committees.

Recently a bill was passed in the New York legislature. On the surface of the bill it seems to focus, and rightfully so, on the access to breast reconstruction services by patients undergoing partial mastectomy or complete mastectomy. It is well documented that despite the passage of The Women's Health and Cancer Rights Act (WHCRA) on January 1, 1999, mandating health care payer coverage for post mastectomy breast reconstruction breast reconstruction rates in the United States remains low. Studies show that less than 20% of women undergo reconstruction within 4 months of mastectomy.

There is concern over the language in the law. It has to do with designation of care. Specifically, who decides where a patient can

go for reconstruction? Is it the patient, the reconstructive surgeon, the oncologic surgeon, or the hospital? This could undoubtedly affect reconstructive surgeons who are par/non par with insurance plans in New York. Step two is to become involved with your local and state medical societies. Don't let legislation that could put you out of the reconstructive surgery business pass without a fight from you.

The SGR is the formula CMS uses to calculate physician payments for providing services to Medicare patients. It is based on Gross Domestic Product and not on actual cost of health care. The use of this formula has produced cuts in compensation for services to Medicare patients. Each time another "Doc fix is passed by Congress" the problem grows more significant. Medicare physician payment rates will be cut about 40 percent by 2016. It is estimated that the numbers of patients enrolled in Medicare will grow from 44 million in 2011 to 50 million by 2016 with the introduction of the baby boomers! Each time the United States Congress fails to ratify a solution to the SGR, billions of dollars are wasted.

Currently to pay off the current Medicare physician payment debt it would take an estimated 330 billion dollars. This is simply to bring it into the black. In many instances I hear colleagues state that they will stop taking Medicare patients. Obviously that is a choice. Unfortunately the private insurance companies use Medicare rates to set reimbursement.

I liken this to the current labor situation in football. In the uncapped year in the NFL it was thought the billionaires who own the teams would spend more money to purchase a champi-

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onship. On the contrary, there has been less spending. So translated to our situation, when Medicare cuts happen or if Medicare is dissolved we should not be worried about how much more we will be paid. There will be no floor. We should be worried about getting paid anything. Step three: identify who your legislatures are in the Senate and House and let them know by calling their district and/or federal offices as well by attending advocacy events sponsored by your specialty.

These are ways to become involved locally in your communities, at the state level with your state medical society and legislature, and finally at the federal level with members of Congress.

If all of this bores you then you have missed my point. If you are interested in building your personal net worth and don't believe that contributing your time and money to political issues helps you, then you have missed the point! Whether you like it or understand it, our futures are dictated by money and votes. My plea to the young microsurgeons, and to reconstructive surgeons in general, is to get involved by contributing to your time and/or money on a number of levels to your society political action committee, or call or travel to district and federal offices.

Very few outside our homes and hospitals understand the true nature of what reconstructive surgeons represent. It is not inherent to us to give outside of our busy personal and professional lives. I would like to challenge you each to learn who represents you in your city, state and local societies and government. Then decide if they are representing what is in the best interest of your family and your practice. **RM**

Contributed by
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TIP # 54

Checklists and Pathways

Any microsurgical case that we perform is a tremendous undertaking. When everything runs smoothly, it can be a beautiful production like a piece of music, well written play, or a last minute touchdown drive for a win. But when things run poorly, the case seems to go on forever and the stress level of both surgeon and operating room staff increases inordinately.

Complex systems have been implemented in areas where error is not tolerated, such as the commercial airline industry and nuclear power plants. Creation of highly effective teams provides the framework for clear communication and linking of interdependent components. In addition, implementation of checklists and pathways have formed a structured basis to facilitate team work and synergy.

The concept of surgical checklists have become an important aspect of quality assurance and performance improvement in many institutions. Use of these checklists have been able to decrease errors in the operating room and improve staff communication. Microsurgical procedures all have similar processes: preparation of recipient site, harvest of recipient vessels, harvest of flap, transfer of flap and microsurgery, closure of donor site, and flap inset. Although this script is very familiar to us, it may not be so obvious to everyone else in the room. If the staff doesn't understand what you are doing, they can't help you.

By creating a clearly outlined script of the microsurgical procedure, everyone can anticipate your needs. This can be as simple as writing all the steps of the procedure on a white board and crossing off each phase as it is completed. It is important in this scenario for the surgeon to call out with completion of each step.

At our institution, we use an intra-operative pathway which goes well beyond a checklist. This pathway delineates the role of each team member during the multiple phases of the procedure: including anesthesia, surgeon, circulating nurse, and scrub tech. Specifics on personnel, hand-offs, timing of counts, and equipment are reassessed at each time point as the staff can anticipate and prepare for the next phase. Since we instituted this pathway for breast reconstruction, OR times have decreased by 15% and OR costs have decreased by 10%. We also found quality improvements with antibiotic administration, antibiotic re-dosing, and DVT prophylaxis. Satisfaction surveys demonstrated improvements in communication, understanding of roles, and reduced tension and stress. The team approach emphasized shared responsibility.

The next time you harvest a flap and the microscope isn't ready, or the antibiotics were never re-dosed, or the circulating nurse can't find a 9-0 nylon, consider a simple checklist. In procedures that are more common or standardized, a team based pathway may be a good choice. Decreasing stress and frustration in the operating room can reduce burnout and facilitate a long career in microsurgery. **RM**

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