

Surgical lifestyles

*From the operating room to the stables:
Surgeon “makes rounds” at ranch*



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Surgeons have often been called the cowboys of medicine. Like their counterparts of the Old West, surgeons bear a unique costume, one that proclaims who they are. Just as American cowboys may be instantly recognizable by their wide-brimmed hat, scuffed high-top boots, and faded denim jeans as well as their lariat, spurs,

and rifle, surgeons are readily identified by their raiment and their tools: the cap, scrubs, booties, mask, scalpel, endoscope, retractor, and forceps. Shaped by the physical demands of their work, both cowboys and surgeons are rugged and independent, quick to take action, ready to scout unknown territories, and willing to grasp problems by the horns and try to wrestle them to the ground.

Nevertheless, comparisons between the two have been largely fanciful and romantic, as cowboys and surgeons are likely to travel in very different worlds. Yet one surgeon has turned the analogy into reality: Jeffrey L. Ponsky, MD, FACS, chair of the department of surgery at Case Western Reserve University in Cleveland, OH, who is a surgical pioneer and everyday horseman.

On the riding trail

Dr. Ponsky maintains a stable of quarter horses (see sidebar, page 20) on his eight-acre suburban ranch in Hunting Valley, OH, approximately 12 miles from the hospital where he practices.

Every day when he is not traveling, he “makes rounds,” as he calls it, to check on his five horses (including two miniature mounts for his grandchildren and his 15-year-old palomino friend, Sam), clean out their stalls, load hay, and send them out to graze in the pasture. And at least once a week, Dr. Ponsky saddles up one of the horses for a ride along the Chagrin River and the many creeks that wander through Cuyahoga and Geauga Counties in northeastern Ohio. When his schedule permits, Dr. Ponsky also occasionally competes in rodeo-type events, such as team

penning, which times teams of three horsemen as they chase cows into a pen.

Always on the lookout for a new horse (which, he said, is really no different than shopping for a new car), Dr. Ponsky investigates potential new additions to his corral just as carefully as he reviews the surgical literature. One of the journals he reads religiously every month is *Western Horseman*. Between cases in the operating room or while waiting for a call, he spends time surfing Internet sites, such as www.horsedirect.com, that post advertisements for horses.

When Dr. Ponsky started buying horses in the 1990s (after a vacation at a Wyoming dude ranch convinced him to become a “suburban cowboy”), he, like any tenderfoot, focused on the pretty ones. “The problem that we [horsemen] learn over time is that pretty is as pretty does, and a good horse is one that behaves well and is trained well. How they look is of secondary importance,” he said.

At this point in time, Dr. Ponsky looks for horses that are well seasoned and gentle, don’t have any bad habits like bucking or rearing, and can provide him with an hour or so of relaxation as he rides. “I often talk to the owners and find out what the horses were used for, if they’ve been trained for the show ring or to go on the trail. I want to make sure the horse is trail safe, that it will do what you expect it to do, and that it is used to seeing a deer or a dog or a car,” he explained.

Because he often invites friends and colleagues to join him at his ranch for horseback riding, Dr. Ponsky wants to make sure he has mounts that anyone can ride. “Many people will say they love to ride, but when they come out, I find they’ve only ridden as a child or don’t have much skill and are a little frightened. But the worst thing my horses will do with an inexperienced rider is just stop,” he said.

He also tries to meet each horse’s needs. Dr. Ponsky is in the process of trading away a particularly athletic horse that needs to be ridden more than once a week. “I have to consider my ability to take care of him versus what he needs. Some people handle that by getting a horse trainer or someone who will come out and ride the horse every day or twice or three times a week. I’ve chosen to go the other way and pick horses that

Opposite: Dr. Ponsky.

don't need to be ridden that often," he said.

Although he prefers quarter horses because they are sensible and composed, Dr. Ponsky also experiments with new breeds from time to time. His recent acquisition is a spotted saddle horse, which has a comfortable riding pace or stride. "A saddle horse is what you call a gaited horse, which means it can walk very quickly and smoothly. Saddle horses are more like a Tennessee walking horse, which provides a very smooth ride," he said.

On the surgical frontier

Along with Michael Gauderer, MD, director of pediatric surgery at Greenville Children's Hospital in Greenville, SC, Dr. Ponsky was the first to perform percutaneous endoscopic gastrostomy, which streamlined the insertion of a feeding tube by eliminating the need to resort to major surgery. During the initial percutaneous endoscopic gastrostomy, which was done in the late 1970s to help a four-month-old boy swallow, the surgeons placed a needle into the stomach, inserted a thread and pulled it through an endoscope in the throat. After attaching a feeding tube to the thread, the surgeons drew the tube from the throat into the stomach. They described their use of the procedure in 12 children and 19 adults in 1980.

With refinements, percutaneous endoscopic gastrostomy has become standard for nourishing patients who cannot otherwise be fed. It is performed more than 250,000 times a year, and it is the procedure of choice for 99 percent of patients who require feeding tubes.

Dr. Ponsky continues to blaze other surgical trails. In 2005, he and his colleagues at the Cleveland Clinic Foundation reported on the first series of patients in the U.S. to receive a percutaneous transesophageal gastrostomy tube to decompress gastrointestinal obstruction caused by malignancies involving the ovaries, pancreas, colon, or mesothelium.

The surgeons performed the procedure on seven patients who had massive ascites and intestinal obstruction that caused intractable nausea and vomiting. By placing the gastrostomy tube in the cervical esophagus rather than the abdomen, the surgical team was able to alleviate the symptoms of obstruction for all seven pa-

Quarter horses— An American breed

The quarter horse got its name because it was used for racing a quarter of a mile. Unlike the thoroughbred, which runs in one-mile or two-mile races, the quarter horse is a short-distance racehorse that can bolt in short bursts of speed and turn quickly and sharply.

Yet the origins of the quarter horse predate horseracing. The breed can trace its history back to the 17th and 18th centuries when English settlers crossed their own breed of horses with the descendants of the horses brought to the New World from Spain to create a new strictly American breed of horse that could roam the range and help cowboys manage herds of cattle.*

Quarter horses are moderate in size, ranging from 14.3 to 16 hands, stocky, and broad in the chest. The horses tend to be inexpensive. Horses that are specially trained for competition or showing easily cost tens of thousands of dollars, whereas quarter horses cost \$5,000 or less. Most important to Dr. Ponsky, quarter horses are smart and gentle. "They are very popular with riders because they are easy to work with and are not high strung," he said.

*EquinePost.com. Quarter horse breed description. Available at: www.equinepost.com/resources/breeds/showBreed.asp?ID=126. Accessed October 26, 2006.

tients without risking peritonitis or incomplete decompression, which are common drawbacks to other forms of endoscopic surgical intervention for intestinal obstruction.³

In June, Dr. Ponsky and a group of surgeons from Case Western Reserve University published

an overview of techniques on the forefront of surgery: natural orifice transluminal endoscopic surgery, which may revolutionize the field of abdominal surgery by using a natural orifice, such as the mouth, to access targeted pathology without making a single incision in the abdomen.^{4,5}

As a result of his achievements in surgical practice as well as clinical training, Dr. Ponsky has been widely acclaimed. He was presented with the Distinguished Service Award of the American Society of Gastrointestinal Endoscopy (ASGE) in 2000, an honor for physicians who have made long-term contributions to gastrointestinal endoscopy research and education. In 2002, he received the ASGE Rudolph Schindler Award, the society's most esteemed recognition of excellence in endoscopic research, service, and teaching.

Dr. Ponsky has also served as president of the Society of American Gastrointestinal Endoscopic Surgeons, the Ohio Chapter of the American College of Surgeons, the Cleveland Surgical Society, and ASGE. From 2005 to 2006, he was chair of the American Board of Surgery.

Finding the balance

Surgery is considered to be such a demanding profession that many surgeons may feel they can't afford to take time away from it. But, as Dr. Ponsky pointed out, "Your work can expand to fill your time no matter what your profession is. I have seen lawyers come home much later than surgeons. I've seen salespeople never stop selling."

Of course, he acknowledged, the job can be consuming. But he urges his colleagues in surgery—and especially his surgical residents—to find "something that can be distracting and decompressing and at the same time open up a whole new world of friends that you relate to as one of them. This lets you see yourself in a different light. It makes you evaluate yourself in a different way."

Dr. Ponsky believes physicians, surgeons especially, should push themselves to engage in activities outside of the hospital, the lecture hall, and the laboratory. "If they don't, I'm not sure they're as good a doctor as they can be," he said. "Now some people might argue with that. But I

believe physicians can become too narrow if they are focused only on their work. And if they don't make time for other things, I'm certain they are not as good a human being." □

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