

EXCELSIOR SURGICAL SOCIETY

MILITARY HEALTH SYSTEM
Strategic Partnership



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes

100+years

Excelsior Surgical Society Newsletter

The Military's State Chapter of the ACS



Military-Civilian Collaborations

August 2017

Table of Contents

I. Excelsior Surgical Society outlines its purpose.....	2
A. Purpose	2
B. Officers	3
II. The Prestigious <i>Icons of Surgery</i> Title to be Awarded to 2 Military Surgeons	6
III. SAGES 2018 World Congress on Endoscopic Surgery Will Showcase the Expertise of Many Military Surgeons.....	7
IV. GI Surgical Emergencies Course is an excellent educational opportunity for Active Duty General Surgeons.....	8
V. ASMBS Military Committee Helps to Ensure Quality Bariatric Care Across the DOD	9
VI. Society of Laparoendoscopic Surgeons Surgeons Start a Military Committee.....	9
VII. SOMOS/AANA and the military	10
Additional information on the SOMOS/AANA Course can be found here:	
http://www.aana.org/home/education/lab-courses-and-training/somos-aana-course	11
VIII. Military Surgeons Making Their Mark in Academic Medicine	11
IX. New Textbooks Published with Military Surgeons as Editors	11
X. General Surgeons Have a New Battlefield Mission.....	12

I. Excelsior Surgical Society outlines its purpose

A. Purpose

The ESS and the Military Health System Strategic Partnership American College of Surgeons has a simple goal: to improve military medicine. The partnership hopes to improve surgical education both on and off the battlefield by collaborating on issues that are pertinent to today's active duty surgeon. While this may include preparedness for combat surgery, it also has to do with quality assurance for non-combat surgery, patient safety, and the incorporation of new surgical techniques and technology. The current active duty surgeon needs to be facile both on the austere battlefield and with advanced laparoscopic procedures. Redeployment integration is as important as deployment preparation.

The ESS along with the ACS and the DHA (Defense Health Agency) hopes to address the needs of the DOD's surgeons. CME funding continues to be an issue for military surgeons and the ESS gives a unified voice to its surgeons with more direct communication to its senior leadership and the DHA Director. The ESS will function like a state chapter for the military's active duty surgeons, though anyone with time spent on active duty, the Reserves, or the National Guard is welcome to join.

All active duty surgeons are welcome to join the ESS and participate in its annual academic conference. Membership to the ESS requires one to be a member in good standing of the ACS and an annual fee of \$100. The ESS is working closely with the ACS to reduce its membership rates and well as the conference registration fees to enable more participation.

The 3rd Excelsior Surgical Society meeting will be held on Sunday, October 22, in conjunction with the ACS Clinical Congress 2016, October 22–26 in San Diego, California. The theme is “Achieving Surgical Readiness: Where Are We Now & Where Are We Going?” and will feature a panel of military surgical consultants, prominent surgeons and the Third Fleet Surgeon of the US Navy. The scholarly forum will include the military's Region 13 Trauma Paper Competition and a wide-variety of abstract presentations with the aim of showcasing the best surgical research performed in the United States military. Attendees will have the opportunity to meet with surgical leaders and fellowship program directors in the civilian sector. The Major John P. Pryor Lecture will be delivered as the keynote address. Please join us in San Diego, California and help us enhance military medicine now and in the future.

Meeting Details:

Excelsior Surgical Society Meeting (PS001)

Date: Sunday, October 22, 2017

Time: 0700 – 1630 PST

Location: Manchester Grand Hyatt Hotel, Grand Hall C (Lobby Level)/San Diego, CA

MHSSPACS Clinical Congress website: <https://www.facs.org/member-services/mhsspacs/clinical-congress>

B. Officers

President: Captain Eric Elster, MD, FACS, US Navy, Professor and Chairman, The Department of Surgery at Uniformed Services University of the Health Sciences & the Walter Reed National Military Medical Center.



Vice-President: Colonel Stacy Shackelford, MD, FACS, US Air Force, Deputy Commander for Clinical Services (DCCS)/Chief of the Medical Staff (SGH) 455th EMDG, Craig Joint Theater Hospital Bagram Airfield, Afghanistan.



Secretary: Colonel Robert B. Lim, MD, FACS, US Army, Chief, Metabolic and Advanced Laparoscopic Surgery, Tripler Army Medical Center.

Treasurer: Colonel Kirby R. Gross, MF, FACS, Director, Army Trauma Training Center, University of Miami.



Councilperson at Large, US Army: Colonel Matthew Martin, MD, FACS, FASMBS, Trauma Medical Director, Madigan Army Medical Center.



Councilperson at Large, US Navy: Captain Gordon Wisbach, MD, FACS, Staff Surgeon, Department of General Surgery, Naval Medical Center San Diego.



Councilperson at Large, US Air Force: Colonel Joe DuBose, MD, FACS, Vascular and Trauma Surgeon, Travis Air Force Base.



Councilperson at Large, Reserve/National Guard: Colonel Jay A. Johannigman, MD, FACS, Director of the Division of Trauma and Surgical Critical Care and Professor of Surgery at the University of Cincinnati.



The New Excelsior Surgical Society (2016)/Washington, D.C.



Seated Left to Right (Front Row)

Norman Rich, MD, FACS, CAPT Eric Elster, MD, FACS, BG Jonathan Woodson, MD, FACS, Peggy Knudson, MD, FACS

The Original Excelsior Surgical Society (1945)/ Rome, Italy



II. The Prestigious *Icons of Surgery* Title to be Awarded to 2 Military Surgeons

For the past 3 years, the American College of Surgeons has celebrated the accomplishments of its most distinguished surgeons by recognizing them as an *Icon of Surgery*. In 2017, two of the icons will be career military physicians. COL (ret) Basil Pruitt, MD, USA and COL (ret) Norman Rich, MD, USA will receive this most distinctive honor. The presentation includes a 15-minute video highlighting their careers and their contributions to the world of surgery.

Dr. Pruitt is best known for his outstanding work in the fields of burn and trauma surgery. After he graduated medical school from Tufts University in 1959, he entered the military and was assigned to the U.S. Army Surgical Research Unit at Fort Sam Houston, Texas. He served in Viet Nam for one year before returning to Texas. In all, he has served as president for 10 surgical societies and worked on 19 Editorial Boards, including the position of Editor for *The Journal of Trauma*. He has published over 460 papers, 178 textbook chapters, and 15 books. In 2015, he received the Lifetime Achievement Award of the Association of Military Surgeons.



Norman Rich, MD, FACS



Basil Pruitt, MD, FACS

Dr. Rich's career is distinguished by his contributions to the worlds of vascular and trauma surgery. He entered the military in 1960 and finished his surgical residency at Letterman General Hospital in 1965. From there he served with distinction in Viet Nam and started the Vascular Trauma registry, which is still utilized today. He became the first chairman for the department of surgery at the Uniformed Services University of the Health Sciences. He has published over 300 original manuscripts and 5 books. His success has earned him countless awards, recognitions, honorary memberships, faculty positions, and titles in 45 countries.

Over their careers, they have probably influenced thousands of surgeons. Please help us celebrate these two *Icons* at the American College of Surgeons Clinical Congress this October in

San Diego. The celebration is to take place on 24 Oct 17 at 1430 hrs. (Location: San Diego Convention Center - Room: 33ABC).

III. SAGES 2018 World Congress on Endoscopic Surgery Will Showcase the Expertise of Many Military Surgeons.



The 2018 World Congress of Endoscopic Surgery will feature over 20 countries and 10 surgical societies. Several prominent military surgeons will deliver their expert opinion, experiences, and academic work at the conference. Invited faculty include Col Matt Ritter, MD (USAF), LTC Eric Ahnfeldt, MD (USA), LtCol Fia Yi, MD (USAF), MAJ Andrew Schlusel, MD (USA), MAJ Joel Brockmeyer, MD (USA). COL (ret) Yong Choi, MD (USA) leads a group of faculty with time spent on active duty including LTC Scott Steele, MD (USA), LTC Steven Schwaizberg, MD (USA-R), MAJ Farah Husain, MD (USA), and MAJ Robin Blackstone, MD (USA). All have become prominent surgical leaders after their time on service. Among the topics they will be discussing are surgical education, surgical leadership, innovation, bariatric care, foregut disease, colorectal disease, and humanitarian surgical outreach projects.

Among the surgical societies collaborating will be the Society of Military Surgeons. They will be holding the 5th annual Tri-Service Surgical Symposium featuring the academic work of the General Surgeons in the military. CAPT Gordy Wisbach, MD (USN) is the Chair for this session and he will be assisted by CAPT Romeo Ignacio, MD (USN) and the aforementioned Dr. Yi. The symposium will showcase the best General Surgery research in the DOD and will hold the ACS Committee on Trauma's paper competition for the armed forces. In the past, this symposium has featured keynote addresses by VADM Raquel Bono, MD Director of the Defense Health Agency, BG Carla Hawley-Bowland, MD Commander, US Medical Command, and VADM Adam Robinson, MD former Surgeon General of the United States Navy. The SAGES Learning Center will also have a hands on trauma course to teach triage and vascular exposure/repair techniques and REBOA training needed in the austere setting of the combat zone.

The meeting will be ideal training and education for today's military General Surgeon. The congress will be held in Seattle, WA from Apr 11-16, 2018. Registration for active duty

members continues to be free and membership includes a reduced rate of \$60 a year for those on active duty.

Additional information on SAGES & CAGS 16TH World Congress of Endoscopic Surgery can be found here: www.sages2018.org

Additional information on the Society of Military Surgeons can be found here: www.militarysurgeons.org

IV. GI Surgical Emergencies Course is an excellent educational opportunity for Active Duty General Surgeons.



Stanley Ashley, MD of the Brigham and Women's Hospital/Harvard Medical School is Chair of the 1st ever Acute Care Surgery Course on GI Surgical Emergencies in a collaborative effort of 3 major surgical societies: the Society of Surgeons for the Alimentary Tract (SSAT), the American Association for the Surgery of Trauma (AAST), and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). The course is to be held in Las Vegas from Jan 19-20, 2018.

The purpose of the course is to advance education in the field of emergency General Surgery in the Acute Care model. As most active duty surgeons lack the case volume of their civilian counterparts and the regular experience of critically ill patients, this course provides the highest level of academic teaching for the growing specialty of Acute Care. As many military surgeons spend regular time deployed and away from this part of their practice, this course can help mitigate the loss of clinical experience that occurs upon redeployment.

COL Robert Lim, MD is one of the program chairs for this course. The course will include topics on endoluminal therapies for acute diseases, minimally invasive treatment of diverticulitis and pancreatitis, laparoscopy for perforations and bowel obstructions, as well as critical issues on the anti-coagulated patient and soft tissue infections.

The course will be invaluable for the military's General Surgeons as the education should help not only with acute gastrointestinal issues, where education for all General Surgeons both civilian and military is lacking, but also with critically injured patients as well. The course will also help any General Surgeon's career progress from the competent level to the proficient and mastery levels for these diseases.

V. ASMBS Military Committee Helps to Ensure Quality Bariatric Care Across the DOD



LTC Eric Ahnfeldt, DO (USA) leads a group of bariatric surgeons in the American Society of Metabolic and Bariatric Surgeons. Part of its purpose is to standardize the pathway and outcomes of bariatric surgery patients within the military. Bariatric procedures are one of the most commonly performed procedures in the military. The experts in this group will also advise the DHA and Medical Commands on all aspects related to bariatric surgery and obesity care. In 2017, they revised the United States Army's position regarding bariatric care. Although a statement has been in publication since 2006, this is the first statement authored and endorsed by surgeons who can be considered experts in the field of bariatric surgery. In the future, the group hopes to help incorporate new bariatric technology to the military, ensure long-term quality outcomes, and study the disease of obesity as it pertains to active duty personnel and retired service members. The obesity rate in retired members is over 40%, which makes it higher than the general population of the United States, and thus, a major health care expense for the Department of Defense.

Dr. Ahnfeldt's work has also led to William Beaumont Army Medical Center becoming the first Center of Excellence for Bariatric Surgery in the military. His military committee's efforts have paved the way for other MTFs to also receive this accreditation.

The ASMBS has also been very supportive of the military by offering a membership rate of \$60 annually and free registration to their annual conference for persons on active duty. The current ASMBS President is Stacy Brethauer, MD who served in the United States Navy and has been instrumental in helping Dr. Ahnfeldt grow the military committee.

Additional information on the The American Society for Metabolic and Bariatric Surgery (ASMBS) can be found here: www.asmb.org

VI. Society of Laparoendoscopic Surgeons Surgeons Start a Military Committee



Phillip Shadduck and Maurice Chung, the president-elect and current president of the Society of Laparoendoscopic Surgeons (SLS) have extended their society's resources and knowledge to the laparoscopic surgeons in the Department of Defense. The purpose is to give laparoscopic surgeons in the military a way to collaborate and overcome the challenges of improving surgical care in the military in the fields of Urology, Gynecology, and General Surgery. The SLS is one of the largest surgical societies in the world. The inaugural meeting of the committee will be held during the SLS's annual meeting, scheduled for Sep 6-9, 2018 in San Francisco. Several active duty surgeons are scheduled to speak during the conference including urologist COL Timothy Brand, MD, general surgeon LTC Eric Ahnfeldt, DO, and gynecologist MAJ CJ Rosemeyer, MD. Attendance is open to all active duty surgeons and those attending will be able to have an audience with the SLS's leadership to discuss how this relationship can be better used to advance military surgery.

The SLS has been a strong supporter of the military. For several years, the SLS has collaborated with Tripler Army Medical Center and conducted a laparoscopic course in Hawaii for Tripler's surgical residents and staff. They are considering a reduced rate for membership and registration for surgeons on active duty. Finally, they are providing a forum for academic research to be presented at their meeting.

Additional information on the Society of Laparoendoscopic Surgeons can be found here:
<http://sls.org/>

VII. SOMOS/AANA and the military



For the past seven years Arthroscopy Association of North America and the Society of Military Orthopaedic Surgeons has held a cadaver lab course for the young orthopedic surgeons in the military. The surgeons of SOMOS, the ANA and other world surgical leaders provide one-on-one instruction for about 50 surgeons on active duty. The military surgeons do hands-on surgical procedures learning tips and tricks for complex procedures that they don't see very often or have not had much experience with during residency.

In addition to the course, the surgical societies provide travel and lodging for the military's surgeons thus providing this world class education at no cost. The program was started by then President Richard Ryu, MD in response to the many of its members who had military affiliations or who were on active duty and whom identified this need. Military orthopedic surgeons have enjoyed this wonderful opportunity and their patients have undoubtedly benefitted from it.

Additional information on the SOMOS/AANA Course can be found here:

<http://www.aana.org/home/education/lab-courses-and-training/somos-aana-course>

VIII. Military Surgeons Making Their Mark in Academic Medicine

Military Surgeons are Prolific Publishers, Surgical Leaders, and Renowned Educators

Over the past 12 months, military surgeons have published high-quality, cutting edge studies continuing a long tradition of academic medicine in the Department of Defense. The journal work is highlighted by works in: *JAMA Surgery*, *Current Problems in Surgery*, and *JACS*.

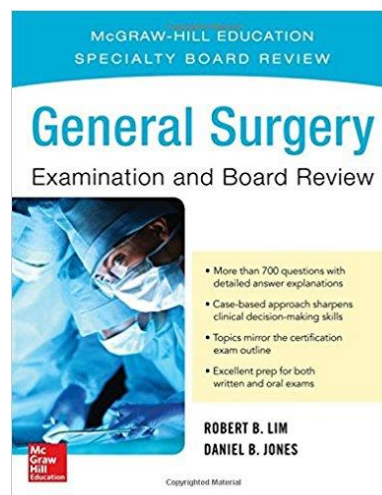
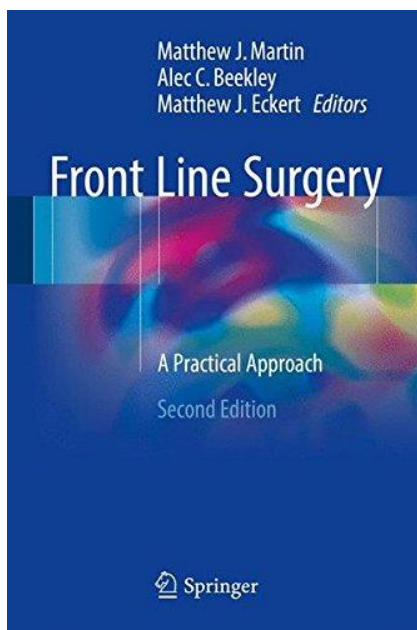
Military surgeons on active duty are also well-established and influence surgical societies and editorial boards. Col Matt Ritter, MD (USAF) is on the SAGES Board of Governors. COL Matt Martin, MD (USA) is on the Editorial Boards of SOARD, American Journal of Surgery, and Journal of Surgical Research

The accomplishments above are just the highlights. Many active duty surgeons are committee chairs for societies like the ACS, SAGES, ASMBS, ACOG, AAST, EAST, SSAT, ASE, and SLS. Their expertise goes far beyond trauma and combat medicine.

IX. New Surgery Textbooks Published with Military Surgeons as Editors

In January 2017, the General Surgery Board Examination and Review textbook was released by the publishers at McGraw-Hill Education. The book was a collaborative effort with Harvard Medical School-Beth Israel Deaconess Medical Center. Military surgeons contributed to 70 of the 107 chapters. The book provides over 700 questions to prepare medical students, residents, and young staff for the ABSITE and board certification written exam. Topics covered include perioperative care, anesthesia, surgical energy safety, legal/ethical matters as well as the General Surgery subspecialties like trauma, vascular, plastics, pediatric, and transplant surgery. The section editors are either Army active duty surgeons or recently retired from the Army. COLs Mary Edwards, MD, Alan Gehrich, MD, Dwight Kellicut, MD, Matt Martin, MD, and Richard Smith, MD along with LTC (ret) Ron Gagliano, MD, and LTC Joe Sterbis, MD were the sections editors for their specialties.

In July 2017, the same Dr. Martin along with LTC Matthew Eckert, MD, and former LTC Alec Beekley, MD also of the United States Army have published the 2nd edition of Front Line Surgery. A book designed to help the deployed surgeon navigate the rigors and unusual circumstances of battlefield medicine. The chapters are equally applicable in the civilian trauma setting. The book features 50 chapters and over 70 authors from the Army, Navy, and Air Force with significant combat experience. It's the one textbook surgeons must have when deployed onto the battlefield.



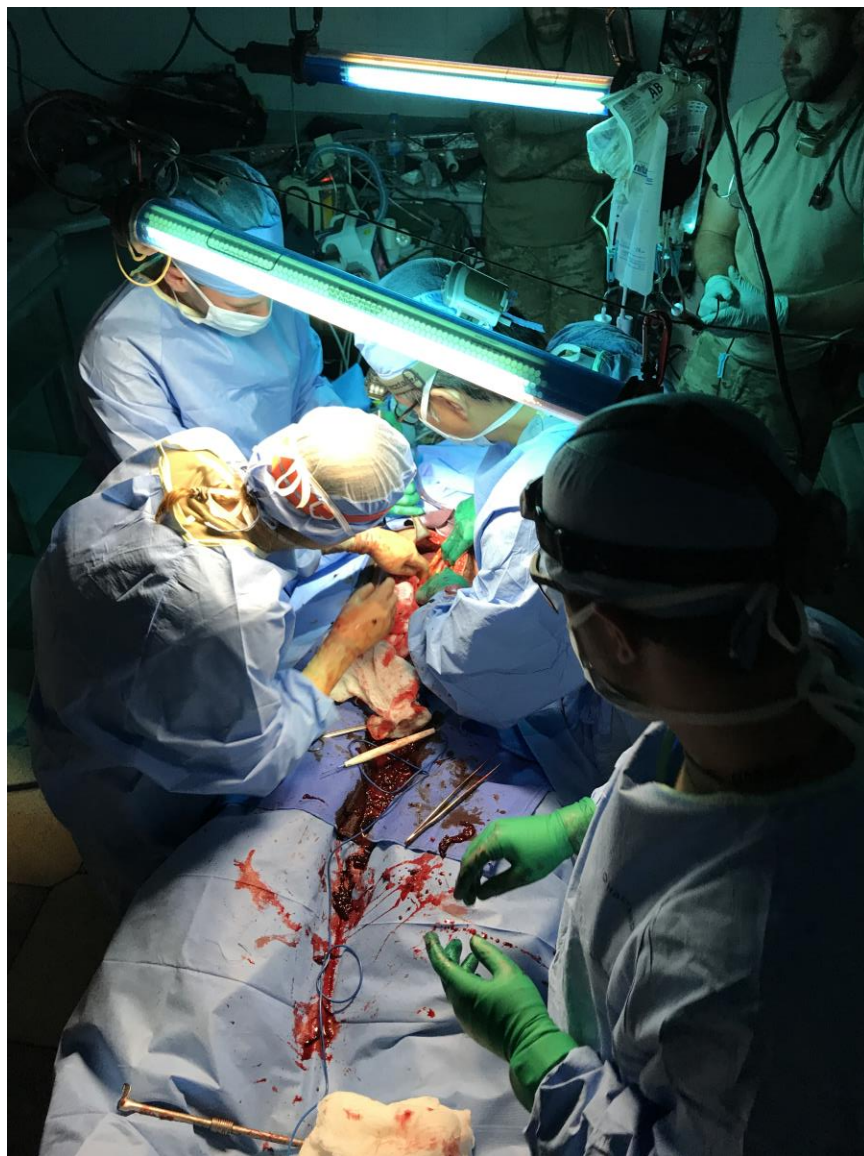
https://www.amazon.com/Front-Line-Surgery-Practical-Approach/dp/3319567799/ref=dp_ob_title_bk

<https://www.amazon.com/General-Surgery-Examination-Board-Review/dp/0071839933>

X. General Surgeons Have a New Battlefield Mission

There is a trend to utilize General Surgeons in smaller and smaller surgical teams pushing them further and further away from support. Sometimes this is due to the clandestine nature of the mission, sometimes it is because of the operational environment, sometimes it is to satisfy the mythical “golden hour”, and sometimes it is for political reasons. Whether these small surgical teams are clinically effective in reducing battlefield mortality is questionable. Regardless, today’s General Surgeon will be asked to perform in these situations where the current Clinical Practice Guidelines (CPGs) are not applicable. They will not have an adequate resupply chain, they may not have electricity, they may not have a level III facility for evacuation, and they will likely not have substantial blood products to use. These and other operational hindrances will undoubtedly affect clinical abilities.

The JTTS is working on revising the current CPGs to account for these austere environments and perhaps that will improve the situation. Until then, battlefield commanders and their medical planners are not likely to change the current utilization of General Surgeons. Thus, General Surgeons going to the combat zone should be prepared to operate in this environment and lead surgeries with significant limitations. The General Surgeon will be challenged to provide quality care.



Disclaimer: *The views expressed in this newsletter are those of the author and do not reflect official policy or position of the United States Army, United States Navy, the United States Air Force, the Department of Defense, or the United States government.*