NOTES FROM THE CHAIR

As many of you know, we have spent considerable time and effort to reevaluate and develop our vision, mission and core values in the past few months. Part of this effort was a competition to develop a way to convey our core values simply and concisely. We had a number of very creative entries and it was difficult to choose just one. I’m pleased to announce that the winner of the competition was Dan Robinson, the department’s web content editor. Dan’s entry was DEDICATE:

- Dedication
- Excellence
- Diversity
- Integrity
- Compassion
- Advancing Innovation
- Teamwork
- Exemplary Leadership

Congratulations Dan!

Over the coming months we will incorporate this with our vision statement and dedicate ourselves to Improve Every Life.

It’s exciting to watch the creativity within our department as everyone makes an effort to improve a life. Although the most obvious application is within patient care, there are a number of ways to pay it forward and make someone’s day a bit brighter.

As you read through this newsletter you can see:

- Our strides in research as Dr. James Jaggers and Jeffrey Jacot, PhD make progress toward bioengineering infant heart patches;
- Our growth as a department as we welcome new faculty, staff, fellows and residents;
- Our outreach into the world as Dr. Kuwayama and others provide support to Doctors without Borders;
- Our innovation in surgical care as Dr. Robert McIntyre and Dr. Ashley Ignatiuk collaborate with their Wyoming counterparts to save an arm.

More than words, Improve Every Life requires activity! It is what we do. Over many years, our Department of Surgery has evolved to become one of the top programs in the country. We look forward to continuing our trajectory and embracing our vision to Improve Every Life.

As always it continues to be my privilege to share our successes and upcoming events with you. I hope you enjoy the newsletter that follows.

Richard D. Schulick, MD, MBA
The Aragón/Gonzalez-Giusti Chair Professor & Chair

Improve Every Life

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This publication is viewable online at: http://issuu.com/slangesurgery/docs/November_2017_dos_newsletter
JOHN H. AND CYNTHIA H. SCHULTZ LECTURESHIP

GUEST - L. MICHAEL BRUNT, MD

For the last 20 years, Dr. Brunt has focused in the clinical areas of laparoscopic foregut, solid organ, and biliary surgery, especially repair of complex hiatal hernias including paraesophageal hernias and reoperative foregut surgery, incisional hernias, and cholecystectomy. In addition, he has built a referral practice for sport’s hernias with recreational, collegiate and professional athletes referred from throughout the US.

His principal investigative areas of interest are related to clinical outcome studies in the field of minimally invasive surgery and in the area of education and training of medical students and surgical residents. He initiated a skills training course for 4th year medical students entering a surgical specialty entitled “Accelerated Skills Preparation for Surgical Internship” and helped found the capstone internship preparation course at the Washington University School of Medicine that is the only required course in the 4th year. Over the last several years, he has mentored numerous medical students during summer research electives as well as serving as program director for the clinical fellowship in Minimally Invasive Surgery for the last 5 years.

His principal involvement in national surgical organizations is with the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). He is the immediate Past-President of SAGES, has been on the SAGES Board of Governors since 2006 and served as chair for the SAGES Safety on Cholecystectomy Task Force which he formed in 2014. He is also on the Board of the Fellowship Council and the Council of the Central Surgical Association where he serves as Secretary. He received the Samuel A. Goldstein Leadership Award in Medical Education and the Distinguished Clinician Award from Washington University School of Medicine and in 2013 the Philip Wilson Outstanding Teacher Award from the Association for Surgical Education.

We greatly appreciated Dr. Brunt’s presentation on: “Laparoscopic Cholecystectomy: Still Room for Improvement” and look forward to his continued work in this area.

IN MEMORY OF GERALD RAINER, MD

It is with great sadness that we announce the passing of renowned Denver heart surgeon, Dr. Gerald Rainer. He died of natural causes one day after his 90th birthday, on November 14, 2017. He and his family moved to Denver in 1954 where he served his surgical residency at the Denver VA hospital under Dr. Ben Eiseman. He practiced thoracic and cardiovascular surgery for 50 years and was a respected leader, researcher, and educator, helping and mentoring countless residents, fellows and many other healthcare professionals. To say he lived a life of service is an understatement. He served in the Korean War as a first lieutenant in the Army Medical Corp, receiving the Bronze Star and Combat Medical Badge. He served on numerous boards and committees with the University of Colorado School of Medicine. He was the first Colorado surgeon to serve on the American Board of Thoracic Surgery. He is a Past President of the Society of Thoracic Surgeons. Dr. Rainer was a dedicated surgeon and will always remain the model of how one can combine a successful clinical practice with an insatiable professional curiosity, pursuit of knowledge, and love of life. He will be greatly missed.

Dr. Rainer is survived by his wife of 67 years Lois, sister Gypsy Richards, children Pat Rainer, Vickie Canan, Bill Rainer, Julia Rainer, and Leslie Rainer, grandchildren Christopher and Charles Canan, Will, Jay, Orion and Noah Rainer, Alli Rainer, and Ruslan Heginbotham, and great grandchildren Madeleine and Maxwell Canan, and Morgan Rainer.

In lieu of flowers, contributions may be made to the St Joseph Hospital Foundation, Colorado Symphony Orchestra, or University of Colorado Department of Surgery. The CU Foundation has set up the following website for giving: www.giving.cu.edu/GeraldRainer

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In Memory of Gerald Rainer, MD

Lois and Gerald Rainer, MD at the Ben Eiseman Memorial in 2013.

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We greatly appreciated Dr. Rainer’s presentation on: “Laparoscopic Cholecystectomy: Still Room for Improvement” and look forward to his continued work in this area.
Welcome New Faculty & Staff!

Faculty

Elisa Birnbaum, MD  
Professor  
GI, Trauma & Endocrine Surgery

Megan Adams, MD  
Assistant Professor  
Transplant Surgery

Akshay Chauhan, MD  
Assistant Professor  
GI, Trauma & Endocrine Surgery

Janine Oliver, MD  
Assistant Professor  
Urology

Juan Iandro, MD  
Assistant Professor  
GI, Trauma & Endocrine Surgery

Thomas Pishak, MD  
Assistant Professor  
Transplant Surgery

John Colby, PAC  
Instructor  
Urology

Teren Culbertson, PAC  
Instructor  
Pediatric Surgery

Stephanie Fingland, NP  
Instructor  
Pediatric Surgery

Julie Henderson, NP  
Instructor  
GI, Trauma & Endocrine Surgery

Megan Adams, MD  
Assistant Professor  
Transplant Surgery

Jennifer Black  
Research Services  
Professional  
Pediatric Surgery

Daniel Bruy  
Business Services  
Professional  
Pediatric Surgery

Adriana Holyoak  
Business Services  
Professional  
GI, Trauma & Endocrine Surgery

Michael Avallone, MD  
Instructor/Fellow  
Urology

Kathryn Miller, PAC  
Instructor  
Plastic & Reconstructive Surgery

AnnaMaria Salas, PAC  
Instructor  
Pediatric Surgery

CME Opportunity

35th Annual Medical & Surgical Gastroenterology  
A Multidisciplinary Approach

JANUARY 28 – FEBRUARY 1, 2018

Vail Marriott Mountain Hotel  
Vail, Colorado

To register: https://hopkinscme.cloud-cme.com/aph.aspx?P=5&LEID=9928  
To register by phone: 410-502-9634  
Email: cmenet@jhmi.edu
Welcome!

Fellows

**Congenital Cardiac Fellowship**

Harma Turbendien, MD  
New York Presbyterian Hospital - Weill Cornell  
Weill Medical College, Cornell University

**Pediatric Surgery Fellowship**

Shannon Acker, MD  
University of Colorado  
Case Western University School of Medicine

**Pediatric Surgery Colorectal Fellowship**

Emma Hamilton, MD  
Baylor University Medical Center  
Vanderbilt University School of Medicine

**Pediatric Surgery Critical Care Fellowship**

S. Christopher Derderian, MD  
Emory University  
Medical University of South Carolina

**Reconstructive Urology Fellowship**

Michael Avallone, MD  
Medical College of Wisconsin  
University of Miami

**Surgical Critical Care Fellowship**

Michal Radomski, MD  
George Washington University  
University of Cincinnati

Aaron Richman, MD  
Boston University  
University of California - San Diego

**Trauma Acute Care Surgery Fellowship**

Gregory Borst, MD  
East Carolina University  
Loyola University of Chicago

**Transplant Surgery Fellowship**

Amir Dagan, MD  
Shaare-Zedek Medical Center  
Hebrew University, Hadassah Medical School

Muhammad Khan, MD  
Liaquat National Hospital, Pakistan  
University of Karachi, Pakistan

**Vascular Surgery Fellowship**

Jeniann Yi, MD  
University of Colorado  
University of Illinois College of Medicine

Residents

**General Surgery Residency**

Joshua Billings, MD  
General Surgery - Categorical  
University of California Los Angeles

Robert Brooks, MD  
General Surgery - Preliminary  
University of Colorado

Tyler Downing, MD  
General Surgery - Preliminary  
University of North Dakota

Andrew Eitel, MD  
General Surgery - Preliminary  
University of Colorado

Jacob Entin, MD  
General Surgery - Preliminary  
University of Colorado

Daniel Friedlander, MD  
General Surgery - Preliminary  
Brown University

Nicole Green, MD  
General Surgery - Preliminary  
Weill Cornell Medicine

Ryan Gupta, MD  
General Surgery - Categorical  
University of California, Irvine

Jamie Hadley, MD  
General Surgery - Categorical  
University of Missouri, Columbia

Nadia Halstead, MD  
General Surgery - Categorical  
University of New York

Felix Ho, MD  
General Surgery - Categorical  
Drexel University

Kimberly Harrison, MD  
General Surgery - Preliminary  
Drexel University

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Medical University of South Carolina

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Felix Ho, MD  
General Surgery - Categorical  
Drexel University

Kimberly Harrison, MD  
General Surgery - Preliminary  
Drexel University
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<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution</th>
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<tr>
<td>Victoria Huynh, MD</td>
<td>General Surgery - Categorical</td>
<td>Texas A&amp;M Health Sciences</td>
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<td>Cenea Kemp, MD</td>
<td>General Surgery - Categorical</td>
<td>University of Colorado</td>
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<td>Sina Khaneki, MD</td>
<td>General Surgery - Preliminary</td>
<td>Poznan University</td>
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<td>Shane Knipping, MD</td>
<td>General Surgery - Preliminary</td>
<td>University of California, Irvine</td>
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<td>Laura Leonard, MD</td>
<td>General Surgery - Categorical</td>
<td>University of Vermont</td>
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<td>Amanda Louiselle, MD</td>
<td>General Surgery - Categorical</td>
<td>University of Minnesota</td>
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<td>Emi Manua, MD</td>
<td>General Surgery - Preliminary</td>
<td>Geisel School of Medicine at Dartmouth</td>
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<td>Caitlyn McCall, MD</td>
<td>General Surgery - Preliminary</td>
<td>University of Kansas</td>
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<td>Jeffrey Morrison, MD</td>
<td>Urology</td>
<td>University of Pennsylvania</td>
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<tr>
<td>Neil Patel, MD</td>
<td>General Surgery - Preliminary</td>
<td>Tulane University</td>
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<td>Alyssa Peace, MD</td>
<td>General Surgery - Categorical</td>
<td>Howard University</td>
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<td>Erika Poulos, MD</td>
<td>General Surgery - Preliminary</td>
<td>Pacific NW University of Health Sciences College of Osteopathic Medicine</td>
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<td>Amber Quintana, MD</td>
<td>General Surgery - Preliminary</td>
<td>Meharry Medical College</td>
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<tr>
<td>Rodrigo Rodriguez Pessoa, MD</td>
<td>General Surgery - Preliminary</td>
<td>Universidade de Sao Paulo Faculdade de Medicina Sao Paulo</td>
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<tr>
<td>Sristi Sharma, MD</td>
<td>General Surgery - Preliminary</td>
<td>Sikkim Manipal Institute of Medical Science</td>
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<td>Gregory Wiener, MD</td>
<td>General Surgery - Preliminary</td>
<td>University of Colorado</td>
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<td>Arthur Yule, MD</td>
<td>General Surgery - Preliminary</td>
<td>University of California, Los Angeles</td>
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<tr>
<td>Rashikh Choudhury MD</td>
<td>General Surgery - PGY 3</td>
<td>University of Pennsylvania</td>
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<td>Benedetto Mungo MD</td>
<td>General Surgery - PGY 3</td>
<td>University of Padova</td>
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<td>Salih Colakoglu, MD</td>
<td>Plastic Surgery Independent Residency</td>
<td>New York Presbyterian Queens Bears and Eagles Institution of Medicine</td>
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<td>Andrew Peredo, MD</td>
<td>Plastic Surgery Integrated Residency</td>
<td>SUNY Stony Brook University Bears and Eagles Institution of Medicine</td>
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<td>Jonathan Freedman, MD</td>
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<td>University of Padova</td>
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<td>Colin McNamara, MD</td>
<td>Urology Residency</td>
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<td>Marshall Bell, MD</td>
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<td>Majdee Islam, MD</td>
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BIOENGINEERING INFANT HEART PATCHES WITH THE BABY’S OWN HEART CELLS

Bioengineer Jeff Jacot is working on an idea that could transform the medical approach to infants with complex and sometimes fatal heart defects. With support from the National Science Foundation (NSF), Jacot and his team at the University of Colorado Anschutz Medical Campus are pioneering new techniques in regenerative medicine, including a heart patch made of an infant’s own tissue that would repair the defect and then grow right along with the baby.

The team is using a process called electrospinning to make the patches in the lab. The researchers infuse a ‘scaffold’ with stem cells that are harvested from the baby, even before it’s born. They’ve already shown that they can grow blood vessels and the blood supply needed for heart tissue, and recently, they also made cells from amniotic fluid into beating heart cells.

MEET CAMY BELL, CLINICAL NURSE SPECIALIST

Camy Bell, MS APRN, CCNS, has recently been appointed to the Aftercare and Reintegration Committee, a joint effort of the American Burn Association and the Phoenix Society for Burn Survivors. Camy also volunteers at Camp Eyabsut, a burn camp for children in the Pacific Northwest. The goal of these organizations, and Camy’s mission, is to ensure all burn survivors have a voice and the opportunity to meet other burn survivors. Burn survivor participation in these programs greatly contributes to the healing process.

National Clinical Nurse Specialist (CNS) Week, September 1-7, is a perfect time to pause and recognize one of our CNS team members, Camy Bell, MS APRN, CCNS. Camy began her career at the University of Colorado Hospital 15 years ago as a registered nurse in the Burn Unit. Since that time, Camy has served in several roles within the burn team. The University of Colorado Hospital Burn Clinic was re-designed in 2015 and Camy played a significant role in the workflow design, space planning, and the integration of the Burn Center into a full continuum of care. The patient access to care in the clinic has improved and the patient satisfaction scores are consistently in the 90’s! The dedicated staff in the burn clinic contributes to this success and has sustained zero turnover since opening in 2015. Camy championed creating an Advanced Practice Provider (APP) led clinic with the support of the burn attendings. Additionally, the APPs ensure the patients have access to burn support resources including support group and other after care programs.

Anne Wagner, MD, FACS, Burn Center Director said this “Camy is a bundle of energy and joy to the patients in the burn clinic – we are fortunate to have her and wouldn’t know what to do without her!”

Michelle Feller, MS, RN, BSN, CNN, Director of Critical Care/Cardiology/Dialysis, University of Colorado Hospital, shared this thought “Camy is an excellent example of a bedside nurse taking her passion to the next level by becoming a CNS and maximizing the continuum of care for our burn population”.

Camy Bell, MS APRN, CCNS

Meet Camy Bell, Clinical Nurse Specialist
By: Allison Gerdes, UHealth, Office of Advanced Practice

Mission Statement

Develop a cardiac patch containing autologous cells for repair of heart defects and translate this patch to clinical use, develop regenerative therapies involving materials seeded with amniotic fluid stem cells for prenatal repair of birth defects, and train graduate and undergraduate students for careers in medicine and engineering.

This publication is viewable online at: http://issuu.com/slangesurgery/docs/November_2017_dos_newsletter
THE LIST
University of Colorado Denver
DEPARTMENT OF SURGERY 2017

COLON AND RECTAL SURGERY
Ryan Lawless
DENVER HEALTH
Jon Vogel
UNIVERSITY

COMPLEX GENERAL SURGICAL ONCOLOGY
Martin D. McCarter
UNIVERSITY

CONGENITAL CARDIAC SURGERY
David N. Campbell
UNIVERSITY
James Jaggers
UNIVERSITY
Max Mitchell
UNIVERSITY

PEDIATRIC SURGERY
Denis D. Bensard
UNIVERSITY
Jennifer Bruny
UNIVERSITY
Frederick M. Karrer
UNIVERSITY

PEDIATRIC TRANSPLANT HEPATOLOGY
Frederick M. Karrer
UNIVERSITY

PEDIATRIC UROLOGY
Nicholas Cost
CHILDREN'S UNIVERSITY
Vijaya Vemulakonda
CHILDREN'S UNIVERSITY
Duncan T. Wilcox
CHILDREN'S UNIVERSITY

PLASTIC SURGERY
Tae Chong
UNIVERSITY
Brooke M. French
UNIVERSITY
Stephanie Malliaris
UNIVERSITY

PLASTIC SURGERY (WITHIN THE HEAD/NECK)
Frederic Deleyiannis
UNIVERSITY

SURGERY
Robert C. McIntyre, Jr.
CHILDREN'S UNIVERSITY
Fredric Pieracci
DENVER HEALTH

SURGERY OF THE HAND
Michael J. Gordon
UNIVERSITY

SURGICAL CRITICAL CARE
Clay Cothren Burlew
DENVER HEALTH
Robert C. McIntyre, Jr.
CHILDREN'S UNIVERSITY

THORACIC AND CARDIAC SURGERY
Joseph C. Cleveland, Jr.
UNIVERSITY, VETERANS
John D. Mitchell
UNIVERSITY, NATIONAL JEWISH
Fredric Pieracci
DENVER HEALTH
Michael Weyant
UNIVERSITY

UROLOGY
Fernando Kim
DENVER HEALTH, UNIVERSITY
Randall Meacham
UNIVERSITY

VASCULAR SURGERY
Omid Jazaeri
CHILDREN'S UNIVERSITY
A LIFE SAVED IN 25 SECONDS
By: Katie Kerwin McCrimmon, UCHealth

Daniel Bryce is like a sculptor in the sky. He loves nothing more than climbing dozens of feet in the air into majestic old trees. Then, anchored by safety ropes, he swings from branch to branch, shaping limbs and keeping trees healthy.

But on Easter Sunday in April, the arborist was working about 15 feet off the ground on a Chinese elm in his hometown of Gillette, Wyoming when a scary accident tested all of Bryce’s skills.

He made a cut in a branch like he has hundreds of times before. He set the break on his chainsaw and held it at rest by his right thigh. Then the limb he had cut rolled in just the wrong way and hit Bryce’s safety rope, tipping his saw up and slicing into Bryce’s left arm.

While the cut didn’t look large, Bryce knew right away that it was bad.

“It was an instant gusher, like a garden hose running out of my arm. I knew right off the bat that it was an artery,” said Bryce, 35, who also works as a coal miner and thankfully has received extensive safety and first aid training over the years.

Without thinking, Bryce sprang into action, rappelling to the ground while calling out to his assistant below.

“Call 911. You’re taking me to the hospital.”

Once on the ground, Bryce used his safety rope, called a lanyard, and wrapped it as tightly as he could high up around his armpit.

“I had to wrap it around my arm five times. I knew that was an artery in there. It was pure adrenaline,” Bryce said.

Cinching the rope so tightly that it hurt far more than the original cut, Bryce managed to create a tourniquet and stop the flow of blood.

He did this all in about 25 seconds.

“I’m glad it happened to me and not someone else. I believe everything happens for a reason and God only gives us what we can handle,” Bryce said.

Doctors who cared for Bryce in Gillette and at UCHealth’s University of Colorado Hospital said he performed perfectly under pressure. His quick actions saved his life.

And, as health experts work to spread the word about how everyday people can save lives during traumatic events, they are highlighting Bryce’s quick thinking as part of the Stop the Bleed campaign.

“The campaign has a goal of reaching 300 million people,” said Dr. Robert McIntyre, director of trauma and acute care surgery for University of Colorado Hospital.

“Bryce saved his own life with a tourniquet, which is exactly what we’re trying to teach immediate bystanders to do. There have been multiple high-casualty events recently and bystanders can offer immediate assistance,” McIntyre said.

“T’ve lost a lot of blood,” Bryce said. “If I hadn’t gotten it to stop, I’d be dead.”

The ambulance rushed Bryce to the nearest hospital, where his arm turned blue and swelled up like a football.

McIntyre happened to be on call. “I got a call from the ER in Gillette,” McIntyre recalled.

Once Bryce stopped the bleeding, he knew his arm was going to start swelling fast.

Drenched in his own blood, Bryce jumped in the passenger seat of his work truck while his assistant struggled to drive the stick shift. Fortunately, they only had to go a short distance before they heard sirens. An ambulance was on its way.

The EMTs included Bryce’s own sister-in-law.

“How are you?” she asked.

“T’ve lost a lot of blood,” Bryce said. “If I hadn’t gotten it to stop, I’d be dead.”

Thus far, throughout the UCHospital system, trauma services experts have trained many health care workers on how to react quickly if they see someone who is losing blood due to an injury, mass shooting or attack. Those health workers, in turn, can go to schools, businesses and community groups to teach people without medical training how they can step in and save lives. The goal is to have zero preventable deaths...

Bryce credits the regular first aid training he has gotten over the years at the mine and in other jobs where he’s worked with heavy equipment...

The ambulance rushed Bryce to the nearest hospital, where his arm turned blue and swelled up like a football.

McIntyre happened to be on call. “I got a call from the ER in Gillette,” McIntyre recalled.
Doctors there wanted to transfer Bryce immediately to University of Colorado Hospital. But McIntyre knew that getting blood flow restored as fast as possible was critical.

"By the time the patient gets flown here and we can take care of him, he’s probably going to lose his arm," McIntyre said.

So he urged doctors in Wyoming to create a temporary conduit called a shunt to carry blood from Bryce’s upper proximal artery to the lower distal artery.

Dr. Sara Hartsaw, a general surgeon, was enjoying Easter with her family when she got the call about Bryce’s injury. She had recently returned from serving nearly a year as a Navy surgeon in Afghanistan. Her experience there certainly helped with what she found when she arrived at the hospital.

She initially planned to do a shunt as a temporary fix and fly Bryce to UCH. She consulted with McIntyre and her partner, Dr. Jake Rinker. He was on his way to a family ranch near Montana, but detoured back to the hospital. Rinker felt he could team up with Hartsaw to do a more complex, but permanent fix called a vein graft.

The Wyoming surgeons raced against the clock. If they could complete the surgery in about 45 minutes, they felt they could restore the blood flow in time to save Bryce’s arm.

Together, they found a good vein in Bryce’s injured arm. They snipped part of that vein, reversed it and stitched it into Bryce’s damaged artery, creating a new pathway for blood. Hartsaw had done a similar procedure with surgeons in Afghanistan for a soldier who had stepped on an IED. He had had good results, so she was hopeful for Bryce.

As soon as Hartsaw and Rinker stabilized Bryce, they transferred him by helicopter to UCH.

McIntyre was there when Bryce arrived in the ICU. He found that blood was flowing well through Bryce’s arm. That’s when Dr. Ashley Ignatiuk, a plastic surgeon and hand surgery expert, took the lead and made a critical discovery. In addition to cutting through the artery, the chainsaw had sliced through about 70 percent of Bryce’s median nerve. As a result, he had lost feeling in his left thumb and fingers.

Ignatiuk said the nerves in the arm are like a bag of spaghetti. Using a microscope to see each strand, Ignatiuk carefully realigned and reconnected all the strands so they could once again send signals down Bryce’s arms to his fingers.

Little by little, the nerve pathways will regenerate and Bryce should regain full sensation in his fingers.

Bryce recently returned to Aurora for a checkup and Ignatiuk was stunned by his progress. Aside from scars, his arm looks great and the nerve regeneration is moving along faster than expected.

“This is what I call an amazing outcome,” Ignatiuk told Bryce as he tapped his forearm to detect sensation...

“The blood flow to his hand is perfect,” McIntyre said. “We want to help patients get back to doing the things they enjoy. He’s a perfect example of that.”

Bryce’s case illustrates how a smart patient and seamless medical care created a great outcome.

“The patient saved his own life. He stopped the bleed. The local doctors provided excellent care within the capacity that they could. We helped him, then sent him back. This is a partnership between the physicians and hospitals in a local community and us," McIntyre said.

A father of four and a self-acknowledged workaholic, Bryce is feeling great and committed to regaining 100 percent of his arm and hand function.

“Use it or lose it. I’ve got kids. I’m not going to lose it,” he said.

These days, Bryce is back at work at the mine and back in the trees. Until full sensation returns to his left hand, he’s using assistants to run the chainsaw. He envisions a time soon when he’ll once again be sawing limbs...

As for the trees, he’s in heaven up in the sky.

“It’s like flying. It’s relaxing. There’s no better job out there for me. I thrive on it. I feel like a little kid. I will probably climb trees until I can’t anymore because I love it.”
When a baby is born with a birthmark, pediatricians often use a “wait and see” approach. Often the mark will fade as the baby gets older. But for a small percentage of babies, their red, pink or purple colored blemish might be something more serious. Thankfully, an interdisciplinary team of specialists at the Vascular Anomalies Center at Children’s Hospital Colorado can provide families with the right diagnosis, a proper treatment plan and peace of mind.

Birthmarks typically fall into one of two categories: tan or brown colored marks caused by a cluster of pigment cells, or red, pink or purple colored blemishes caused by abnormal blood vessels under the skin. The latter type is a vascular anomaly – a vessel abnormality that can affect the capillaries, veins, arteries and lymphatics and present as either a tumor or a malformation.

In less serious cases, the birthmark gradually goes away as the baby grows. But in other cases, what may initially appear as a faint stain on a baby’s face could grow over the course of weeks and cause scarring or vision loss. Some babies are born with a Kaposi form hemangioendothelioma, which at birth appears as a bruise-like birthmark on the trunk, extremities, head or neck. Over time, this can grow into a tumor that affects the soft tissues and may also permeate the skin to the bone, putting the baby at risk for low platelets and stroke. Some highly aggressive forms increase the risk of mortality if not treated by chemotherapy.

Annie Kulungowski, MD, pediatric surgeon and co-director of the Vascular Anomalies Center, explained that most patients are referred to the center with a diagnosis of ‘hemangioma.’ It is a common type of birthmark, also known as a strawberry mark, which presents as a raised mark on the skin.

“It may look like one, but sometimes there is a lot more than meets the eye. Establishing the proper diagnosis is so important because these malformed vessels can continue to expand with time, taking over an extremity or even filling the entire abdomen.”

These serious cases require treatment from the center’s interdisciplinary team of physicians, which includes specialists from pediatric surgery, hematology, plastic surgery, interventional radiology, otolaryngology (ear, nose and throat) and dermatology.

Families are able to schedule a single appointment for their child and have consultation with all the represented medical and surgical specialties. Together the team evaluates the patient and diagnoses,” she explained. “They are worried and scared.”

Taizo Nakano, MD, pediatric oncologist hematologist and medical director of the Vascular Anomalies Center, said that it is critical that families feel they are entering a relationship with a community of physicians. “It is important that they have easy access to communicate with the team at all times,” he said. “As providers we need to not only show up, but demonstrate we can put into motion an efficient and safe treatment plan.”

Drs. Nakano, Kulungowski and the team started the center to provide compassionate care to families who are at a very difficult juncture in their lives. They made sure to structure their approach to always put the family at the center of all they do.

“Our goal is to understand what’s going on with our patients and their families and be available to answer the questions that they need answered,” Dr. Nakano said. “That takes time to meet as a group, to listen to patient concerns and to work through the sometimes difficult answers.”

From the moment a family receives a referral, the clinic’s providers and staff work diligently to remove every obstacle they can. Much of this work rests with clinic coordinator Anna (Panny) Cowan. She tracks down the patient record, including copies of all imaging studies, evaluations and procedures.
Cowan also helps with insurance issues, FMLA paperwork and scheduling appointments to minimize families’ time away from work. This is something that comes as a huge relief to families. “We receive a lot of ‘thank yous’ from families for all the coordination we do on their behalf,” said Cowan. “They are coming in to see a large team of providers, so it’s the best use of everyone’s time when the team has all the information needed to start making recommendations.”

But aside from their success in solving the logistic and administrative hurdles associated with treating these patients, the team also excels in their compassion for families’ situations. “Our providers really go above and beyond,” Cowan said. “I see them calling families after hours and weekends, including going out of their way to see families on days we don’t have clinic or coming into the hospital on a day they weren’t scheduled.”

For Dr. Kulungowski, giving families the right diagnosis is the most gratifying part of her job. “Being able to tell a family 1) we know what your child has, and 2) we know ways to help brings them a lot of peace. From medications to surgery, there are a lot of options. It’s healing the patient, but also healing the family, and leaving a sense of hope that everyone is going to get better,” she said.

The team is proud of the impact they have already made, seeing approximately 350 patients last year, and plan to keep compassion a central tenet of their practice.

“For the providers on our team, compassionate care is the reason we started the Vascular Anomalies Center. It remains the spirit that keeps us together and allows us to achieve such great outcomes,” Dr. Takano said.

There are 65 million displaced people -- refugees -- around the world today, 10.3 million just last year. Doctors Without Borders, the global aid organization, set up a 10,000-square-foot mock refugee camp on Boulder’s Pearl Street Mall to give visitors a sense of what those camps feel like. It’s called “Forced From Home.”

“Our hope here is that by making it a very interactive exhibit and by bringing actual materials that people can see, and touch, and handle, that we at least provide some flavor of it the ability to humanize the people and add a face and a story to the statistics,” Doctors Without Borders volunteer Dr. David Kuwayama told Colorado Matters on a recent tour. A vascular surgeon at the University of Colorado, he most recently performed surgeries in South Sudan.

Women who have undergone a mastectomy for breast cancer have more options today than ever before to replace their breast tissue.

Lenora Cater of Colorado Springs had a mastectomy 11 years ago, followed by radiation and chemotherapy to eradicate any remaining cancer cells and to decrease her risk of recurrence. At the time, she was told that breast reconstruction wasn’t an option because of her radiated skin, so she got an external prosthesis.

Recently, she learned that she could be a candidate for breast reconstruction during an evaluation for lymphedema. The DIEP-flap procedure, which uses the patient’s own tissue from the abdomen to reconstruct the breast by replacing the radiated tissue could be used restore her breasts. Compared to previously available surgeries, this procedure spares muscle and maintains function. It is considered the procedure of choice for patients who have undergone radiation after mastectomy.
## UPCOMING EVENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Speaker(s)</th>
<th>Institution(s)</th>
<th>Time</th>
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<tbody>
<tr>
<td>November 6, 2017</td>
<td>John R. Lily Lectureship</td>
<td>Eric D. Skarsgard, MD, MSc</td>
<td>British Columbia Children’s Hospital</td>
<td>6:30 am - 8:00 am</td>
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<td>November 9, 2017</td>
<td>Grand Rounds</td>
<td>Franklin Wright, MD</td>
<td>UCHealth</td>
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<td>November 13, 2017</td>
<td>Management of Head &amp; Neck Melanoma</td>
<td>Nicole Kounalakis, MD</td>
<td>UCHealth</td>
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<td>November 20, 2017</td>
<td>Vascular III</td>
<td>Mark Nehler, MD</td>
<td>UCHealth</td>
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<td>Professor, Vascular Surgery</td>
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<td>November 27, 2017</td>
<td>Grand Rounds</td>
<td>Update in Pediatric Trauma</td>
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<td>December 4, 2017</td>
<td>Grand Rounds</td>
<td>Antimicrobial Stewardship and Sepsis Screening: What Surgeons Need to Know</td>
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<td>Lisa Ferrigno, MD</td>
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<td>Trevor Nydum, MD</td>
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<td>Assistant Prof., Transplant</td>
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<td>Update on Thyroid Cancer</td>
<td>Christopher Raeburn, MD</td>
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<td>December 11, 2017</td>
<td>Translating Cancer Biology into Cancer Therapies</td>
<td>Dan Theodorescu, MD</td>
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<td>December 15, 2017</td>
<td>Grand Rounds</td>
<td>Survival After ED Thoracotomy in Children</td>
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<td>Advanced Imaging, What You Can’t See Will Hurt Your Patients</td>
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<td>Omid Jazaeri, MD</td>
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<td>Surgical Assets in Modern Warfare</td>
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<td>Expirative Therapies for Hepatic Lesions</td>
<td>Carlton Barnett, MD</td>
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<td>Role of Shared Decision Making in Children</td>
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<td>Vijaya Vemulakonda, MD</td>
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<td>Maria Albija-Cruz, MD</td>
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<td>Massachusetts General</td>
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<td>February 19, 2018</td>
<td>No Conferences</td>
<td>President’s Day</td>
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