CAP SCAN

A CAPITAL MEDICAL SOCIETY PUBLICATION

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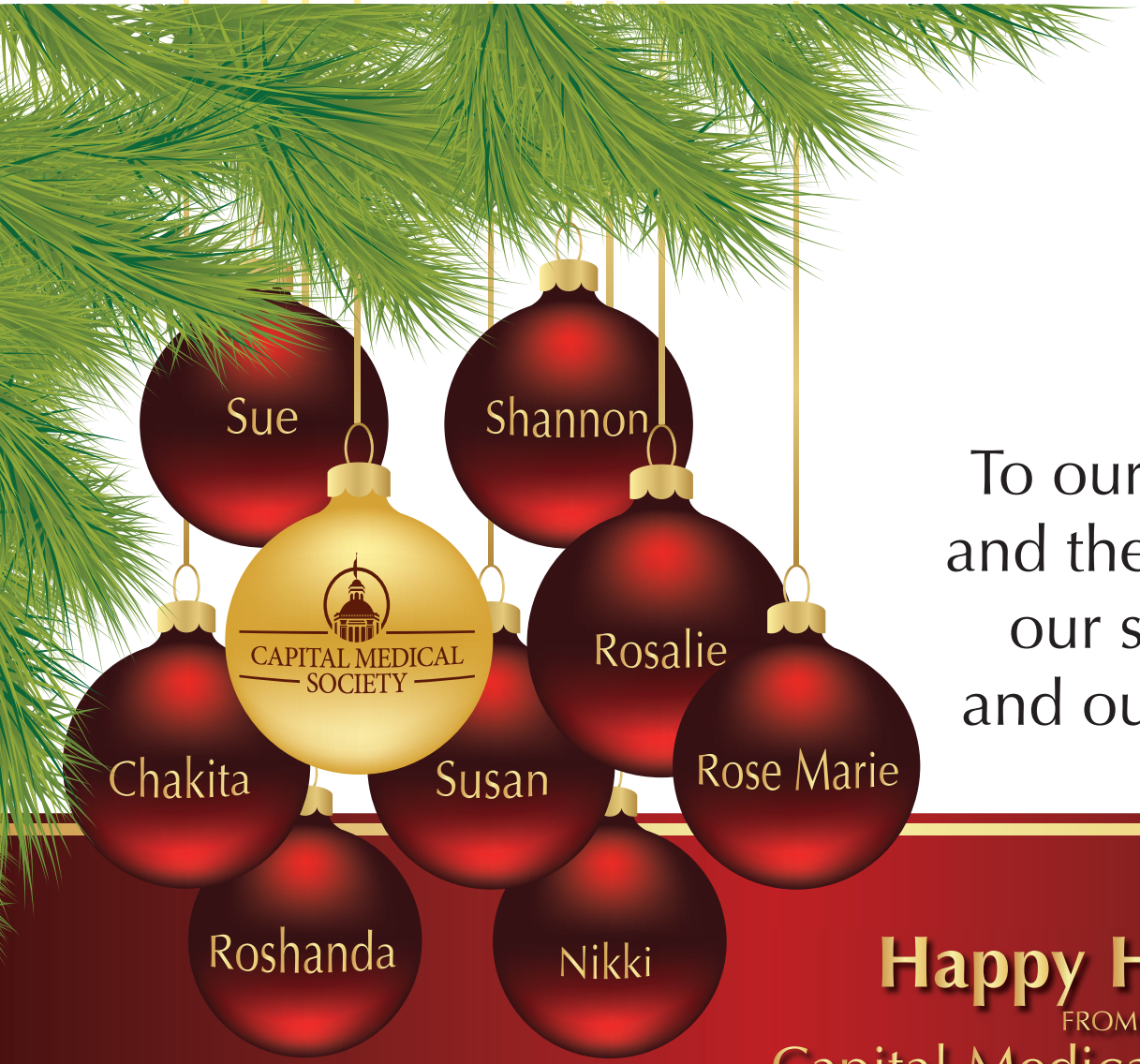

To our members
and their families,
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Happy Holidays
FROM THE
Capital Medical Society Staff

CAPITAL MEDICAL SOCIETY 2014 MEETINGS CALENDAR

JAN. 23, 2014 @ 6:00 PM
INSTALLATION OF NEW CMS PRESIDENT, DR. ALFREDO PAREDES
Location: TBA

MAR. 27, 2014 @ 6:30 PM
CELEBRATION AWARDS DINNER
Location: Florida State University Center Club

APRIL 15, 2014 @ 6:00 PM
CMS MEMBERSHIP & CME MEETING
Location: Maguire Center for Lifelong Learning at Westminster Oaks

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ARE YOU INTERESTED IN WRITING AN ARTICLE FOR CAP SCAN?

Please contact Dr. Charles Moore at cmoore5186@aol.com and Shannon Boyle at sboyle@capmed.org. All articles submitted will be reviewed by your peers prior to publishing.

IN THIS ISSUE:

HAPPY BIRTHDAY!

{DECEMBER BIRTHDAYS}

BOBBY ABRAHAM, M.D. – 29TH
NIGHAT AHMED, M.D. – 11TH
JONATHAN APPELBAUM, M.D. – 8TH
C. WILLIAM APPLEGATE, M.D. – 5TH
EFREN BALTAZAR, M.D. – 28TH
JOHN BARTHELMESS, M.D. – 21ST
TIM BROESEKER, M.D. – 31ST
BAXTER BYERLY, M.D. – 26TH
KENDALL CAMPBELL, M.D. – 9TH
GARRETT CHUMNEY, M.D. – 9TH
ARTHUR CLEMENTS, M.D. – 20TH
ELIZABETH CURCI, M.D. – 9TH
STEPHEN DUNCAN, M.D. – 1ST
RAUL FERNANDEZ, M.D. – 4TH
R. SCOTT HANSON, M.D. – 30TH
MICHELE HOGGATT, M.D. – 16TH
IMAN IMANIRAD, M.D. – 31ST
DAVID JONES, M.D. – 21ST
ARJUN KAJI, M.D. – 8TH
JULIE KELCH, M.D. – 14TH
CHARLES KENT, M.D. – 11TH
THOMAS LAWRENCE, M.D. – 11TH
MATTHEW LEE, M.D. – 31ST
WILLIAM LINDSEY, M.D. – 11TH
ISAAC MOORE, M.D. – 25TH
PRAFUL PATEL, M.D. – 17TH
MILAGROS PESCADOR, M.D. – 15TH
CRISTINA RODRIGUEZ, M.D. – 18TH
TERRY SHERRADEN, M.D. – 1ST
WILLIAM SHIPMAN, M.D. – 4TH
LARRY TAYLOR, M.D. – 9TH
CYNTHIA TIE, M.D. – 20TH
GREGORY TODD, M.D. – 31ST
ROBERT WATSON, M.D. – 28TH
DOROTHY WHITE, M.D. – 3RD
DALE WICKSTRUM, M.D. – 23RD
GARY WINCHESTER, M.D. – 15TH

HAPPY BIRTHDAY! WE ARE SO GLAD YOU WERE BORN!

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NEW MEMBERS:

Acquinonette Bryant, M.D.
Medical School: University of Florida (2001)
Internship/Residency: Duke University
Specialty: OBGYN
Practice: Jasmine Women's Center - Obstetrics & Gynecology, 1983 Centre Pointe Blvd., Suite 104

JOSEPH DORN, M.D.
Medical School: Medical University of South Carolina (1985)
Internship: St. Vincent's Family Practice, Jacksonville
Residency: University of South Carolina College of Preventative Medicine
Specialty: Hospice/Family Medicine
Practice: Big Bend Hospice, 1723 Mahan Center Blvd.

POOJA PATEL, M.D.
Medical School: University of Baroda, Baroda, Gujarat, India (2002)
Internship: University of Baroda, Baroda, Gujarat, India
Residency: University of Texas, Houston
Fellowship: University of Texas, Houston
Specialty: Rheumatology
Practice: Tallahassee Primary Care Associates, 1803 Miccosukee Commons Drive

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St. George's University School of Medicine

Nathan Blake, M.D.
Morehouse School of Medicine

Philip Denoux, M.D.
Ross University School of Medicine

Matthew DeNunzio, M.D.
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Austin Henkel, M.D.
FSU College of Medicine

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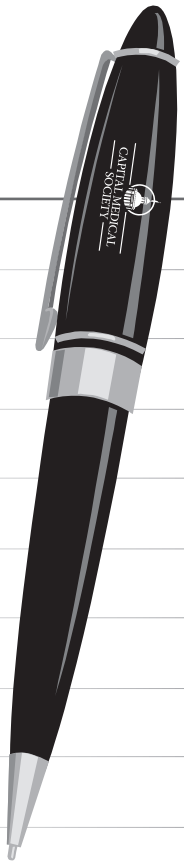

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- ☐ **CME Programs** – CMS co-sponsors a variety of meetings throughout the year, including all CME programs required for licensure.
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- ☐ **Cap Scan** – An award-winning, monthly newsletter includes information you need to know about issues affecting your practice. Members are welcome to submit articles.
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- ☐ **Pagers** – Monthly discounts on pagers, voicemail and airtime, plus personalized services for sales and repairs.
- ☐ **Mailings** – Mailing lists and labels are available to members only.
- ☐ **CMS Website** – Contains information about current and future CMS events, Find a Doctor for public use, News, and a "Members Only" section with proprietary information, such as a complete NPI Database of members. www.capmed.org
- ☐ **CapMed Today** – An electronic news bulletin providing breaking news and community events of interest.
- ☐ **2014 Membership Directory** – Contains useful information about our members including physician member' names, specialties, practice addresses, phone numbers, fax numbers, website addresses, medical schools, and a current photograph, whenever possible.

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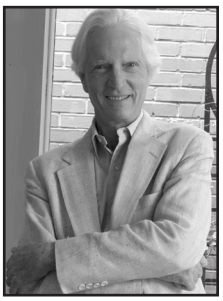
NOT A CHRISTMAS CAROL

By Charles Moore, M.D.



Let me emphasize again: this is NOT a Christmas Carol. It has no ghosts. It has no "barrels of oysters." There is no "prize goose." No Tiny Tim, God blessing us everyone! No spirits of Christmas past, present, or yet to come. There is no redemption for any miser.

On the other hand, it may have something of salvation. Let that be quite enough. It is no easy challenge, after all, to save ourselves, not only sometimes from our very own self, but also from all those other selves who pluck at us and, indeed, the whole struggling planet. Sometimes the only recourse is to pick your preference of a Deity and pray.

Christmas, aside from the above disclaimer, has much to do with both Redemption and Salvation, if you have the energy to scratch a bit more deeply beneath the surface of all the season's "getting and spending." I think of Wordsworth's sonnet: "… getting and spending we lay waste our powers, nothing in the world can we call as ours…", and feel, for a second or two, rather guilty. It's exactly what I do every Christmas.

My solace is that all the "getting and spending" is for the sake of giving. And, please, allow the giving to stand for another means, another search to find the means to say "I love you." So there, my dearios, when you find a nice garnet and gold Jaguar convertible in your stocking be gracious, smile, and give someone a kiss. They love you, or are trying very hard to. And be glad you have a stocking. There are a lot of people who don't.

That so many "don't," is one of the troubles of Christmas. You and I, we happy few who write and read this, are blessed in our privileges. Sure, as physicians we have worked hard to earn what we have. So let us, by all means at this jolly season, thank our above mentioned Deity as fully as we can contrive. Let us rejoice, hark to our herald angels, and with Handel cry "Hallelujah!" Embrace the joy of the season. Once more, under the tree, I will like seeing all the presents. I will like being in charge of all the tissue paper and wrappings, ribbons and bows. I will love seeing that they get tucked away quickly enough into a great big brown plastic yard bag lest no further present of some humble stature get buried beneath the debris, to be left lonely and forgotten amidst the festivity of paper and ribbons.

Yet how can you deny those moments of thoughtfulness inevitably surfacing when you remember those who have so little beneath their tree, or no tree at all, and not even a stocking for their actual feet. You have to be careful at Christmas-time not to burst into tears.

Yes, we are the lucky ones. We have a profession we can be proud to be a part of. We have work that we can, in fact, actually do. Most of us have families. All of us have a roof over our head that scarcely ever leaks, and if it does we have plenty of pans to catch the drips. Who among us does not have an automobile, air-conditioned, and with a stereo system that surrounds us with mellifluous sound. Few if any of us need redemption like old Scrooge.

If this merry season of the year intensifies our emotions as we respond to the world and those around us, that fact need not isolate the rest of the year. Miracles can happen anytime, and Christmas in any month. As physicians, we are uniquely in a position to be aware of that fact, and even better to aid and abet its happening. There is always someone's stocking to be filled, and with even more than a mere Jaguar convertible.

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"NOT A CHRISTMAS CAROL" CONTINUED FROM PAGE 7

It was in some month of some year, 2006 I think, that I met a little girl, or rather heard of her. She was four, and she was an orphan. When it comes down to it, all is coincidence and serendipity. Yes, it had been at Christmastime that I had been invited by a friend to attend his Rotary Club celebration. At that event I happened to meet a Mrs. Dove. Naturally I asked her what she was up to. She replied that she was up to gathering some bits of hospital equipment for a children's hospital in Simferopol, Crimea. My concept of Crimea went no further than the photo of Roosevelt (looking ill with a cape over his shoulders), Stalin (looking so disarmingly avuncular) and Churchill (looking like a determined bull dog), and of course the "Charge of the Light Brigade."

She elaborated on how, in 1992, as part of a team of lawyers, she had gone to Simferopol, the provincial capital of the Crimea, to participate in negotiations respecting our utilization of satellite tracking systems that the Soviets, before the Ukraine had won its independence, had established on the high Crimean plateau. "How interesting," I said.

"And by the way," she responded, "being a Doctor do you know of anyone who might be willing to fly over to Simferopol and fix a little girl with an exstrophy of the bladder?" I thought quickly: there was Camps, and maybe Miles, Sawyer and Sellinger. Maybe Sellinger. After all, he is superb at our Christmas auction, so he ought to be able to fix an exstrophied bladder.

So I called Dr. Sellinger. He had no idea about fixing such a matter, or at least himself entertaining the doing of it. A long pause on the phone. "Hey, why don't you call Michael Erhard, the pediatric urologist over at Nemours in Jacksonville. No one does that sort of thing around here."

CONTINUED ON NEXT PAGE

So I did. As a matter of fact I drove over to Jacksonville and more or less accosted Dr. Erhard between cases. "Hey," I said, "would you mind going to the Crimea and fixing a little girl with an exstrophy of the bladder."

He looked down upon me from his very commanding height, and said with a commanding compassion "where the Hell is it?" I replied it was that "hangey-down-into-the-Black-Sea-part of what is now the Ukraine. You know, 'Yalta' and all that."

He digested this fact for a few seconds, and then replied, almost as though I had asked him to go across the street for a hamburger, "sure. I'll have to bring my scrub nurse and Kevin Neal, my sidekick orthopod."

And so, a few months later, there we were. And there was Yana, an orphan, a sweet little four year old orphan, the least sparrow on the list of the Ukrainian medical priority pecking order, who had been lying in her bed in the Republic Children's hospital for her entire life, ever since she had been left at the hospital doors as a baby, abandoned.

How long a tale I could make of such a short story.

So let it suffice that the operation, and a very complex one it was, went well. Suffice it that Yana within the year following was adopted by a family who lives just outside of Tallahassee. Suffice that she has enjoyed a careful follow-up with Dr. Erhard at Nemours. Suffice it that she wears cowboy boots, and is something of a charming little "Redneck" instead of a "Red." Suffice it that, running and playing, and at the top of her class in school, she almost never mentions the former constraints of her hopeless life. Except just recently, when unbeknownst to her, her Mother overhead her talking to the little puppy that the family had adopted from a shelter. Here, pretty much, is what she heard her say:

CONTINUED ON PAGE 10

"NOT A CHRISTMAS CAROL" CONTINUED FROM PAGE 9

"Gypsy, I know you must be sad to have no family. It's hard to be abandoned. I know because before my mother and grandmother came to Ukraine to find me, I was abandoned. I lived in a hospital with no mother or father, just like you lived in a pet shelter. You don't have to worry anymore because we found you now. Sweet little Gypsy, we are so glad to have you. I know how lonely you have been. I was once an orphan, too. But now you have a family, and are safe. We are going to take such good care of you, and you will have a wonderful home, like I have, but never thought I would when I was little just like you. We are both so lucky!"

Aren't we all.

And what month does Christmas not know! CMS

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DURING THE MONTH OF OCTOBER, THE WE CARE NETWORK:

Received 46 referrals for new patients	Scheduled 183 appointments with volunteer physicians and dentists	$246,970 in donated care was reported by We Care volunteers

ADVANCEMENTS IN THE TREATMENT OF INTRACRANIAL ANEURYSMS

By T. Adam Oliver, M.D.

In September of this year, the Neurovascular Suite at Tallahassee Memorial Hospital celebrated its first anniversary. One hundred and sixty-seven cases were performed in the first year on our Siemens biplane fluoroscopy table. The room allows us the ability to define and treat the patient's anatomy clearly in AP and Lateral views simultaneously. This represents a significant, but worthwhile, investment by TMH. These cases include diagnostic cerebral angiograms, aneurysm coilings, mechanical thrombectomy for stroke, arteriovenous malformation embolization, and carotid stents. The disease processes we have treated are complex and require sophisticated technology. The evolution of this treatment is important to review in order to understand why TMH has made such a big investment.

In 1990, an Italian neurosurgeon named Guido Gugleimi, who was researching intracranial aneurysms, failed to demonstrate electrocautery as an option for cure. His technique involved placing small coils into the aneurysm and running a current through the wire, hoping that the aneurysm would be cauterized. This did not work. What he did find is that if the metal was left behind, a number of the aneurysms would thrombose. The Gugleimi Detachable Coil (GDC) is a platinum/tungsten alloy coil that is attached to a guide, or push, wire. A detachment system allows for this to disconnect the coil from the wire once the aneurysm is in place.

Following the development of the GDC, vascular neurosurgery has changed dramatically, as have the practitioners, their training, and their facilities. Gradual improvements in surgical and anesthetic techniques, as well as anatomic understanding and neurocritical care have improved surgical outcomes for intracranial aneurysms.

The first aneurysm to be treated directly was a clip ligation by Dr. Walter Dandy at The Johns Hopkins University in 1937. Using a silver clip, without the benefit of an angiogram, operating microscope, antibiotics, or modern anesthesia, Dandy occluded a ruptured right posterior communicating artery aneurysm. The patient went on to survive for years to come.

To call Dandy a talented surgeon is modest. His moxie aside, Dandy's training alone represented a new paradigm. Dandy was the first physician to be trained as a neurosurgeon, rather than a general surgeon who took on neurological cases. Dandy's training represented an accumulation of surgical expertise that had previously not been available. His lineage was from William Halstead, the father of modern surgery and Harvey Cushing, the father of neurosurgery. Following a falling out between Cushing and Dandy, Dandy inherited the neurosurgical chair at Johns Hopkins and never left. Dandy had invented pneumoecephalography, but a different neurosurgeon would provide a significant tool around the same time.

Egaz Munoz was a Portuguese neurosurgeon who was already famous for the invention of the frontal leucotomy. In 1938, his more pertinent invention was an adaptation of a technique that had been around for several years. Dr. Munoz introduced cerebral angiography. This tool allowed for the evaluation of the blood vessels without opening the patient's head.

CONTINUED ON PAGE 14

"INTRACRANIAL ANEURYSMS" CONTINUED FROM PAGE 13

It was not until the 1960s that the use of the operating microscope, by a Turkish neurosurgeon named Gazi Yasargil, would allow careful microsurgery. Yasargil's understanding of anatomy and surgical acumen would stretch the capabilities of all neurosurgeons far beyond what had previously demonstrated. His techniques and knowledge remain touchstones in neurosurgery to this day and form the backbone of microsurgery.

Why has endovascular neurosurgery taken off? Most patients and many physicians believe that a minimally invasive approach is a safe and uncomplicated approach. This belief is myopic. Any intracranial procedures still carry risk of stroke, death, and hemorrhage whether the scar is on the head or the groin. Several studies, however, supported the use of endovascular therapies versus open surgery in certain patients.

The International Subarachnoid Aneurysm Trial (ISAT) parts I and II was a study undertaken in Britain, Canada, Europe and Australia between 1994 and 2005 that demonstrated a lower morbidity and mortality associated with coiling versus clipping. This data was met with skepticism and qualifications by many neurosurgeons who felt that open surgery still had a role to treat aneurysms. They pointed out that the data appeared skewed based on the classification of aneurysms in the study and noted that the durability of open surgery was superior to endovascular therapy. The Barrow Ruptured Aneurysm Trial, however, from Phoenix, AZ was published

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in 2012. This study demonstrated similar results to the ISAT trial. There was criticism for crossover in intention to treat.

The results of these trials are frequently quoted to demonstrate a superiority of one technique over another, and often blindly. There are strengths and weaknesses inherent in any technique. Understanding those limitations and adapting for them is an important skill for any clinician. There are some aneurysms and patients that are obviously better treated with one technique or another. Many, however, are not so clear. Neurosurgeons who are trained to perform both open and endovascular techniques provide the broadest opinion and skill set available to appropriately treat aneurysms and support these patients through neurocritical care.

General anesthesia, antibiotics, cerebral angiography, operating microscopes, dedicated micro instruments, neuro-nursing, bipolar cautery, titanium clips and endovascular neurosurgical techniques have all evolved since the first intracranial aneurysm was clipped. Recently, a new step has been taken in neurosurgical training. The neurosurgical residency review committee made endovascular training mandatory in 2013. Prior to this, the committee had already penalized programs for failing to provide dedicated endovascular training. The growth of neurosurgeons who can perform open and endovascular procedures represents a new shift in the evolution of vascular neurosurgery.

During residency, I found the treatment of patients with aneurysmal subarachnoid hemorrhage very rewarding. The microsurgery to reconstruct a blood vessel with clip ligation was challenging and fascinating. While our patients' convalescence is prolonged and often incomplete, they and their families are appreciative. When discussing the treatment options to clip or coil (open or endovascular surgery) during residency, heated debates often erupted and I realized that the role of endovascular surgery would only increase.

Around that time, the Board of Directors at TMH had the vision to provide cerebrovascular services in North Florida. I was given the opportunity to join Dr. Chris Rumana and Dr. Albert Lee at a practice that already had a reputation for excellence. At that time, all cerebrovascular disease patients had to leave Tallahassee for endovascular consideration. In 2012, Tallahassee was fortunate to have Dr. Matthew Lawson join the Tallahassee Neurological Clinic. Originally from South Florida, Dr. Lawson finished his neurosurgical residency and endovascular/open vascular fellowship at the University of Florida. In the same year, I finished my neurosurgery residency at the University of Tennessee in Memphis and moved to Trenton, New Jersey to complete my own fellowship at Capital Health Hospital. In that year, Dr. Lawson worked immensely hard to establish the Neurovascular Suite at TMH. Our coordination with TMH represents a unique arrangement.

In many centers throughout the world, the ability to treat aneurysms is a collaboration between a neurosurgeon who can perform open procedures and a trained neuroradiologist who can provide endovascular therapies. To have two dual-trained neurosurgeons as the exclusive practitioners to coordinate and care for cerebrovascular surgery patients is enviable. For TMH, these services represent an explosive growth opportunity to become the regional center for comprehensive cerebrovascular care. As TMH pushes to become a comprehensive stroke center, the ability to provide endovascular and open vascular neurosurgery is imperative. Our patients are predominantly from Tallahassee, but we have treated patients from as far away as North Alabama. We are proud of our team and the opportunity to be the cerebrovascular center for the Florida Panhandle, South Georgia and South Alabama. Our goal is to provide superior care for all patients that come to us. CMS

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