**General Surgery**

**Introduction**

In the past year there have been several changes in personnel in the Section after serving as section chief for a little more than a year. Dr. John Bukrinsky left to take an endowed professorship in Michigan. Richard Barth, MD accepted Dr. Dov's invitation to become the head of the next Section. Sam Fainlayson, MD, whose clinical activities in advanced laparoscopic surgery were at the WQ VA hospital, moved to the Division of Minimally Invasive Surgery Burnett Eisenberg, MD formerly Chief of Surgical Oncology at the Fox Chase Cancer Center, was recruited to the Division of Surgical Oncology. He brings to the Section a national reputation for excellence in the care of patients with sarcoma. Dr. Eisenberg will also serve as Deputy Director of the Norris Cotton Cancer Center.

**Patient Care**

Patient care remains organized under the Division of Trauma and Acute Surgical Illness, led by John Sutton, MD, the Division of Minimally Invasive Surgery, directed by William Laycock, MD, and the Division of Surgical Oncology, directed by Richard Barth, MD. During this past year, through the efforts of Paul Kispert, MD, the Division of Trauma has made significant progress in enhancing coding accuracy. Both William Laycock and Ted Truss, MD continue to expand a well established minimally invasive Bariatric Surgery program. Quality improvement initiatives in Surgical Oncology have documented that patients newly diagnosed with cancer have prompt access to care.

Although there was no net increase in personnel, during FY 2003, the Section substantially increased its clinical productivity compared to FY 2002. Changes and revenues increased 10%, outpatient visits (12,425) increased 9%, hospitalized patient days (10,163) increased 6% and OR cases (2,732) also increased by 4%. Outpatient satisfaction remains very high, with 79% of patients reporting that their provider's clinical skills and personal manner were "excellent".

**Education**

The Training Program in General Surgery, under the leadership of Richard Dow, MD, FACS, continues to be fully accredited by the ACGME and the Resident Review Committee for General Surgery. At the time of our routine RRC review in 2001, we requested permission to increase the size of our program to graduate 4 residents per year. Our proposal was approved by the growth in our operative case volumes in all the defined categories, the increase in trauma cases, and the opportunity to develop additional rotations to add to the breadth of our training programs. In April 2001, the RRC reaccredited our program with a commendation and approved our request for expansion. Over the past two years, we have recruited PGY 1's to 4 categorical positions and will graduate our first class of 4 in 2005.

In addition to their clinical training, our residents continue to produce exciting new knowledge during their research years. This year, in conjunction with the Center for the Evaluative Clinical Sciences here at Dartmouth, we began a program in outcomes research and leadership training which will allow interested residents to earn a Masters of Public Health degree and eligibility for Board Certification in Preventive Medicine along with their clinical and research training.

Upon graduation, many of our residents go on to fellowship training in a wide variety of disciplines. Each of our three graduates last year was selected for fellowship training—two in surgical oncology, and one in plastic surgery. Again this year, each of our graduates has matched into distinguished fellowships—in thoracic surgery, surgical oncology, and vascular surgery.

Two of the General Surgery Faculty have been selected to receive awards for excellence in teaching. Thomas Colacino, MD, was chosen by the surgery residents to receive the Arthur Naitee Distinguished Teaching Award. Ken Bunchard, MD was awarded the Clinical Science teaching award by DMS students, and was also honored by the Association for Surgical Education with their "Outstanding Teacher" award.

**Bibliography**

Research

It has been a prolific year for publications. In 2003 members of the Section authored 20 journal articles in peer-reviewed publications. Particularly noteworthy are Dr. Birkmeyer's articles on surgery volume and outcomes in the NEJM and regionalization of care in JAMA. Research done by Section members was presented at multiple national and international meetings, including nadvantageous trials of pancreatic cancer at the American Society of Clinical Oncology, sarcoma treatment at the American Association of Cancer Research, and volume outcome relationships at the Society for Gastrointestinal Surgery.

Plastic Surgery

E. Dake Collins, MD

Books

Ann-Christine Duboisin, MD

Brief Ogogns

Journals

Abstracts

Several members of the Section held NIH grants during 2003. Richard Barth, MD was supported by 2 NIH grants, one involving molecular mechanisms of cell acti- vation and the other providing support for a translational clinical trial of a tumor lysis pulsed dendritic cell vaccine in patients with metastatic colorectal cancer. John Birkmeyer, MD was funded to study variations in care responsible for volume outcome measurements. Sam Fulpayson’s, MD, NIH and VA grant support has enabled him to design trials to evaluate medical vs minimally inva- sive surgical treatment of esophageal reflux disease. Burt Eisenberg’s, MD grant has allowed him to evaluate Glivecued different gene expression in gastroneu- tral stromal tumor patients.