Celebrating 110 Years – Looking Back, Moving Forward

The Department of Surgery celebrates this year its 110th anniversary. Originally, it was thought that the department would be celebrating its 100th anniversary, but research quickly revealed that the exact year of its founding was difficult to nail down. Guided by faculty in the History of Medicine program, doctoral student David Korostyshevsky was commissioned to research and write up the highlights of the past 110 years. As most researchers know, sometimes the findings are not always cut-and-dried. As was the case with David’s quest to determine the official year of the founding of the department.

“The founding of the Department of Surgery was in itself a historical process. It is difficult to pinpoint a specific date when the department came into official existence. By 1900, the surgeons on the faculty were operating as a distinct unit within the College of Medicine and Surgery. In 1905, the college considered reorganizing itself into departments, including a Department of Surgery, but a faculty vote postponed any further action. When Frank Wesbrook became dean in 1906, he immediately revived the issue of reorganization, appointing a committee to formulate a plan. As this marks the first documented evidence of a Department of Surgery, we consider 1906 to be the department’s founding date,” writes David Korostyshevsky.

New Faculty and Promotions

Department of Surgery Welcomes ANTHONY “TONY” AZAKIE, MD – Endowed Professor and Chief of the Division of Pediatric Heart Surgery

Working with the Pediatric Heart Center and Adult Congenital Heart team, Dr. Azakie will help us expand services to include surgery for cardiac lesions affecting neonates, children, and adults. He and his colleagues will focus on complete neonatal care, repair of complex congenital heart defects, and off-pump and minimally invasive treatment of congenital heart disease.
Meeting with former and current faculty members and staff, Korostyshevsky heard their stories—about what it was like to be a resident in the Wangensteen era, about patients who took a leap of faith to be part of history, about how surgical research conducted at the University translated into modern medicine. He also combed archives, tapping both primary and secondary sources to reveal a rich and multilayered history that needs to be shared.

Over the course of the year we will be sharing this history in many ways. A timeline of key historic developments is already available on the Department of Surgery website: we encourage you to explore and see the milestones and photos, all illustrating a legacy of excellence in surgical practice, innovation and training. In anticipation of the official 110th Anniversary celebration on September 23, 2016, we are also hard at work on 2 additional projects: a commemorative book and a short documentary film. For a quick preview, read about how the past has truly shaped our present under “Moments in Time—110 Years”. And of course mark your calendars and plan to join us to celebrate the past and look toward the future on September 23, 2016.

Moments in Time – 110 Years

The names are familiar—Wangensteen, Lewis, Varco, Lillehei, Bakken, to cite just a few. These pioneers pushed the boundaries by developing new lifesaving surgical options for patients with complex medical conditions, patients generally considered too sick to cure. Other pioneers with names not so familiar helped pave the way with dedication, courage and perseverance the foundation for medical breakthroughs that did not occur by happenstance. Here are just a few:

In 1882, Frederick Dunsmoor successfully removed an ovarian tumor under antiseptic conditions using carbolic acid at the Minnesota College Hospital. Paving the way for James Moore eight years later to adopt aseptic technique, the philosophy of surgery still employed today.

James Henry Dunn was the first “Chief of the Didactic Surgical Department,” indicating an early commitment to education and training. The integration of bacteriology, pathology, and laboratory practices with medical education led Abraham Flexner, an influential medical reformer, to give the Medical School a very favorable appraisal in his famous 1910 report on the state of medical education in the United States. He ranked Minnesota in the top 16 medical schools in the nation, a list that included Johns Hopkins and Harvard. In contrast to so many other schools he inspected, the laboratory facilities at the University of Minnesota were “[e]xcellent, exceedingly attractive, and well organized.”

Leadership in the training of colon and rectal surgeons dates back to 1917, when Walter A. Fansler established a proctology section within the Department of Surgery. This was a time when most physicians were not adequately trained in the treatment of hemorrhoids, fissures, abscesses, and fistulas due to a lack of specialized training programs. In the early 1930s, Fansler stimulated a national conversation about the need to improve proctologic training that resulted in the incorporation of the American Board of Proctology in 1935. William C. Bernstein succeeded Fansler as the director of the Division of Proctology and oversaw its transformation into what is now the Division of Colon and Rectal Surgery.
In addition to mechanical circulatory support and heart transplants for pediatric patients, Dr. Azakie will bring innovative approaches to neonatal heart problems including pulmonary venous diseases, ventricular rehabilitation for borderline ventricles, valve repair, and management of complex single ventricles.

Dr. Azakie comes to us from Methodist Children’s Hospital in San Antonio, Texas. Previously, he spent 10 years at the University of California, San Francisco (UCSF) as professor and chief of the Division of Pediatric Cardiac Surgery. A native of Canada, Dr. Azakie is a graduate of McGill University in Montreal, where he received his undergraduate and medical degrees. He completed his general surgery education at UCSF and his adult and congenital cardiothoracic surgery training at the Hospital for Sick Children in Toronto.

**Department of Surgery Welcomes Cardiothoracic Surgeon – STEPHEN HUDLESTON, MD**

A 2009 graduate of the University of Minnesota general surgery program, Dr. Huddleston returns to the Department of Surgery as an Assistant Professor in the Division of Cardiothoracic Surgery. After completing a fellowship in Thoracic Surgery (2009-2012) at Johns Hopkins Hospital, Dr. Huddleston joined St. Luke’s Cardiothoracic Surgery Associates in Duluth, MN as a cardiothoracic surgeon (2012-2015).

Dr. Huddleston received his PhD in surgery from the University of Minnesota, his medical degree from Columbia University, and his BA in biochemistry (with highest distinction) from the University of Kansas, Lawrence, KS.

**Department of Surgery Welcomes Cardiothoracic Surgeon, ROCBUS VOELLER, MD**

After receiving his Doctor of Medicine degree from the University of Minnesota Medical School, Dr. Voeller completed his general surgery residency and a cardiothoracic surgery fellowship at Washington University School of Medicine, Barnes-Jewish Hospital in Saint Louis, MO. Since 2012, he has been on staff at Regions Hospital, St. Paul, MN as a Cardiovascular and Thoracic Surgeon.

In his role as Director of Cardiothoracic Surgery at Fairview Southdale Hospital, he will conduct clinical effectiveness studies, working to ensure the safety and quality of cardiothoracic surgery as well as enhance the patient experience, while also controlling the cost of care by minimizing unneeded variation and improving efficiency.
Improved workflow efficiency and an optimal patient care experience are the goals of the just opened $165 million University of Minnesota Health Clinics and Surgery Center. The facility houses 37 clinical specialties and includes 10 outpatient operating rooms. The five-story, 342,000-square-foot ambulatory care center will accommodate twice as many patients, fewer less exam rooms.

- Inspired by Apple stores and other retail outlet designs, the Clinics and Surgery Center features no formal check-in or check-out areas. Instead, patients are greeted by a staff member with a mobile device who helps to check in, fill out health forms and find their exam room and schedule future visits.

- Similar to checking in for an airline flight, patients can check-in for their appointment from home, eliminating the need for a formal check-in process on arrival.

- There are no dedicated private office spaces. Instead, the new facility features touchdown spaces and enclosed offices – which can be reserved for periods of time, but are not designated for one individual or specialty.

“Our team saw the creation of the Clinics and Surgery Center as an opportunity to move away from dated historical precedents and truly rethink how we deliver care to our patients and community,” says Mary Johnson, chief operating officer, University of Minnesota Physicians.