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THE NEWSLETTER OF THE UNITED STATES SECTION OF THE
INTERNATIONAL COLLEGE OF SURGEONS

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From the PRESIDENT'S DESK

Dinesh Ranjan, MD, FICS

It is my pleasure as the 2011 President of the United States Section of ICS to communicate to you recent events and activities of your Section. While some of you may have already read parts of this message via email or on our website, FICS Online, many still have not provided Headquarters with email addresses. Even though we must acknowledge that there is still a need for written communication delivered via the US postal service, times are changing and electronic messages will be ever increasing. Please provide your email address to Headquarters at your earliest convenience so that you may keep abreast of everything that is happening at ICS. You may do this via phone, fax, email or when you pay your annual dues on the form provided.

Matters arose during the ICS World Congress in Manila last November that necessitated plans for a meeting of the full Executive Council at our Chicago headquarters on January 22nd. The Council addressed concerns related to the Section's relationship with the ICS World Body as well as, the routine business of the Section.

Items that were addressed by the Council included; International Surgery (our official journal), the International Museum of Surgical Science, national section representation within the International Board of Governors and, the annual dues structure. Many ICS members here in the States are not aware of the internal political activities that occur outside the US Section, but as a member of ICS you are affected. The US Section is fortunate to have one of its members as the World President for the next 2 years, Dr. Said Dae from the Washington, DC area. Dr. Dae was present for a portion of the Executive Council meeting on the 22nd and he assured the US Section Executive Council members that he would do his best to advocate for our Section.

Of primary concern was our journal, International Surgery. This peer-reviewed scientific publication has suffered a decline in stature over the past few years, but during the Congress in Manila the International Executive Council took steps to hopefully reverse this trend. ICS Immediate Past President, Prof. Christopher Chen from Singapore was appointed the new Editor-in-Chief and the Board of Governors was assured that our once well respected journal would regain its stature in the medical community around the world. The US Section Executive Council decided in January to recommend guidelines and benchmarks to the World Body leadership that would hopefully provide for the development of a solid plan of action to revitalize our journal.

One aspect of the "new" journal that is being rebuilt from the ground up is the Editorial Board. While many of the past members of the Board have provided valuable assistance to the journal, change is needed. Dr. Dae indicated that the International Executive Council is seeking volunteers to join the Editorial Board. If you have an interest in being part of the Editorial Board of International Surgery and you believe you have the appropriate qualifications, please submit a letter of interest to

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Mission to Vietnam

**By Ari Halldorsson MD
Professor, and Vice Chair, Program Director, Department of Surgery
Texas Tech University Health Sciences Center**

In October of last year, a group of physicians sponsored by the Vietnam Education Foundation, Vietnam National Obstetric and Gynecology Hospital and the International College of Surgeons US Section, traveled to Vietnam with the main purpose of opening up dialogue and relationship between US and Vietnamese surgeons. The group contained surgeons representing several specialties including Surgical Oncology, Transplantation, Cardiothoracic, Trauma and ICU, Gynecologic Oncology and ENT. This trip was conceived and superbly organized by Dr. Quyen D. Chu who with his wife, Trina managed to establish connections in Vietnam both on a political and medical level that allowed us safe and easy travels and access to high level medical leadership and governmental officials.

The medical group and their fellow travelers convened in Hanoi on or about October 1st. We were lucky to be in Hanoi on the 10th of October, during the 1000 Year Celebration of Hanoi as a city. The colors, amusing music, food and the people, not to mention the fireworks combined to make this one of the greatest celebrations of life and happiness I have ever witnessed. Most striking of all was the openness and genuine friendliness of the people of Hanoi and Vietnam in general. Everywhere we went, we were greeted with open arms and everyone was willing to talk to us, allow us to take pictures and answer our often uninformed questions.

The medical part of the trip began with the 1st International Vietnamese-American Surgical Symposium with this year's theme being Maternal Health and Capacity Building in Hanoi, Vietnam. Program Directors were Thien V. Nguyen, PhD, Gazi Zibari, MD and Quyen Chu, MD. The lectures covered several areas related to women's health including management of the pregnant trauma patient, current perspective on ovarian carcinoma, building transplant programs in developing countries, management of operable breast cancer and management of metastatic breast cancer. The symposium was very well attended and all of the lectures were well received. It was obvious to all of us from the United States that we had filled a significant need in the Vietnamese medical community in their thirst for knowledge and education.

The next few days were spent visiting various hospitals in Hanoi which included the largest women's hospital in Vietnam, the National Obstetric and Gynecology Hospital and a several hundred bed sub-specialty hospital dedicated to endocrine surgery only. The facilities were all run down and despite the enormous size of the hospitals, they were overflowing with patients, often 2 patients in each bed, in large open wards and everywhere you look; in hallways,

stairs and outside in the parking lot were thousands of people waiting to be seen. (Pic 1) The operating rooms often had 3-4 operating tables in each with multiple different surgeries going on at the same time. The postoperative ward was an open area with one nurse overseeing up



Pic 1

to 20 patients with no monitoring despite that patients were often brought out still intubated. The preoperative area was in many instances a single room where 20-30 people were crowded in and often sitting on the floor awaiting to go in to the operating room for their surgeries. Despite that, the care given was compassionate, organized and surprisingly modern. (Pic 2) Our Vietnamese surgical counterparts had excellent surgical skills and in many instances, up to date equipment including laparoscopic and other minimally invasive capabilities. Anesthesia was delivered with competency and efficiency using state of the art equipment and all medications, though often delivered in cardboard boxes, met all needs for pre and postoperative care. Postoperative care on the ward was often delivered more by the families than trained professionals. Their postoperative morbidity and mortality was surprisingly low. This was in part because patient population was overall healthy, lean and for the most part did not suffer from major, chronic diseases.



Pic. 2

Drs. Chu, Zibari and I had the opportunity to meet with the leadership of the Vietnamese National Cancer Institute. A 5,000 bed hospital complex divided into multiple sub-specialty areas, all overflowing with patients. Although they did not have access to some of the latest cancer drugs, their surgical, medical and radiologic treatment was very much up to date. They had one linear accelerator in their radiation treatment division and by running it day and night, were able to keep up with demands. We were again impressed with the surgical skills of our colleagues especially in the area of foregut surgery, where they do more cases than most major cancer institutions in the United States. They had a very interesting discussion on a lack of education and up to date seminars and their frustration with inconsistent flow of supplies and equipment.

The following conclusion can be made from this first exploratory trip to Vietnam:

1. In the larger metropolitan areas, there is a very significant lack of infrastructure, supplies and too few medical professionals to meet needs.
2. Their physicians, although for the most part well-trained and very competent, feel that we could contribute significantly by providing education and up to date knowledge in the form of a symposium, seminars, hands-on training and educational material.
3. The rural areas of Vietnam are very medically underserved and suffer from typical third world diseases and lack of hygiene. That part of Vietnam is very appropriate for conventional medical mission trips with services such as primary care, eyeglasses, dental work, and hygiene education.

In conclusion, this first trip to Vietnam was hugely successful, well organized, safe and extremely informative. We were exposed to a beautiful country with energetic, friendly, and very progressive population that welcomed us with open arms. The medical community was very generous and thankful for our education and suggestions. I feel strongly that we have opened up a door for further relations between Vietnamese surgeons and the International College of Surgeons and future endeavors should concentrate on a combination of educational and medical missions, leaving a footprint of knowledge and lasting health improvements wherever we go.

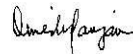
To see more photos from this and other surgical missions abroad, please visit the **ICS-US Section** page on Facebook.

Dr. Said Dae at the Chicago office along with your CV. Communications may be sent to Dr. Dae in care of Mr. Max Downham, ICS International Executive Director, at max@icsglobal.org.

As you may have already heard, our museum; the International Museum of Surgical Science (IMSS), has recently opened a new exhibit titled Our Body: The Universe Within, the renowned exhibition of actual human bodies. Unlike any prior anatomical exhibition, OUR BODY at IMSS will integrate over 200 preserved whole-body and organ specimens with artifacts from the Museum's permanent collection to showcase both the complexity of the human body and the ingenuity of modern and historical medical technologies developed to maintain and restore health. As a Fellow of ICS you should be proud of the accomplishments of our museum and next time you are in Chicago make a point of stopping by to view this exciting exhibition. You can learn more about the museum and OUR BODY by visiting www.imss.org.

Finally, please note that the 2011 Annual Meeting being held in Portland, Oregon is approaching quickly. The First Announcement was mailed recently and is also available on FICS Online with preliminary program information. The Registration brochure with a more detailed agenda will be coming soon. New Fellows who haven't attended the Convocation should try to attend and participate fully in your College's primary educational activity. My goal is to involve more of our younger members in all the activities of the College and infuse new life into our great organization. If you are planning to attend the meeting and would like to serve as a session moderator, please contact our CME Department immediately.

I hope to see you in Portland!



Dinesh Ranjann, MD
President
US Section, ICS

Financial Planning Advice Available to ICS-US Members

Over the years the US Section has worked with Guardian Publishing to provide financial advice articles to members. Additionally, access to financial information is available to ICSUS Fellows through DocWorthy, a new website that provides considerable resources to assist in financial planning and practice management. Visit www.ficsonline.org and click on the DocWorthy link to learn more.

Recently several articles have been posted to FICS Online under the NEWS tab. The following articles are new:

- 1) **Dispelling the #1 Myth of Asset Protection: Why You Can Lose Assets in a Medical Malpractice Lawsuit**
- 2) **Give the Government Their Own Medicine: Make Up for Declining Reimbursements with Financial Efficiency & Tax Savings**
- 3) **Financial Focus for Young Physicians: "First, Build Your Foundation"**

These articles are only available to members of the US Section and you will need to login to gain access. Your ID number will be needed to login to the members only portal and can be found above your name and address on this newsletter.

REMINDER!

The First Announcement of the 73rd Annual Surgical Update was mailed at the end of January to all members. If you haven't received it yet please contact Headquarters, or visit the website at www.ficsonline.org to download a copy.

Noteworthy Congresses

June 8-11, 2011

US Section 73rd Annual Surgical Update

Hilton Portland Hotel
Portland, Oregon, USA

Make reservations **before May 1**,
by calling **1-800-HILTONS** or online at
[HTTP://BIT.LY/ICSUS73RD](http://bit.ly/ICSUS73RD).
Reservations Code is: **ICS**

For additional information regarding meetings, please call (800) 766-FICS, extension 3129 for meetings in North America and extension 3106 for international meetings.
Or visit the website at www.FICSONLINE.org

Dont Forget!

In order to keep you informed of Section news & business. We need your e-mail address. Just send an e-mail to Paul Pancer at ppancer@ficsonline.org today. We'll add you to our database, or call 312.787.6274 ext. 3126.

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