Dear Colleagues,

Welcome to the Holiday edition of the CAGS newsletter. This has indeed been a banner year for CAGS. Past president, Debrah Wirzfeld, spearheaded major initiatives including the Endoscopy Task Force, the Strategic Planning sessions and our membership survey. Her year as presidency culminated in her inspirational presidential address on the topic of Leadership. These initiatives have done much to inform the activities for my presidency. It was clear from the membership survey that advocacy was felt to be a very important activity that CAGS had not been doing a particularly good job of. To address this I have made it my mission to visit each and every province (and hopefully territories too) on the President’s Advocacy and Listening Tour. It is my hope to present at each provincial General Surgery association meeting and during the visit have the opportunity to meet, and accompanied by provincial general surgical leaders, with the Provincial Health Ministers to raise issues of not only of provincial but also national concern.

The themes that have formed the foundation of CAGS’s future initiatives are:

1. Human Resources Planning — It has become increasingly clear that General Surgery lacks any form of coherent plan. We are completely unable to inform trainees of the labour market. To this end Dr Matt Strickland, Surgery Resident, University of Toronto, and members of the Resident committee carried out a survey regarding General Surgery jobs availability. He presented these data at the recent National Workforce Summit in Ottawa to considerable acclaim. Additionally, work is nearly completed on a searchable database of all hospitals in Canada and the General Surgeons who work in them. It is hoped that by widely disseminating the information from these projects that Canadian General Surgery trainees are truly better informed.

2. Your CAGS Endoscopy Task Force has been working hard to bring some order to the Canadian General Surgeon Endoscopy scene. I would encourage you to read the proceedings paper that followed the Endoscopy Task Force meeting held in Toronto, February 2014 (http://www.researchgate.net/publication/275048291_Endoscopy_in_Canada_Proceedings_of_the_National_Roundtable). The issues of access to endo suites, effective resident training, maintenance of practicing General Surgeon endoscopy skills and credentialing through courses and Train-the-Trainer programs are all actively being pursued.

3. By its very nature Canada with its huge distances has a remote and rural access to General Surgery services issue. Once again much activity is on-going to explore how best to deliver these services on a province by province basis. To date I have already had meetings with President Claire Marx and Vice President Steve Cannon of the Royal College of Surgeons of England — areas of commonalities and dissimilarities were discussed. Opportunities for transatlantic fellowships were also discussed. A meeting at the Clinical Congress in Chicago in September with American...
A banner year for CAGS cont’d

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College President Warshaw and Executive Director Dr David Hoyt and colleagues was attended with a strong Canadian contingent of past CAGS Presidents Warnock, Christopher Schlachta, Gerald Fried, President Elect Morad Hameed and BJ Hancock, Section Head of Pediatric General Surgery, Manitoba. After initially querying the purpose of the meeting CAGS has been invited to the American College for a day to a half meeting to discuss areas of mutual interest. The Ontario Association of General Surgeons meeting in Toronto, November 7, was extremely well attended with plenty of support for CAGS’ initiatives. Similarly at the North Pacific Surgical Association in Portland, November 14, with General Surgeons from Alberta, British Columbia, Washington and Oregon attendees, our message was well received.

Ultimately it is my hope to relay the Value Proposition that is General Surgery both to our political leaders and the public.

With an ever aging and increasingly complex disease profile, failure to support the critical and vital role that General Surgery plays in the health care of Canadians would have far reaching consequences.

With the ensuing newsletters I hope to be able to update you on these and other CAGS initiatives.

Best wishes and season’s greetings to you all.

Dr. Chris de Gara
CAGS President

CAGS Resident Mentorship Program

Dear Canadian Medical Student and General Surgery Residents,

Beginning in the 2015/16 academic year, your CAGS Resident Committee is proud to introduce the CAGS Resident Mentorship Program. This national resident-led initiative will facilitate the pairing of interested medical students from across Canada with resident mentors in general surgery programs.

This is a new initiative by the CAGS Resident Committee with the goal of giving medical students an inside view into life in general surgery, and to hopefully foster a stronger understanding of fit for the specialty heading towards CaRMS.

We welcome interested medical students and general surgery residents to register for the CAGS Resident Mentorship Program. The program will operate in two formats:

1) Impromptu mentorship: medical students and residents interested in more casual participation would be entered into a database. Residents would be available to answer questions via email or go for coffee with local or visiting elective students. The vision for this group would be a list of people available as a resource to interested students, but would not focus on a relationship with a specific student.

2) Longitudinal mentorship: medical students and residents interested in a more long-term mentorship relationship would be paired through the program. The vision for this would follow the traditional mentor/mentee relationship, and the hope is that the resident and student would meet on a semi-regular timeframe. Mentors would be able to provide insight into surgery, residency, and eventually provide advice about electives and CaRMS.

If you are interested in participating in this new program, please contact us at cagsmentorship@gmail.com, and indicate:

a) if you are a medical student or a resident
b) your year of study,
c) your program, and
d) which type of mentorship you are interested in.

Looking forward to hearing from you,

Daniel Sisson
(PGY-2 Queen’s University)

Stephanie Lim
(PGY-2 University of Manitoba)

Mentorship Directors
CAGS Resident Committee
cagsmentorship@gmail.com
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Dr. Debrah Wirtzfeld delivering the Presidential Address

Dr. O. James Garden delivering the Langer Lecture

Dr. Alexander Patterson delivering the Royal College Gallie Lecture

Incoming President Dr. Chris de Gara at the CAGS Annual General Meeting
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Honorary Members

Dr. Allan Okrainec with Langer Lecturer Dr. O. James Garden

Dr. James Rutka with Gallie Lecturer Dr. Alexander Patterson

Honorary member Dr. William Wall presented by Dr. Vivian McAlister and Dr. Debrah Wirtzfeld

Honorary member Dr. Hugh Scarth presented by Dr. Mark Walsh and Dr. Debrah Wirtzfeld

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Industry Partners

Dr. Debrah Wirtzfeld with Platinum Partner from Ethicon

Dr. Debrah Wirtzfeld with Platinum Partners from Medtronic of Canada Ltd.

Dr. Debrah Wirtzfeld with Platinum Partners from Olympus Canada Inc.

Dr. Debrah Wirtzfeld with Gold Partner from Takeda Canada

Dr. Debrah Wirtzfeld with Silver Partner from Edwards Lifesciences (Canada) Inc.
National Laparoscopic Suturing Competition

Competitors of the 2015 National Laparoscopic Suturing Competition

Suturing competition semi-finalists and judges. From left to right: Dr. Shahzeer Karmali, Dr. Chris de Gara, Dr. Shannon Stogryn, Dr. Caolan Walsh, Dr. Andras Fecso, Dr. Jeffrey Gu, and Dr. Jaap Bonjer

Dr. Andras Fecso from University of Toronto facing off against Dr. Caolan Walsh from Dalhousie University in the final round

Suturing Champion Dr. Caolan Walsh with Mr. Jerry Podrebarac

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Congratulations to the 2015 Stevens Norvell Award Winners!

Dr. Stevens Norvell initiated and developed this examination 26 years ago in order to test and measure residents’ general surgery-specific knowledge. Now known as the CAGS In-Training Exam, all general surgery residents in Canada take the test through their program office, at their respective universities. Named after the exam’s creator, this national award is given to the residents in each postgraduate training year who achieve either the highest or second highest score on the exam.

Resident Year 1:
First - Dr. Yaseen Al Lawati
McGill University
Second - Dr. Ashley Drohan
Dalhousie University

Resident Year 2:
First - Dr. Adina Feinberg
University of Toronto
Second - Dr. Jessica Coffey
University of Western Ontario

Resident Year 3:
First (two tied)
Dr. Mehdi Qiabi
Sherbrooke University
Dr. Matt Strickland
University of Toronto
Second - Dr. Elliot Wakeam
University of Toronto

Resident Year 4:
First - Dr. David Gomez Jaramillo
University of Toronto
Second - Dr. David Nathan Ginther
University of Saskatchewan

Resident Year 5/6:
First (three tied)
Dr. Paul Lysecki
McMaster University
Dr. Solomon Azouz
University of Toronto
Dr. Marvin Hsiao
University of Toronto
Second - Dr. Boris Zevin
University of Toronto
Congratulations to the 2015 Excellence in Teaching Award Winners!

This award is granted annually by each General Surgery Residency Program. The Program Directors of each faculty of medicine in Canada will select one or two recipients based on demonstrated teaching excellence. Each program may develop its own criteria by which to make the selection. Programs may consider faculty evaluations of resident teaching, student evaluations of resident teaching, and selection by other residents in the program.

2015 Excellence in Resident Teaching Award Winners

- Dalhousie University: Dr. Scott Penner
- Laval University: Dr. Cindy Boulanger-Gobeil
- McGill University: Dr. Jad Abou Khalil & Dr. Lawrence Lee
- McMaster University: Dr. Shiraz Elkheir & Dr. Christine Keng
- Memorial University: Dr. Jenelle Taylor
- Northern Ontario School of Medicine: Dr. Justin Poling
- Queen’s University: Dr. Ephraim Tang
- Sherbrooke University: Dr. Alexandre Bougie
- University of Alberta: Dr. Suzana Küpper
- University of British Columbia: Dr. Candace Haddock
- University of Calgary: Dr. Kenton Rommens
- University of Manitoba: Dr. Markus Ziesmann
- University of Ottawa: Dr. Jean Michael Aubin
- University of Saskatchewan: Dr. David Nathan Ginther
- University of Toronto: Dr. Dylan Pannell & Dr. Amandeep Pooni
- University of Western Ontario: Dr. Jeff Hawel

2015 CAGS Science Award

Dr. Debrah Wirtzfeld (center) with 2015 CAGS Science Award Recipients, Dr. Caitlin Chrystoja (left) and Dr. Malak Alzahrani (right)
Major liver resection can be associated with significant intraoperative blood loss. Such blood loss is a key determinant of perioperative morbidity and mortality, as well as possibly long-term oncologic outcome. Our research group is interested in identifying simple perioperative interventions to decrease blood loss and transfusion in liver surgery. Several techniques currently exist to do so, including the use of low central venous pressure (CVP) anesthesia. Whole blood phlebotomy prior to liver transection (distinct from acute normovolemic hemodilution) is a novel intervention, whose aim is to decrease CVP, producing a state of controlled hypovolemia. A small body of existing literature, as well as our own preliminary observations, appears to support its use in liver resection and transplantation. In the PRICE trial, we hypothesize that the use of phlebotomy during liver resection will lead to a decrease in operative blood loss and perioperative blood transfusion, over and above the standard of care of low-CVP anesthesia. We will conduct a proof of principle randomized controlled trial where patients will be allocated to phlebotomy plus standard of care or to standard of care alone. Participants will be those patients undergoing elective major liver resection at the Ottawa Hospital for any indication. A total of 62 patients will be randomized over 18 months. Liver surgeons will be blinded to the intervention. We look forward to sharing our results at the Canadian Surgery Forum in 2018.

Low-anterior resections are commonly performed operations in the treatment of rectal cancer and benign colonic disease. Anastomotic leak continues to be the most dreaded postoperative complication, and to date, the diverting loop ileostomy has been the most effective means of reducing its clinical consequences. However, a second operation to close the loop ileostomy comes with its own potential morbidity. Of all complications, postoperative ileus is the most commonly observed following ileostomy closure, with rates typically reported between 15-32%.

Studies have previously demonstrated that the defunctionalized bowel undergoes a series of functional and structural changes, such as atrophy of the intestinal villi and muscular layers. It has been hypothesized that these changes may contribute to the development of postoperative ileus, and that stimulating the defunctionalized bowel prior to closure may functionally prepare the excluded bowel for intestinal transit. A recently published randomized controlled trial including 70 patients out of Spain with stimulation via the distal limb of the ileostomy using a thickened water-based solution reported significantly reduced rates of postoperative ileus in the stimulated group when compared to the control group (2.85% vs. 20.0%, p=0.024).

The purpose of our study is to determine the impact of stimulating the distal limb of a loop ileostomy on postoperative ileus. This is a multicenter randomized controlled trial involving five Canadian university-affiliated teaching hospitals with large colorectal practices. This study will be the first multicenter study to evaluate preoperative bowel stimulation, and the first of its kind in North America.
2015 Canadian Journal of Surgery Editor’s Choice Award Recipients

Dr. Vivian McAlister (right) with 2015 Canadian Journal of Surgery Editor’s Choice Award Recipients, from left to right, Dr. Daniel Kagedan, Dr. Andrew Haller, and Dr. Caitlin Chrystoja

Scrub Caps Off...

Scrub Caps Off aims to highlight the strong work that Canadian Chief General Surgery Residents are doing across the country. After nearly five years of working as clinical resident, after untold numbers of call shifts, and having seen the highs and lows of the profession, we believe these leaders deserve to have their accomplishments shared.

Ryan Rochon

University of Calgary

Q1) It’s your Chief year! Did you ever believe this year would come? How would you reflect on the journey overall thus-far?

Overall, it has been a great experience. The time has gone by extremely fast. There have been a lot of great times and a few tough times. I think a General Surgery residency is something that will expose who you really are as your true character will show itself when you are pushed to your limit and maybe a little farther...

Q2) So what is next? Where are you off to in July? Have you already lined up a job or a fellowship or are you still keeping your options open?

I have been accepted to the colorectal fellowship at the University of Calgary. I would like to stay in an academic center in Canada.

Q3) What are you going to miss the most about residency?

The comradery. A good residency program functions like a sports team. The close friendships you create during residency are special. Our annual trips to Banff for Basic Science retreats stand out. The American College of Surgery meeting in Chicago with all the chief residents was fantastic.

Q4) Where did you go to medical school and how did you come about the decision to specialize in General Surgery? Was it something you gradually got into
or is there an “aha” moment from your background or training?

I went to medical school at UBC. I originally considered Orthopedics but it didn’t fit as well as I thought it would. I was fortunate to have a great experience with the General Surgery group in Prince George, BC. They were very supportive of my application to General Surgery. I did an elective in Prince George last year and it really reminded me of what a good thing they have going on there. An elective with Dr. Morad Hameed at VGH in the beginning of my 4th year of medical school solidified my decision.

Q6) If you had to go back and do something else, anything other than medicine, and more specifically surgery, what would it be?

Unfortunately, I can’t sing or dance so show business is out. I wouldn’t give up my undergraduate years for anything.

Q7) What was the absolute funniest moment during your residency?

There have been a lot of funny moments over the last four years. Recently, I was rounding early on the colorectal service and woke up a patient who we were planning to discharge that day. He woke up a little confused and referred to me as “cougar face.” The other resident on the service had to leave the room as he started to laugh. I still have no idea how to take that remark but I am sure it was meant as a compliment...

Q8) How about the scariest?

The scariest moment occurred last month on September 10 when my wife gave birth to our twins. It is an exciting time but also terrifying for many reasons. Needless to say, I started studying early for the Royal College exam.

Q9) What is your go to food on call?

A good night of call includes your favorite staff ordering Vietnamese.

Q10) If you could give some words of wisdom to new Residents starting General Surgery in the light of everything we’re facing these days across Canada (limited jobs, duty hour restrictions, more and more specialization), what would it be?

The main advice I give to the junior residents is that there is no substitute for hard work. People form an opinion of you very quickly. If you are perceived as lazy it is almost impossible to overcome. I also believe in being kind to everyone. Sometimes it can be really hard because you are exhausted, irritated and fed up but you will never regret it.

I also try to impress the fact that we all make mistakes. It’s how we handle those mistakes that matter. Do not make excuses...

In regards to jobs, good people are always in demand. If you work hard and get along with everyone it’s hard for them to say no.

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Q5) Where did you grow up and what did you do in your life before medicine? Not just professionally, but did you have any hobbies or passions that you still pursue?

I grew up in Abbotsford, BC. I was a chiropractor before I applied to medical school. Applying to medicine was one of the best decisions I have made. I have been a runner for a long time but quite inconsistent during residency.
The Canadian Surgery Research Fund was founded in the early 1980s to promote research performed by general surgeons and general surgery residents in both clinical and basic science. The CSRF currently funds two research projects per year as well as sponsoring a Resident Research Retreat.

Applications are requested for Operating Grants from the Canadian Surgical Research Fund. These can be submitted by E-mail to: alice.wei@uhn.ca

1. The deadline for receipt is June 30th, 2016.
2. There are two operating grants of $10,000 each.
3. Applicants must be CAGS members.
4. Residents are encouraged to apply with a CAGS member as supervisor.

Applications in all areas will be considered. We encourage proposals in these priority areas:

1. Supply of General Surgeons
2. Competence in Endoscopy and/or Endoscopic Services in Canada
3. Access to Surgical Care by Canadians
4. Community Surgery

The application should include:

- A title page with information regarding all co-applicants and contact information for the principal applicant, including an email address
- A summary of the application (max. 1 page)
- A detailed description of the proposed research (maximum 5 pages), a list of references cited, and a detailed budget explaining how the $10,000 of funding will be allocated
- A curriculum vitae of the principal applicant (max. 3 pages), and if the principal applicant is a resident, of the faculty supervisor (max. 3 pages)
- A letter of support from the Head of the Division of General Surgery or Chair of the Department of Surgery of the institution where the work will be performed

Applications not received by the stated deadline or not conforming to these requirements will not be considered for funding.

For further information please contact:

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Save the date!

Sept 8-11, 2016
Fairmont Royal York
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