

THE PEDICLE

Chair's Report



Peter Lennox, MD, FRCS

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"A time of crisis is not just a time of anxiety and worry. It gives a chance, an opportunity, to choose well or to choose badly."

-Desmond Tutu

When I wrote the introduction to the Pedicle a year ago, we had just started our first "lockdown" during this pandemic. Many of us were uncertain, anxious and concerned about what the future would bring. A year later, it feels like we are in "Groundhog Day", waking up to the same situation over and over. I recently asked a friend of mine if, a year ago, he thought there was a possibility we would be in the same situation one year later, and he replied "not a chance."

However, here we are. We face increasing restrictions on travel, movement and personal interactions. Our hospitals are more stressed than at any point in this pandemic, and there are multiple new variants developing. At the same time, there is a significant amount of hope. We have a number of effective vaccines with an aggressive immunization plan, we have a great deal more knowledge about this virus and how to deal with it, and we can see a light at the end of this with a return to normal.

Many of us have had losses during this time, or had to deal with unforeseen issues as a result of COVID. All of us have experienced stress related to potentially our health, the health of our loved ones, our practices, financial concerns and our patients. Despite all of this, there have been many positives during this difficult time. We have been able to develop new

skills, and virtual or remote technology has allowed us to maintain contact with our families, patients and each other. I have received multiple messages that many of you have preferred ZOOM rounds due to the ease of being able to log in and engage without having to drive to the hospital. Our attendance at rounds has actually increased this past year. We have also been able to pivot to utilize platforms such as ZOOM for other educational areas, including practice oral exams, Professor Rounds and Visiting Professors. I anticipate that we will continue to use these types of platforms in the future.

I have been so impressed with all of our faculty, staff, residents and fellows during this past year. The resilience shown by everyone has been remarkable. As I have mentioned, there are many areas of challenge for individuals during this time. Aside from any personal issues, our members have dealt with changing schedules of every type, admin staff that had to work remotely for many months, changing protocols for patient management and ongoing and changing restrictions. Despite all of this, the commitment to teaching, learning, patient care, and research has been maintained. I know that this has played out across the province in all distributed faculty areas as well, and I am appreciative of the work many of you have done to help support the UBC Plastic Surgery Training Program during a challenging time.

The articles that follow will provide information about the successes, changes and people in the UBC Division of Plastic Surgery. Reading through



them, one would never know that all of this has been accomplished during a global pandemic in a year that has been unprecedented in our lifetimes. I would like to express my sincere gratitude to all of our teachers and learners for the resiliency, character and perseverance you have demonstrated. You have all

given more than has been required, and it is genuinely appreciated. I am optimistic and hopeful that this will be the last Pedicle from a lockdown, and that we will be able to meet in person in the near future. I opened this with a quote from Desmond Tutu, and will close with a quote from his friend, Nelson

Mandela. These two men endured lifetimes of challenges, and their words on crises seem particularly relevant now.

"It is in the character of growth that we should learn from both pleasant and unpleasant experiences."

-Nelson Mandela

DOBC News

Now is a great time to be a part of the Section of Plastic Surgery. The Doctors of BC is providing more support than ever to our members and the section has enjoyed opportunities to collaborate on some interesting challenges during this past year.



Owen Reid, MD, FRCSC

VIRTUAL COMMUNICATION

As the pandemic worsened and as virtual consultations became a necessity, the DoBC created valuable content on how to incorporate this in to practice. Within their website, you will find the Doctor's Technology Office (DTO) which is a repository of information related to virtual consults, privacy, IT security, etc. The information is aimed at helping surgeons select the appropriate technology options, implementing them in practice and fulfilling your related professional responsibilities. Our private Slack workspace is the ideal place to share ideas and discuss some of these issues with your colleagues who have a similar interest.

ADMINISTRATIVE WORK

Attending to the administrative work of the section is more efficient than ever. The DoBC is providing secretarial support to all sections. This includes assistance with our membership list, broadcast communications as well as the organizing and running of section meetings. All meetings are now attended virtually which has provided another welcome efficiency. The Representative Assembly meets 3 times a year for a half-day. On behalf of the section, our representative has the chance to comment and vote on a wide range of initiatives that will help to shape the profession and the

future of our healthcare system. Each representative serves a three year term and our section will be looking for a new volunteer for the 2022 calendar year. The Specialist of BC meetings run on the same schedule and continue to be an important venue for news, discourse and collaboration.

THE SECTION NEEDS YOUR SUPPORT!

Although we missed it in 2020, we have made a commitment to continue funding a significant portion of the Resident Research Day. Historically, this event has been something to look forward to. In addition to its academic and social opportunities it has been the venue of our section's AGM. In its absence, we completed our first Zoom AGM this February, but we hope to return to the usual format in 2022. Your annual dues will be much appreciated.

Going forward, the section will continue its work on interesting and important issues such as 'after hours elective surgery', BIA-ALCL and textured implants, Bill 92 and extra billing, PMA negotiations, funding allocations as well as updates to the fee schedule. Please consider joining the executive. The adoption of virtual communication has made it possible to be involved from anywhere in the province and we have a stipend available for one more willing individual.

Pearls & Perspectives

We are all currently trying to navigate a time of incredible stress and flux both in the world of healthcare and in our communities in general. One factor that has become much more prominent in the global discussion is that of diversity and inclusion.



Cindy Verchere, MD, FRCSC

DIVERSITY ROUNDS

Although it has been perhaps easy to feel that in Canada we don't have a diversity issue, the reality of it is quite different. We just are beginning to prioritize seeing it.

In our plastics group at BC Children's, we made a decision last summer to take some action and open a discussion, doing what we could do in our own

backyard to make sure that we weren't part of the problem. We put 'diversity rounds' on the calendar, and included all of us – clinicians, trainees, office staff, researchers, and anyone else that wanted to be included. We encouraged everyone to participate, and booked it by zoom over lunch.

Because this was not meant to be guilt-inducing, punitive, accusatory, or prescriptive, we started with a whole rounds simply on how to create a safe space to talk with each other about potentially thorny subjects: how to disagree constructively, how to change our minds after learning things, how to apologize, and how to accept and deal with apology, change, and human errors in healthy ways.

Subsequent rounds have discussed anti-indigenous racism and the 'In Plain Sight' report, including an inspiring recorded talk by Mary Ellen Turpel-Lafond. We have discussed some specific incidents and questions about patient and family interactions in our office. We have exchanged emails recommending articles, videos, and books that expand our topics. We created a diversity bulletin board in the lunch room where people

can write or pin appropriate material for discussion or encouragement. We have a multicultural, mixed gender, generationally-assorted office. We haven't been strictly regular with these rounds, we don't make a big deal of them, and sometimes the timing just doesn't work, but honestly for me, knowing that there is a safe space every once in a while to talk about these not-strictly-academic things has been very helpful for our office culture.

I have been surprised by discovering my own unconscious biases, and in learning about cultural and diversity-related impacts to which we may have directly contributed. Having this outlet gives us structure on which to grow and change. Even having learned some basic tools for how to deal with difficult interaction and to promote a culture of kindness and respect as they relate to our own group has been objectively helpful. I've been gratified to hear from people individually between rounds, that they value them, they think about them, they want to suggest topics and contribute to them, and that in some small ways these rounds have changed the way they think.

That is a good first step.



photo credit: UBC Equity & Inclusion

Resident's Corner

Alex Seal, MD, FRCSC →

I would like to take this opportunity to greet all of you on behalf of the UBC Division of Plastic Surgery Residency Program, and also reflect on this past academic year. The Global Pandemic we are living in has had its many unique challenges, but it has also highlighted the great talent and teamwork of our resident body. As we are all continuing to adjust to this new world, it is nice to reflect on the many things we are lucky for in our lives.

***CONGRATULATIONS

Our resident team saw three members graduate and move on to fellowships. Their exams were delayed due to COVID-19, however, all three wrote this past fall and were successful. **Dr. Stahs Pripotnev** is currently completing his Hand, Nerve and Microsurgery fellowship at Washington University, with Dr. Susan Mackinnon. We look forward to seeing him back in British Columbia soon and he has a bright future ahead. **Dr. Daniel Demsey** is in Toronto, completing a fellowship in Hand and Wrist Surgery. He has recently accepted a position in Sudbury, Ontario, and we are proud of his ongoing success. **Dr. Aaron Van Slyke** is in Melbourne Australia, finishing a fellowship in Paediatric Craniofacial Surgery. He and his partner Gemma, have recently welcomed a beautiful daughter into their lives, and we look forward to seeing them back soon.

NEW MEMBERS

The Division has been fortunate this year to welcome **Travis Gordon** and **Harpreet Pangli**, both UBC Medical



School Graduates, who joined our residency program in July, 2020. They are a dynamic duo and both exceptional people that have already become outstanding new members of our team. In an analogy to a great mid-season free agent steal, we are also fortunate to welcome **Dr. Trina Stephens** to the division. Trina transferred from UBC Orthopaedics into our program and has quickly become a wonderful addition to the group.

RESEARCH DAY

Research Day in 2020 was memorable as it was transitioned to a virtual event that took place over 3 consecutive weeks. We had been looking forward to learning from and spending time with Dr. Michael Neumeister, and as many things had been influenced by the pandemic, this was not possible. This year, however, we are fortunate to be able to welcome Dr. Neumeister, (virtually), as our Research Day Visiting Professor. Over the past academic year, the residents were also fortunate to have Dr. Richard Warren, as a Visiting Professor. He is in high

demand internationally, however, due to the travel restrictions, we were able to secure him for 2 days of learning, great talks and a cadaver lab.

NEW RESIDENCY TRAINING SITES

This past year has continued to see a great effort put forth by our faculty, residents, and our administration team to maintain the excellence of our academic training curriculum in a virtual world. This has led to some learning points associated with "Zooming", however, it has allowed us to maintain a strong commitment to the resident program and to each other.

Amongst the resident training locations, Kelowna has been a well-established rotation that is consistently highlighted by our residents as an exceptional experience for them and we are grateful to our faculty in Kelowna for this. Over the past few years, we have been fortunate to expand the locations of training for our residents. They are now spending focused rotations and electives in Campbell River, Lions Gate Hospital, Nanaimo, Richmond, and,

within the Fraser Health Region. This has been a wonderful expansion and great thanks are given to all of our faculty training partners and friends at these sites.

As we come to the end of another academic year, I would like to again personally thank the members within our division, and those working outside of Vancouver that dedicate their time, and expertise to help teach our residents and help make UBC one of the best programs in the country. We are facing an unparalleled time and our residents have been exceptional in their hard work and commitment to the division, patients and each other.

The list of quotes has increased for this year, but I think embody our resident crew:

"In the middle of every difficulty lies opportunity."
- Albert Einstein

"As you think, so shall you become."
- Bruce Lee

"Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do."
- Pele

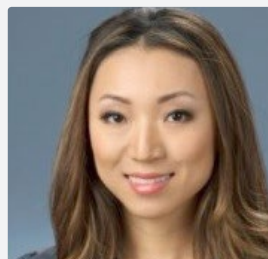
"When it rains looks for rainbows, when it is dark, look for stars."
- Oscar Wilde

The UBC Plastic Surgery Program is lucky to have this current team of resident stars. We look forward to all getting together again in the not so distant future.

Residents 2021



Sofie Schlagintweit, R5



Diana Forbes, R4 CIP



Jacques Zhang, R4



Janine Roller, R4



Nawaf Al Muqaimi, R4



Peter Mankowski, R3 CIP



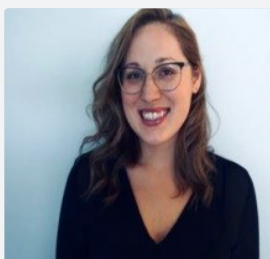
Zhi Hao Zhang, R3



Ahmed Al Hosni, R2



Mike Carr, R2



Paige Knight, R2



Harpreet Pangli, R1 CIP



Travis Gordon, R1



Trina Stephens, R1

// DIVISION OF PLASTIC SURGERY RESIDENCY TEAM



Fellowship Program

The SARS-COV-2 pandemic has dramatically impacted the clinical, administrative and educational activities of our Division. Fortunately, after an initial “hard” shutdown, we have resumed a relatively typical pace of clinical activity, allowing our Fellows to progress in their professional development as subspecialty surgeons.



Erin Brown, MD, PhD, FRCSC

This is not true across many centres in Canada, and we should be grateful to have the opportunity to continue to provide high quality patient care and the learning opportunities that result from that clinical activity. Although I remain optimistic that better days are ahead (maybe far, far ahead), the challenges from the past year have highlighted that Fellowship training is less available internationally, especially on the other side of the 49th.

There has been a gradual trend of fewer Canadian applicants being successful in obtaining Fellowship positions in the US. For example, Hand Surgery fellowships are listed as one of the most competitive along with Reproductive Endocrinology and Surgical Oncology, with more than 80% of the spots being filled by U.S.

MD medical school graduates (NRMP 2020). Given the expertise that exists in Canada, we have a duty to continue to improve our world-class Fellowship programs – as we have strived to do at UBC for more than 20 years (Breast Reconstruction, Craniofacial Surgery, Hand & Microsurgery, Paediatric Plastic Surgery, Aesthetic & Breast Surgery).

Despite the imperative to provide subspecialty training for Canadian and International Plastic Surgeons, we must consider the potential impact on our residency training. Given the ongoing development and expansion of Plastic Surgery Fellowship training in Canada, I strongly believe that UBC should remain a leader in the promotion of the goals and standards of this critical component of professional development of our future colleagues.

Fellows July 1, 2020 to June 30, 2021



MILIANA VOJVODIC

Breast Reconstruction Fellow
Residency: University of Toronto
Jul 1, 2020 to Dec 31, 2020



RICHARD THOMSON

Paediatric Fellow
Residency: Welsh Deanery at the Welsh Centre for Burns and Plastic Surgery
Jul 1, 2020 to Jun 30, 2021



OSAMA SAMARGANDI

Aesthetic Fellow, Kelowna
Residency: Dalhousie University
Apr 1, 2021 to Jun 30, 2021



BISH SOLIMAN

Aesthetic Fellow, Kelowna
Residency: Royal North Shore Hospital with the Royal Australasian College of Surgeons, Sydney, Australia
Jul 1, 2020 to Dec 31, 2020



EMILY YASSAIE

Craniofacial Fellow
Residency: New Zealand
Nov 12, 2020 to Jun 30, 2021

Undergraduate Update



Dr. Esta Bovill MD, PhD, FRCSC

The impact of COVID-19 on medical education is unprecedented, far reaching, and presents unique challenges to medical schools.[1-3] Mitigating strategies needed to be innovative, opportunistic, and compassionate. Lessons learned from the medical education adaptations during the pandemic can not only potentially be extrapolated to other crisis situations [4], but also used to improve future training.

With physical distancing required, all in-person classes at UBC (e.g., case-based learning, lectures, discussion groups) transitioned to remote teaching via an online platform, literally within several days [4]. Plastic Surgery was no exception. Case-based learning was to be delivered via videoconferencing,

YouTube teaching videos, mobile apps, and previously recorded didactic sessions. I want to acknowledge the input of our Plastic Surgery Residents in rapidly constructing such a comprehensive program. Despite uncertainties in their own education, work environment and indeed personal wellbeing, crisis management revealed a creative leadership in them, which would perhaps otherwise never have flourished. Under their guidance, juniors and many medical students took up the offer to contribute to the emerging and impressive Plastic Surgery On Line Educational Resource, now found on Entrada.

"Sadly, the convenience and novelty of lectures-in-pyjamas will never match face-to-face clinical learning.."

In the meantime, in the interest of both student and patient safety, clinical clerkship (core and elective rotations, years 3 and 4) were placed on hold for all medical students. Sadly, the convenience and novelty of lectures-in-pyjamas will never match face-to-face clinical learning. This was and is not lost on our surgeons-to-be and is yet another source of anxiety after financial and career concerns.

At UBC we have tried to pivot as rapidly as possible; as OR activity returned, we quickly upscaled back to pre-Covid learner presence. Led by Dr Seal and Parm, we held several on-line information evening events to enable at least a semblance of personal interaction with putative Residency applicants. Our online resource expanded to practical 'how-to' videos for such core skills as suturing and graft harvesting. Virtual clinics mushroomed. Whilst Zoom is not a panacea for socially distanced clinical interactions, 'sitting across' from my mother-in-law in Scotland

with nowhere to hide prompted a reflection on my own communication skills and patience. Similarly, I believe empathy and consultation skills can be introduced and indeed effectively evaluated in this environment.

While it is important to act quickly when making adaptations during COVID-19, it is equally important to anticipate the long-term shifts that may become the new normal. Many adaptations, such as effective online instruction, are catalyzed by the urgency of the pandemic. We should begin to plan to sustain the adaptations as we refresh our approach to plastic surgical education.

ACKNOWLEDGEMENTS:

Dr. Janine Roller for her exemplary editorial efforts creating our Entrada resource. Parm Sidhu not least for her tireless 'eval' hunter gatherer role.

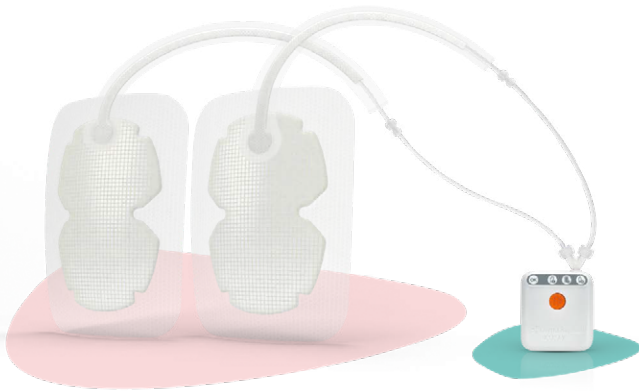
REFERENCE

1. Rose S. Medical student education in the time of COVID-19. JAMA 2020.
2. Ahmed H, Allaf M, Elghazaly H. COVID-19 and medical education. Lancet Infect Dis 2020.
3. Gallagher TH, Schleyer AM. "We signed up for this!" – Student and trainee responses to the Covid-19 pandemic. N Engl J Med 2020.
4. Roger Y. Wong. Medical education during covid-19: lessons from a pandemic BCMJ, vol. 62, No. 5, June 2020, p. 170-171.

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surgical site complications³

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* In a breast surgery study, n=24; PICO[®]NPWT (4.2%) compared vs standard dressings (16.7%) **References:** 1. Galiano RD, Hudson D, Shin J, van der Hulst R, Tanayadin V, Djohan R, et al. Incisional Negative Pressure Wound Therapy for Prevention of Wound Healing Complications Following Reduction Mammoplasty Plastic & Reconstructive Surgery Global Open 2018; 6(1):e1560: 1-8. 2. Galiano R et al. A prospective, randomized, intra-patient, comparative, open, multi-center study to evaluate the efficacy of a single use negative pressure wound therapy (NPWT) system on the prevention of post-surgical incision healing complications in patients undergoing bilateral breast reduction surgery. Poster presentation SAWC 2014. 2. Holt R, Murphy J. PICO[®] incision closure in oncological breast surgery: a case series. British Journal of Hospital Medicine. 2015;76(4). 3. Smith & Nephew. April 2019. Outcomes following PICO compared to conventional dressings when used prophylactically on closed surgical incisions: systematic literature review and meta-analysis. Report reference EO/AWM/PICO/004/v3.

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...Historical Reflections

This is the first installment in a new section in the Pedicle dedicated to Plastic Surgical History. This was Jim Boyle's idea who also suggested that an interview with AD Courtemanche, the founder of the Residency, would be the most appropriate place to start. For over 20 years I have been the Historian for the BC Section of Plastic Surgery as well as the UBC Division of Plastic Surgery. This project has grown into two lengthy documents that I hope will preserve the kind of information that gets lost in time. As soon as the Division website is renovated, the UBC Division History will be posted as a resource for all who are interested. **As for the Pedicle, submissions are now open for anyone wishing to publish an article next year related to the History of Plastic Surgery.** It can be up to 500 words and should have some local angle. Contact me if you require any facts or background information.

Richard J. Warren, MD, FRCSC

THE SPOTLIGHT //

Painting a Picture of **Dr. A Douglas Courtemanche**

The authors had the pleasure and honour of sitting in Dr. Courtemanche's beautiful yard, on a sunny day in April 2021.

Truly, a book could be written on this wonderful man, but we have only a short space to paint a picture of AD, as he was always affectionally known by those around him.

1. TRAINING

Doug Courtemanche graduated from the University of Toronto Medical school before doing a rotating internship at the Toronto General. He entered surgical training in Toronto where he worked with Drs. Farmer and Le Mesurier. An opportunity for a rotation in Vancouver took him to Shaughnessy hospital where he worked with Drs. Langston and Cowan, an experience that convinced

him to pursue plastic surgery.

He spent 2 ½ years in Britain at Bangour Hospital (Edinburgh), Great Ormond Street Hospital (London) and Stoke Mandeville Hospital. His surgical experience was extensive and kindled a lifelong interest in reconstruction of all forms - always based on sound basic principles. In December 1960, he returned to Vancouver and after further training, started practice in 1962, based at the Vancouver General Hospital with RJ Cowan. There were no assigned beds and limited operating room time, but Plastic Surgery was flourishing. He describes how much of his work was done at night and on weekends.

2. CAREER

AD's career went from the era of tube flaps to free flaps. Dr. Warren remembers doing a Tagliacozzi nasal reconstruction with him as a resident.



AD did the first TRAM flap in BC, which he did after the senior resident, Dr. Jann Johnson, came back from a conference and reported a new method she had seen.

3. MEMORABLE CASES

Asked about specific cases, AD describes a memorable 40-year-old woman with Crouzon's, who had never left her house. After extensive Craniofacial surgery, she became a new person. AD always loved his patients, and it was a joy for him to see them do well.

4. THE LEGACY

AD was also the **founder** of the UBC Plastic Surgery residency which came into existence in 1968. For the next 20 years he selected all the residents himself, did all the administrative duties and most of the teaching.

Working against considerable political and financial roadblocks, he also established an 18 bed Burn Unit in 1968, which took up the entire 4th floor of Fairview Pavilion. AD was the UBC Division Head from 1977 to 1992. In 1988 he became the Head of the UBC Department of Surgery for one year and after that was Associate Dean of Post Graduate Affairs at UBC for 3 years. He was Chairman of the Royal College Exam Board in 1981 and became the first and only plastic surgeon to be the President of the Royal College. He was president of the Canadian Society of Plastic Surgeons in 1981. In 2005 he received the Lifetime achievement award from the Canadian Society of Plastic Surgeons.

5. SPECIAL PEOPLE IN MY LIFE

Doug told us that his success was entirely due to 2 women. The first

was Anne who he married when they were both 20 years old. They went on to have 4 children (one well known to this division), 7 grand children and 2 great grand children. They were the quintessential couple. The other woman was Norine Mayede who took over from Maureen as his secretary when she was 18 years old and stayed with Doug until he retired from clinical practice in 1992.

It is not difficult to come up with adjectives to describe Doug. He is innovative, brilliant, compassionate, technically exceptional, gentle, and above all, a great leader.

Jim Boyle MD, FRCSC & Richard Warren MD, FRCSC

Divisional Achievements

UBC Division of Plastic Surgery



Sheina Macadam, MD, MSc, FRCSC

DESPITE RESTRICTIONS ON RESEARCH DUE TO THE COVID-19 PANDEMIC, OUR DIVISION AND LABS PUBLISHED A TOTAL OF 28 JOURNAL ARTICLES IN PEER-REVIEWED PUBLICATIONS AND WERE AWARDED \$830,000 IN GRANTS IN 2020.

Our staff continue to be recognized for excellence in education and leadership. Dr. Alex Seal was awarded the UBC Postgraduate Faculty & Staff Wellness Award which is awarded to faculty who demonstrate leadership in resident wellness. Drs. Jugpal Arneja and Douglas Courtemanche were each recognized for excellence in teaching. Dr. Trina Stephens

was awarded the Nix Schmidt History of Surgery Award and represented our division at the Department of Surgery Grand Rounds. Dr. Richard Warren received the CSPS Lifetime Achievement Award and the Wallace Wilson Leadership Award which recognizes a graduate of the UBC Faculty of Medicine who demonstrates high ethical standards and outstanding leadership.

AWARDS/GRANTS/DISTINCTIONS

GRANTING AGENCY	TITLE	AMOUNT	PI
UBC PEDIATRIC EMERGENCY MEDICINE	OFF-SERVICE TEACHER OF THE YEAR AWARD		DR. JUGPAL ARNEJA
UNIVERSITY OF BRITISH COLUMBIA SUMMER STUDENT RESEARCH PROGRAM GRANT	CALGARY KIDS' HAND RULE – EXTERNAL VALIDATION OF A PREDICTION MODEL FOR ACUTE PEDIATRIC HAND FRACTURE REFERRAL	\$3,200	DR. JUGPAL ARNEJA
CIHR GRANT WITH THE UNIVERSITY OF CALGARY	CALGARY KIDS' HAND RULE – EXTERNAL VALIDATION OF A PREDICTION MODEL FOR ACUTE PEDIATRIC HAND FRACTURE REFERRAL	\$5,000	DR. JUGPAL ARNEJA
BC CHILDREN'S HOSPITAL RESEARCH INSTITUTE SUMMER STUDENT RESEARCH PROGRAM STUDENT GRANT	PREDICTING PEDIATRIC UNPLANNED HOSPITAL READMISSION AT BC CHILDREN'S HOSPITAL	\$3,150	DR. JUGPAL ARNEJA
CANADIAN MEDICAL ASSOCIATION	HONORARY MEMBERSHIP AWARD		DR. JAMES BOYLE
UBC CLINICAL FACULTY AWARD	CAREER EXCELLENCE IN CLINICAL TEACHING		DR. DOUGLAS COURTEMANCHE
UBC DIVISION OF PLASTIC SURGERY ACADEMIC GRANT	OPIOID PRESCRIBING PRACTICES IN BC: USER TYPES & LONG-TERM PRESCRIPTIONS	\$5,000	DR. DOUGLAS COURTEMANCHE

GRANTING AGENCY CONT.	TITLE	AMOUNT	PI
UBC DIVISION OF PLASTIC SURGERY ACADEMIC GRANT	USING COLORS, ICONS, AND INTERACTIVE SLIDERS IN THE DESIGN OF A QUESTIONNAIRE	\$4,849	DR. DOUGLAS COURTEMANCHE
OFFICE OF PEDIATRIC SURGICAL EVALUATION AND INNOVATION STUDENT GRANT	USING COLORS, ICONS, AND INTERACTIVE SLIDERS IN THE DESIGN OF A QUESTIONNAIRE	\$1,600	DR. DOUGLAS COURTEMANCHE
BC CHILDREN'S HOSPITAL RESEARCH INSTITUTE SUMMER STUDENT RESEARCH PROGRAM STUDENT GRANT	PREDICTING PEDIATRIC UNPLANNED HOSPITAL READMISSION AT BC CHILDREN'S HOSPITAL	\$3,150	DR. DOUGLAS COURTEMANCHE
CIHR	THERAPEUTIC USE OF LIQUID SCAFFOLD FOR TREATMENT OF NON-HEALING WOUNDS	\$110,000	DR. AZIZ GHAHARY
MUSCULAR DYSTROPHY CANADA	PROFILING GRANZYMES IN INFLAMMATORY NEUROMUSCULAR DISEASES	\$100,000	DR. DAVID GRANVILLE
BC LUNG ASSOCIATION	DEFINING NOVEL ROLES FOR GRANZYME K IN ALLERGIC AIRWAY INFLAMMATION	\$60,000	DR. DAVID GRANVILLE
CANCER RESEARCH SOCIETY	GRANZYME B: A NOVEL TARGET FOR THE TREATMENT OF RADIODERMATITIS	\$120,000	DR. DAVID GRANVILLE
LEO FOUNDATION	GRANZYME B: A NOVEL THERAPEUTIC TARGET IN CUTANEOUS LEISHMANIASIS	\$400,000	DR. DAVID GRANVILLE
RICK HANSEN INSTITUTE/ICORD	DERIVING A CLINIC-READY FORMULATION OF ANTIBIOTIC SULFAPHENAZOLE FOR THE TREATMENT OF PRESSURE INJURIES	\$15,000	DR. DAVID GRANVILLE
DOCTORS OF BC	RECOGNITION AWARD FOR SERVICE		DR. MARK HILL
DOCTORS OF BC	HONORARY MEDICAL ALUMNI AWARD		DR. MARK HILL
UNIVERSITY OF BRITISH COLUMBIA SUMMER STUDENT RESEARCH PROGRAM GRANT	AN ASSESSMENT OF TISSUE EXPANSION ON QUALITY OF LIFE IN PEDIATRIC PATIENTS	\$3,200	DR. SALLY HYNES
UBC	POSTGRADUATE FACULTY & STAFF WELLNESS AWARD FOR 2020		DR. ALEX SEAL
UBC	NIS SCHMIDT HISTORY OF SURGERY AWARD		DR. TRINA STEPHENS
UNIVERSITY OF BRITISH COLUMBIA SUMMER STUDENT RESEARCH PROGRAM GRANT	SUP-ER PROTOCOL: A REVIEW OF THE CLINICAL PATHWAYS AND FUNCTIONAL OUTCOMES OF CHILDREN WITH ERB'S PALSY	\$3,200	DR. CINDY VERCHERE
NORTHWEST SOCIETY OF PLASTIC SURGEONS	58TH ANNUAL MEETING DOM PRIZE		DR. RICHARD WARREN
CANADIAN SOCIETY OF PLASTIC SURGEONS	LIFETIME ACHIEVEMENT AWARD		DR. RICHARD WARREN
THE UNIVERSITY OF BRITISH COLUMBIA MEDICAL ALUMNI ASSOCIATION	WALLACE WILSON LEADERSHIP AWARD		DR. RICHARD WARREN
AMERICAN SOCIETY OF PLASTIC SURGEONS	ANNUAL MEETING BEST OF THE BEST AWARD (BEST PRESENTATION OUT OF THE BEST STATE AND REGIONAL SOCIETIES)		DR. RICHARD WARREN
ASSH	ANNUAL MEETING SCHOLARSHIP		DR. JACQUES ZHANG

PUBLICATIONS

AESTHETIC	<ul style="list-style-type: none"> Van Slyke AC, Carr LA, Carr NJ. The KS-pexy: A novel method to manage horizontal lower eyelid laxity. <i>Plast Reconstr Surg.</i> 2020;145(2):306e-315e.
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Editor's Note

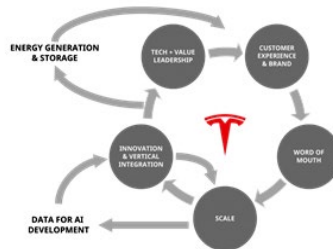
Jugpal Arneja, MD, MBA, FRCSC



fly wheel

(ˈflaɪˌwiːl) NOUN
a heavy wheel that stores kinetic energy and smooths the operation of a reciprocating engine by maintaining a constant speed of rotation over the whole cycle.

Flywheels are used in industrial engineering to make mechanical systems more efficient. In the business world, a flywheel has been described as a system that feeds energy back into itself increasing speed, stability, time to think, and innovation. What powers Apple's flywheel is its design and user experience foundation that ultimately drives its hardware, applications, payments, wearables, services, etc. A cartoon describing Tesla's flywheel is attached.

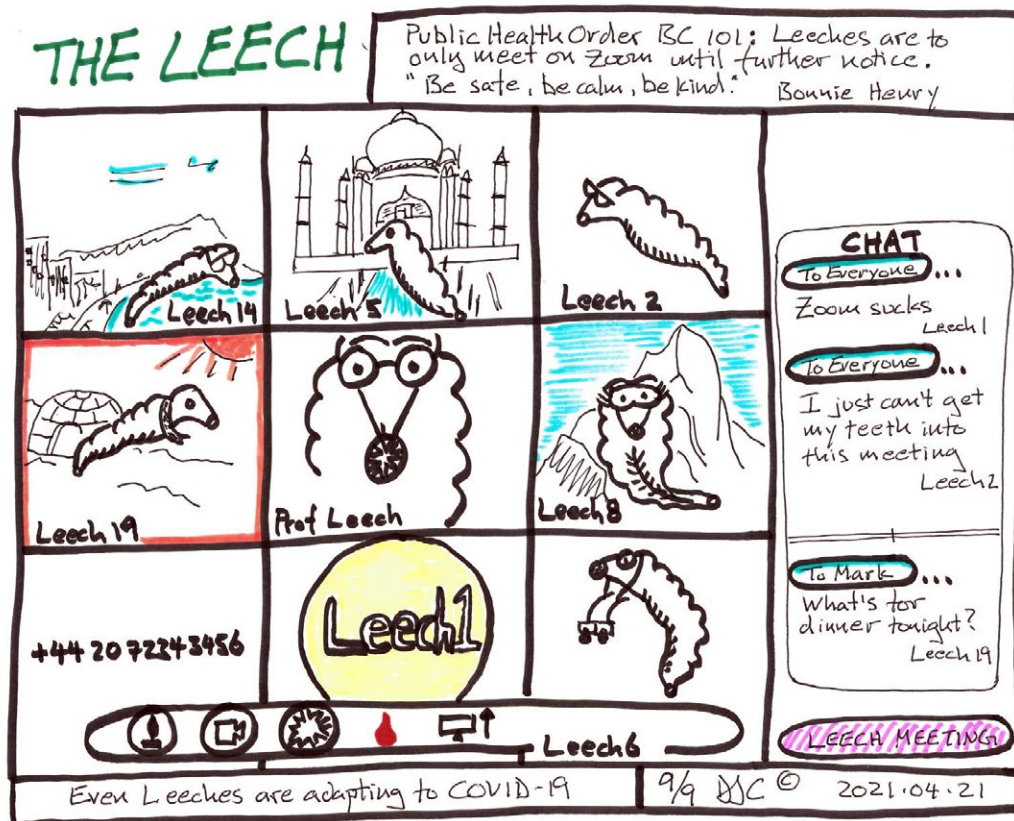


In the UBC division our common denominator, our differentiator, our flywheel is our trainees. This flywheel not only drives, but accelerates our business through clinical care delivery and advancements, research contributions and

innovations, teaching and mentorship activities. Every preceding page herein make reference to our training program. It's a symbiotic relationship that must, at its foundation, exist with mutual trust, respect, professionalism, and purpose. As my very learned colleague DJC (aka the leech) often articulates, medicine is a trust business; if the patient doesn't tell their provider a truthful history, and the provider in turn does not act with integrity, the relationship will be fractured. This educational compact is no different. Thanks to our industry partner Smith & Nephew for sponsoring this edition of the Pedicle and our administrative "Lithium ion batteries" Parm, Mo & Norine.

REFERENCE

- <https://www.disruptorleague.com/blog/2020/03/04/the-flywheel-of-growth-a-strategic-innovation-framework/>
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