

Faculty Forum Departmental Spotlight

Department of Obstetrics, Gynecology and Women's Health Sara Petruska



Obstetrics, Gynecology and Women's Health

Description and Demographics

- 18 full time faculty, 4 part time, 3 midwives
- 6 residents in each of four years
- 2 fellows in MIGS, 4 in REI, 2 in FPMRS
- New Programs
 - Centering
 - Midwifery
 - East End office
- Chair Sean Francis
- Vice Chair of Education Marvin Yussman
- Growing after a time of faculty contraction
- 2016 calendar year estimated 115,700 RVUs



Obstetrics, Gynecology and Women's Health

Description and Demographics



- 401 East Chestnut Street (Generalist OB/Gyn, MIGS, FPMRS)
- Brown Cancer Center (onc)
- Jewish Med Center East (onc)
- Springs Medical Center (REI, FPMRS, Menopause Center)



Obstetrics, Gynecology and Women's Health

Description and Demographics

- Divisions
 - Generalist Obstetrics and Gynecology
 - Maternal Fetal Medicine
 - Midwifery
 - Gynecologic Oncology
 - Gynecology/Minimally Invasive Gynecologic Surgery (MIGS)
 - Reproductive Endocrinology and Infertility (REI)
 - Female Pelvic Medicine and Reconstructive Surgery (FPMRS)



Department Contribution to the SOM four planning pillars

Education

- U of L Undergraduates: learning site for GEMS students
- U of L SOM: core clerkship, 15 different 4th year electives, Milestone 1 boot camp for those matching in OB/Gyn; Obstetrical simulation program
- Residents:
 - 6 per year
 - 95%ile for gynecologic volume including robotic training
 - cadaveric dissection curriculum in Acland Fresh Tissue Lab
 - 88% fellowship placement rate
 - piloting wellness curriculum



Department Contribution to the SOM four planning pillars

Education

- Fellowship:
 - REI fellowship longest continuously running in the country
 - MIGS fellowship well respected particularly for surgical films
 - FPMRS
- Postgraduate: MIGS hosts AAGL courses in advanced laparoscopy in Acland Fresh Tissue Lab with international attendance



Department Contribution to the SOM four planning pillars

Basic Science Research Division

Zenmen Lei, Vice Chair for Research

- molecular mechanism by which gonadotropins control folliculogenesis and spermatogenesis.
- LH and cognitive functions in postmenopausal women and relevance to Alzheimer's disease
- role of gonadal steroid hormones in pelvic organ prolapse

Amanda LaBlanc, Director of Resident Research

 Autologous cell therapy to reduce aging-induced deficits in cardiovascular function, exploring why women predominantly develop coronary microvascular disease following menopause



Department Contribution to the SOM four planning pillars

Clinical Research

Maternal Fetal Medicine- Dr. Gall

Hydroxyprogesterone Caproate Versus Vehicle for the Prevention of Preterm Birth in Women with a Previous Singleton Spontaneous Preterm Delivery.

AMAG Pharma, Inc; Funding amount: \$768,331.30

Follow-Up Study of Children of Mothers Who Received Hydroxyprogesterone Caproate or Vehicle for the Prevention of Preterm Birth

AMAG Pharma, Inc.; Funding amount: \$23,424.97

Immunogenicity and Safety of a Respiratory Syncytial Virus (RSV) F Nanoparticle Vaccine inThird-trimester Pregnant Women; and Safety and Efficacy of Maternally Transferred Antibodies in Preventing RSV Disease in their Infants Novavax; Funding amount: \$643,745.50



Department Contribution to the SOM four planning pillars

Research

Dr. Pasic- \$60,000 industry grant for comparison of vessel sealing devices

Dr. Meriwether-

Perineal body stretch during labor does not predict perineal laceration, postpartum incontinence, or postpartum sexual function: a cohort study. Meriwether KV, Rogers RG, Dunivan GC, Alldredge JK, Qualls C, Migliaccio L, Leeman L.

Int Urogynecol J. 2016 Aug;27(8):1193-200

Sexual Function and Pessary Management among Women Using a Pessary for Pelvic Floor Disorders.

Meriwether KV, Komesu YM, Craig E, Qualls C, Davis H, Rogers RG.

J Sex Med. 2015 Dec;12(12):2339-49



Department Contribution to the SOM four planning pillars

- Obstetrics: full scope of obstetrical services at Center for Women and Infants in ULH
- Bergin, Brees, Franklin, Hamm, Marques, Petruska, Stauble, Sterrett
 - Lowest Cesarean Delivery rate in Louisville; highest VBAC rate
 - Only midwifery service in Louisville
 - CWI nurses trained all obstetrical hospitals in KY, Ohio and West Virginia in immediate care of the newborn for optimal lactation support
 - Awaiting word on WHO Baby Friendly status
 - 2015: 1600 deliveries
 - 2016: 1800 deliveries
 - Diverse population
 - High acuity: stroke, morbid obesity, cardiomyopathy, trauma, abnormal placentation
 - Low intervention: tubs for labor, waterproof, wireless monitors, evidence-based birth practices
 - 24-7-365 in house attending coverage
 - Practice at 401 East Chestnut St, Suite 470 588-4400



Department Contribution to the SOM four planning pillars

- Maternal Fetal Medicine
- Jeffrey King, Vernon Cook, Stanley Gall
 - Caring for patients at CWI and at Baptist East
 - Large volume of high risk patients
 - Referral center for much of KY
 - WHAS Crusade for Children grant for funding purchase of a new ultrasound unit
- Practice at 401 East Chestnut, Suite 410 588-4400



Department Contribution to the SOM four planning pillars

- Gynecology
- Paya Pasic, Shan Biscette
 - Pasic is past president of AAGL
 - Will be next president of ISGE International Society of Gyn Laparoscopy
 - Publishing 5th textbook of laparoscopy
 - Biscette elected to the board of ISGE



Department Contribution to the SOM four planning pillars

Clinical Care

- Gynecologic Oncology
- Dan Metzinger, Erin Medlin, Judy Gladish, APRN, and Jennifer Ramsey, APRN
 - Surgical treatment of gynecologic cancer
 - Minimally invasive surgery including robotic surgery
 - Fertility sparing surgery
 - Chemotherapy for gynecologic cancers
 - Consultations or second opinions
 - Cancer surveillance and survivorship

BCC at Jewish Medical Center Northeast: (502) 561-7220

BCC Downtown: (502) 561-7220

Next day appointments available



Department Contribution to the SOM four planning pillars

- Reproductive Endocrinology and Infertility
- Henry Bohler, Kelly Pagidas
 - Ovulation Induction, Controlled Ovarian Hyperstimulation
 - Assisted Reproductive Technology: IVF, ICSI, PGD
 - Third party reproduction: donor egg, donor sperm, gestational carriers
 - Fertility preservation: embryos, oocytes, sperm; ovarian tissue coming soon
 - Ultrasound and hormonal monitoring available at Chestnut St and Springs
 - Only fertility center in Louisville with two subspecialty boarded REI physicians



Department Contribution to the SOM four planning pillars

- Female Pelvic Medicine and Reconstructive Surgery
- Sean Francis, Kate Meriweather, Heather Lange
 - Prolapse, stress and urge incontinence, pelvic and vulvovaginal pain
 - Office management: urodynamics, cystoscopy, trigger point and botox injection, pessary fitting
 - Surgery: abdominal, robotic, laparoscopic, vaginal



Department Contribution to the SOM four planning pillars

Community Engagement

- AHEC Community Outreach Project

 residents mentor 8th grade Distinguished Math
 Scholars interested in a medical career
- Future Physicians Club- Faculty mentors pre-medical students at Male High School
- KY Refugee Ministries (KRM) fundraising and enrichment sessions at the Americana
- Healthy Start Interdisciplinary Panel on infant mortality at the Louisville Community Center
- Freedom House- department facilitates health educator presentations by School of Medicine Students of Freedom House, a residence facility for pregnant and newly delivered moms with a history of substance abuse.
- TAPP (Teen Age Parent Program) Dr. Brees provides services for pregnant and delivered teenagers. There is an on-site daycare so they can continue studies after delivery.
- Veteran Affairs Provide 24/7 on-call service for veterans.



Interesting Fact about the Department

Many Firsts



First in KENTUCKY: IVF pregnancy with in vitro oocyte maturation

First in the NATION: laparoscopic BSO

First in the WORLD: published use of chest compressions in CPR





The American Journal of Cardiology

Volume 7, Issue 5, May 1961, Pages 731-735

Closed Chest Cardiac Resuscitation in Acute Myocardial Infarction*

F. Joseph Thal, M.D., F.A.C.C., Maria E. Cerny, M.D., Donald J. Conlon, M.D., Marvin A. Yussman, M.D. and Robert H. Irwin, M.D.

San Francisco, California

Sudden death caused by ventricular standstill or ventricular fibrillation has, until recently, almost always been an irreversible catastrophe. In certain circumstances, patients may now be resuscitated from "clinical death" by means of cardiac massage and defibrillation. Open chest cardiac massage has been used with increased frequency since the advent of cardiac surgery but the use of this method outside of the operating room is generally unsatisfactory as well as hazardous.

Closed chest cardiac massage, described by Kouwenhoven and associates, is now accessible to medical and nursing personnel. The technic is easy to learn and requires no special equipment. It has made obsolete previously tried but rarely successful methods of external cardiac who would have been pronounced dead by older standards.

CASE REPORT

A forty-five year old white man had suffered an acute posterior wall myocardial infarction in 1955, from which he recovered without complication. He was seen during the intervening years on rare occasions when he complained of atypical retrosternal and epigastric pain, occurring especially under emotional stress. Electrocardiograms showed decreasing sequelae of the old posterior wall myocardial infarction (Fig. 1A). The results of other tests were equally unremarkable. Mild sedation relieved his symptoms.

On the morning of December 5, 1960, he complained of severe pain in the anterior part of the chest radiating to both arms, of approximately twelve hours' duration. He said that he had suf-