

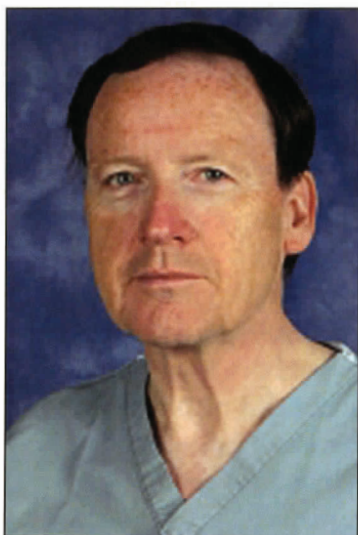
However, I would like to finish with a final comment. I believe that every one of us fortunate to have trained at Mayo Clinic recognizes the quality and breadth of experience that we had as medical students, interns, and/or residents. For all of us, I thank our mentors for the knowledge and skills that have allowed us to be comfortable and com-

petent in the clinical situations that private practice challenges us with.

To those of you able to escape to Arizona this coming spring, I look forward to seeing you at the Mayo Symposium on Anesthesia and Perioperative Medicine.

The Rochester – Dublin Connection

Edmund Carton, M.D., and Denis Moriarty, M.D., Dublin, Ireland



Dr. Denis Moriarty

After a gap of many years, Denis Moriarty made a return trip to Mayo Clinic Rochester in June, 2007. The purpose of his visit was twofold. These were to meet his friend Breannan Moore and his wife Mary, and to give a lecture at the Department of Anesthesiology Grand Rounds, very kindly arranged by Peter Southorn. The lecture, unfortunately, turned out to be a non-event as Denis was stranded for a day in O'Hare International Airport due to poor weather conditions, with all flights to Rochester cancelled. He could not

even get a flight to Minneapolis and drive down to Rochester.

Denis and Breannan had been friends at University College, Dublin, and their paths crossed again in 1974 when Denis came to Rochester for a fellowship year at Mayo Clinic. As many of the readers will know, Breannan has gone on to have a very distinguished career heading up the Mayo Clinic Blood Bank. Denis regards his time in Rochester as being most informative and beneficial. Jack Michenfelder was a major figure in the Department of Anesthesiology at that time. Denis recalls Kai Rehder being very supportive and Rungson Sittipong being an outstanding tutor. Dr. Michenfelder came to visit our Faculty of Anaesthetists in Dublin in 1982. He gave an exceptional lecture at that time and it was a privilege to award him an Honorary Fellowship.

Denis had gone to Mayo from a consultant position at the Royal Brompton Hospital, London. At about the same time, he met his future wife, Fiona, who practices as an ophthalmologist, and one of their children has followed them into a medical career as a radiologist.

While Denis was a fellow at the Clinic, the Cardiothoracic Programme was expanding in Ireland and he returned to a consultant position at the Mater Hospital in Dublin in 1976. Denis was involved in the development of the Cardiothoracic Anaesthesia Programme in Dublin and the establishment of Intensive Care Medicine in the Mater Hospital.

Denis was delighted to meet Mark Keegan (also from Dublin) and Alan Sessler again on his recent trip to Rochester. Dr. Sessler, who had been so helpful to Denis during his fellowship year, was awarded an Honorary Fellowship in Dublin in 1991. I was very fortunate that Denis introduced me to Alan while he was on a visit to Dublin in 1986. As a direct result of that meeting, I came to Rochester in June, 1987, to interview for a fellowship in Liver Transplant Anesthesia. Mayo Clinic was everything you would imagine it to be: well organized, structured, focused, and industrious. I was immediately struck by the hospitality and warmth of the people in Rochester. Of course, I was totally blown away by the scale of the place. It was indeed hugely impressive with two great hospitals, more than 100 operating rooms, and a 20-floor outpatient building.

Rochester did look particularly good during those few days in June. I was very impressed by Ron Faust, the then-Director of Residency and Fellowship Training. I also met Steve Rettke who had just been up all night with a liver transplant surgery. I briefly met David Plevak in relation to Critical Care training. On one of the mornings of my visit, David Warner was the resident presenting at the early morning teaching rounds. (I even remember the topic of his discussion, "The Physiology of Fetal Hemoglobin." As you can see, I was completely impressed.) As Alan Sessler chatted with me about my visit and my plans to see other U.S. academic institutions during my trip, I began to realize what great opportunities there would be for us in Rochester.



Dr. Edmund Carton

My wife, Louise, and I arrived in Rochester in late December, 1987, and moved into Homestead Village. We had two young children, Neil age 3 and Brian just one month old. The winter was quite a shock, but we soon settled in and realized there were visiting physicians and their families from all around the world in the same position as ourselves. Our next door neighbor was a cardiologist from Lucerne, Switzerland, and across the back yard was a vascular surgeon from Auckland, New Zealand, and an orthopaedic surgeon from the United Kingdom.

Although everything was new and slightly different, my first few months at Rochester Methodist Hospital were just wonderful. There was a great feeling of collegiality about the practice. I was closely involved with the liver transplant program and it was a real privilege for me to work with truly gifted clinicians Steve Rettke, Glenn Fromme, Bob Chantigian, Dave Danielson, Bob Lennon, Jeff Lunn, Rungson Sittipong, Dave Byer, and Mary Ellen Warner to name just a few.

I had been used to consultants in anesthesiology working in relative isolation from each other, but the team approach in Rochester was

fantastic to see in action, with the best of help at hand immediately. I worked for the first time with nurse anesthetists. What a dedicated group of people to have on your side. I'm not sure they always appreciated me adjusting just about everything on their anesthetic machines, but I quickly began to rely on their expertise and methodical approach to anesthesia care delivery.

By the end of my first six months at Mayo, I was really enjoying myself. Duane Rorie invited me to be one of the chief residents, which was a tremendous honor for me. As for my fellow trainees, they were a very ambitious group of residents: Terre Horlocker, Joel Larson, Bob Friedhoff, Roger Hofer, Brian Hall, Mark Ereth, Tony Jones, Bill Perkins, Mike Joyner, Mike Hoskins, Joe Sandor, Gary Vasdev, Barry Harrison, and my dear friend, Kenny Scott. The transition from residency into consultant practice was amazing as I remember being completely flattered by all the attractive job offers that filled our mailboxes at the end of the fellowship year.

The Department of Anesthesiology administrative staff were wonderfully supportive, and I have very fond memories of Linda, Marla, and Dr. Sessler's secretary, Jane Post.

I spent my second year in Rochester as a fellow in Critical Care Medicine. Again, what great faculty: David Plevak, Brad Narr, Mike Murray, Peter Southorn, Steve Peters, Keith Berge, Bob Strickland, Rick Pisani, Peter Gay, Paul Scanlon, and Rolf Hubmayr. I learned a great deal from them all. Other Critical Care fellows that year included Barry Harrison, Bekele Afessa, and Gerard Kamath. The ICU year also introduced us to a wider group of hospital clinicians including Mike Bannon, Elco Wijdicks, Mike Keating, and a fantastic group of infectious disease consultants.

In 1989, we sat our written board exams in Anesthesiology, and I will never forget the party at the Murray's house afterwards. I had an interest in spending some time in a research post, and as usual, I got tremendous encour-

agement from all my superiors. There were many world-renowned research scientists working in Rochester. Walter Bowie in Hematology, John Blinks in Pharmacology, and in the Department of Anesthesiology, Russell Van Dyke, Kai Rehder, and John Michenfelder. There was also an emerging group of scientists who had been very successful in publishing research projects including Lee Milde, David Warner, Chris Sill, and Philippe Housmans. Gary Sieck had just arrived in Rochester, so it was a very exciting time for me. I was very fortunate to work with David Cook in Philippe Housman's laboratory. Other fellows who were involved in basic science research projects that year included Mike Joyner, Tony Jones, Bill Perkins, and Michael Johnson. Much as I enjoyed my clinical work, I really did learn a great deal from Philippe about what is involved in a rigorous scientific study. For me, I had some great success. I won the ASA Resident Essay prize, the Post-Graduate Assembly in Anesthesiology (New York meeting) resident essay prize, and submitted my research as an MD thesis to my home college, University of Dublin (Trinity College).

Louise was progressing in her Radiology training, developing an interest in Ultrasonography and Breast Imaging. Our twins (Meghan and Stephen) were born at Rochester Methodist Hospital in 1990, and we moved to a bigger house on Folwell Drive.

Dave Plevak introduced me to the wonders of baseball. We got our season tickets for the Metrodome and I think it was that year that the Minnesota Twins won the World Series in Minneapolis. The memory of Kirby Puckett blasting out an eleventh inning homer to win game six in that series will always stay with me. Kenny Scott and Chris Sill taught Neil and myself to ski, at first in Frontenac and later in the Rockies.

Roy Cucchiara succeeded Alan Sessler as the new Chair of the department, and I was truly delighted to be offered a staff position by Dr. Cucchiara. It was a time of change in the

department and some very talented anesthesiologists did leave Rochester, particularly for Sioux Falls, South Dakota. I did not fully understand the changes that were occurring. However there was no doubt that my own practice, 50% Anesthesiology and 50% Critical Care Medicine, was very enjoyable. The group practice ethic was very inspiring and it was easy for me to identify with the Mayo core values of clinical practice, education, and research. I was also hugely impressed with the close integration of clinicians and administrators in the clinic. I had a wonderful office close to Dave Brown and 007 himself, Ron MacKenzie. Of the surgeons I worked with, Dave Nagorney and Ruud Krom stood out as exceptionally gifted operators.

In 1993, I was offered a consultant position in the Mater Hospital in Dublin. It was a chance to come home and work in a truly great hospital. There are an amazing number of Mayo Clinic Alumni working in the Hospital: Denis Moriarty (Anesthesiology), Declan Sugrue (Cardiology), Hugh McCann (Cardiology), Ronan O'Connell (Colon and Rectal Surgery), Gerry McEntee (Hepatobiliary Surgery), Francis Colreavy (Echocardiology), Leo Lawlor (Interventional Radiology), and Richard Firth (Endocrinology).

Doctors in Ireland have often asked me about fellowship training in the U.S. and at Mayo Clinic in particular. The ground rules have changed since I was a fellow, although many superb fellowship positions are available. Board certification in anesthesiology, critical care medicine, or pain medicine is now only possible if a full training program is undertaken in the U.S. Even those of us with ABA board certification are not eligible for recertification unless we continue to hold an up-to-date state medical license. These issues have discouraged some Irish trainees from looking at fellowship positions in the U.S. and now many are spending the last years of their formal training in Australia.

Although it seems like a long time since we lived in Rochester, it is fantastic to think of all the Mayo faculty who have accepted invitations to speak in Ireland recently, including Mark Warner, Terre Horlocker, Barry Harrison, Gary Vasdev, Bob Chantigian, Keith Berge, Mark Keegan, and Mike Murray. It is a real pleasure for us to have that close, continued connection with so many of the Mayo faculty.

On his recent visit to Rochester, Denis noted that although some of the landmarks are unchanged, the whole of the medical center appears to have re-invented itself. It is a tribute to the dynamism and organizational skill of the clinic that it never stays still but is always moving forward. Definitely, my own return trip to Rochester is long overdue. I look forward to it with great pleasure.

Resident Research 2007, Mayo Clinic Rochester

Abram Burgher, M.D., and Bryan Hoelzer, M.D., and Jennifer Rabbitts, M.B.,Ch.B.



*From left to right:
Drs. Jennifer
Rabbitts, Bryan
Hoelzer, and Abram
Burgher*

Anesthesia residents are currently involved in a number of research projects in a variety of areas but especially pain and cardiac anesthesia.

Dr. Jennifer Rabbitts is a graduate of Stellenbosch Medical School, Cape Town, South Africa, and currently a CA-2. Dr. Rabbitts is working with Dr. Gregory Nuttall, in the Cardiovascular/Thoracic Anesthesia Division, exploring the perioperative risk of major adverse cardiac events in patients with coronary stents. She was recently awarded the Richard A. Theye Award for her manuscript on this research. Drs. Rabbitts, Nuttall, and colleagues have found that patients having non-cardiac surgery less than one year after

drug-eluting intracoronary stent placement had an increased risk of major adverse cardiac events. This risk declined when surgery was performed more than one year after stent placement, but this decrease was not statistically significant. Additionally, as a separate investigation in patients with bare metal stents, Dr. Nuttall and colleagues found that the risk of ischemic events following non-cardiac surgery is greatest within thirty days of stent placement and lowest after ninety days. They plan to publish these findings as conjoined papers. Dr. Rabbitts is currently working with Drs. Timothy Curry and Adam Jacob studying patients with Postural Orthostatic Tachycardia Syndrome (POTS) undergoing surgery. This will involve working in the labs of Drs. Nisha Charkoudian and Michael Joyner.

Dr. Abram Burgher, a graduate of the University of Minnesota, is currently a CA-3. During his first year as an anesthesia resident, he began work with Dr. Marc Huntoon, Chair, Division of Pain Medicine, on a project exploring the safety and efficacy of epidural clonidine in treating radiculopathy. Drs. Huntoon and Burgher received intramural funding for two years to support this research. Their study randomly allocates patients with acute lumbosacral radiculopathy due to herniated disk to one of two groups. The control group receives up to three epidural injections of steroid while the experimental group receives up to three injections of clonidine. All injections are given via the transforaminal route at the affected