DEPARTMENT OF UROLOGY

17th Annual Winter Visiting Professor,
Eric Rovner, MD
U.S. News & World Report — The Ohio State University Department of Urology improved their ranking in the most recent U.S. News & World Report list of Best Urology Programs from #36 last year to #25. If ESPN covered Urology, Ohio State University would be on the bottom line.

UP ON THE ROOF

The Ohio State Department of Urology was a Sapphire Sponsor to the 2013 Up on the Roof event, which benefits the OSUCCC James Cancer Hospital and Solove Research Institute. Joining Ketul Shah, M.D. and his wife, Zarine, were DJ and Elizabeth Downing and Bob and Darnette LaFollette. Not pictured are Gregory Lowe, MD and his wife, Jessica, and Abby LaFollette and her date, Oliver. It was a beautiful evening for a beautiful cause.
Drs. Ketul Shah received his medical degree from the University of Mumbai, India. After coming to the U.S., he pursued a research fellowship at Massachusetts General Hospital. He successfully completed a urology residency at The Ohio State University after which he went to the University of Colorado Denver for a prestigious fellowship in Female Pelvic Medicine and Reconstructive Surgery under the guidance of Brian J. Flynn, M.D. who is a world-renowned reconstructive urologist. Dr. Flynn received his training from George Webster, M.D. at Duke University, who is one of the founding figures in the world of female urology.

Dr. Shah’s fellowship training at the University of Colorado Denver was unique, since he had the opportunity to train in both male and female pelvic reconstruction. During this fellowship, he participated in over 400 complex pelvic reconstructive procedures. His key area of interest is in female urology with emphasis on management of urinary incontinence, pelvic organ prolapse, overactive bladder, painful bladder and urinary fistulas. He also participates in the care of male patients with urethral stricture, urinary incontinence after prostate-related treatments and proctology.

Faculty In Focus

Ketul Shah, MD
Female Pelvic Medicine and Reconstructive Surgery is a subspecialty of Urology that focuses on the surgical and non-surgical treatment of pelvic floor disorders, such as urinary incontinence, pelvic organ prolapse and pelvic pain. The pelvic floor is composed of the muscles, ligaments, connective tissue and nerves that help support and control the bladder, uterus, vagina and rectum. The pelvic floor can be damaged by childbirth, repeated heavy lifting, chronic disease or surgery.

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Urinary incontinence (UI) is the involuntary loss of urine, a condition with a considerable negative impact on quality of life, particularly from the hygienic and/or social standpoints. As such, the only person who can ultimately determine the presence of UI is the woman herself. If you or someone you know is affected by loss of bladder control, you are not alone. An estimated 15-20 million people in the U.S. have bladder control problems. This condition affects men and women, although it is nearly twice as common in women. The prevalence of this condition does increase with age, 15 to 30 percent of adults greater than 60 years of age have UI. UI is more of an annoyance than a sign of a threatening condition. However, it significantly affects the quality of one’s life. Many women with UI resort to dealing with the progressively worsening leakage by using the many absorbent products available, including pads and/or diapers. This resignation often results in emotional and psychological vulnerability, including depression and social isolation. There is absolutely no reason for this to happen. The good news is that 80-90 percent of UI cases can be successfully treated.

Stress urinary incontinence (SUI) is loss of urine occurring with certain physical activities such as sneezing, coughing and straining when performing exercise (abdominal “crunches”) or lifting heavy objects. These activities lead to increased pressure within the abdominal cavity, which increases the pressure within the bladder, which behaves like a balloon filled with liquid. This rise in bladder pressure has a tendency to force the urethra open and urine loss ensues. The amount of urine loss associated with SUI is usually small, ranging from mild seepage, to drops, to a large squirt. The main etiology is weakness of the urinary sphincter and pelvic floor muscles due to a variety of reasons. The most common is childbirth where tissue or nerve damage during delivery of a child can lead to weakness of muscles. Other contributing factors are chronic cough or constipation, obesity, smoking (which can cause frequent coughing), hormonal deficiency and genetic predisposition.

There are various treatment options for SUI. Nonsurgical treatment includes Kegel pelvic floor exercises to improve the resting tone and strength so as to help close the urethra when coughing or laughing. Urethral injection therapy is injection of a bulking agent into the urethra by a cystoscope to decrease the size of the gaping urethra. This creates a washer-like effect that assists in closing the urethra during coughing or straining. Many operations are available to cure SUI. These are intended to restore the support of the terminal vagina of the urethra, thereby enhancing compression of the urethra against the backboard of the front vaginal wall. Various operations including the Burch, Marshall-Marchetti-Krantz (MMK) and sling, including TVT (tension-free vaginal tape) use sutures and graft material (natural or synthetic) to provide cure rates as high as 95 percent. With the rise in the number of patients with synthetic mesh related complications, rectus fascia can be harvested from patients and used as a sling for effective and safe treatment of SUI.

Another common type of UI is urge incontinence where you suddenly lose urine at the wrong time and place. This is usually associated with feeling the need or urge to urinate, which cannot be stopped. The most common cause of urge incontinence is a spasm or contraction of the bladder muscle, which squeezes at the wrong time, earlier than it normally would and causes leaks. The wetness can be any amount from dribbling up to soaking the clothes. Treatment options for urge incontinence consist of timed voiding or bladder retraining trials, which are the first line of therapy. This excellent treatment is free, completely safe and effective in curing or improving symptoms in two thirds of women suffering from this very common disorder. A number of medications prevent contractions of an overactive bladder and tighten muscles at the neck of the bladder and urethra preventing leakage.

Dr. Shah has been trained in newer treatment options like Interstim, which is an electronic device used to treat severe urge incontinence when it is not improved with medical, dietary and behavioral therapy. It consists of a battery-powered stimulator connected to a wire, which is placed near the root of one of the sacral nerves in the back. It is meant to ‘down regulate’ the bladder muscle sensitivity and thereby decrease bladder contractions.

His other area of expertise is the treatment of pelvic organ prolapse (POP). When the muscles and ligaments supporting a woman’s pelvic organs weaken, the pelvic organs can prolapse which can worsen over time, and patients may need surgery to fix it. There are different types of pelvic organ prolapse, like anterior bladder prolapse (cystocele), posterior rectal prolapse (rectocele), uterine prolapse, and small bowel prolapse (enterocele). Some women develop pelvic organ prolapse after childbirth, a hysterectomy or menopause. A number of patients can be treated with conservative therapy including Kegel exercises and a vaginal pessary. For women who aren’t good surgical candidates or want to delay surgery, a pessary, similar to a diaphragm or cervical cap, can be inserted in the vagina to help support the pelvic area. Pelvic reconstruction surgery may be performed through the vagina or abdominally, both procedures are equally effective. A more recently developed option is robotic assisted laparoscopic surgery, in which surgeons are made with instruments, including a camera, inserted through a few tiny abdominal incisions, which may result in a shorter hospital stay and faster recovery.

In the area of male pelvic reconstruction, Dr. Shah’s area of interest is delicate reconstructive procedures on the male urethra for urethral stricture disease. A urethral stricture is a scar in or around the urethra, which can block the flow of urine. The common causes of stricture are trauma to the urethra, infections such as sexually transmitted diseases or damage from instrumentation. However, in most cases, no cause can be identified. Treatment options for urethral strictures are multiple and selection depends upon the length, location and degree of scar tissue associated with the stricture. Options include enlarging the stricture by gradual stretching (dilation), cutting the stricture with a laser or knife through a scope (urethrotomy) and complex open reconstruction (urethroplasty). Many different reconstructive procedures have been used to treat strictures, some of which require one or two operations. In all cases, the choice of repair is influenced by the characteristics of the stricture, and no single repair is appropriate for all situations. Urethroplasty may involve removal of the stricture and reconnecting the two ends (anastomotic urethroplasty). When the stricture is long and this repair is not possible, tissue can be transferred to enlarge the segment to normal (substitution procedures). The most common tissue used is the buccal mucosa harvested from the inner cheek.

Additionally, Dr. Shah has advanced training in the evaluation and treatment of neurogenic continued on page 6
baldness patients such as those with spinal cord trauma, multiple sclerosis, etc. This form of voiding dysfunction is evaluated utilizing video-urodynamics to characterize complex bladder problems and come up with a treatment plan individualized to a patient’s needs and expectations. His research focuses primarily on bladder and urethral physiology, anatomy and pharmacology. He has authored numerous clinical papers, instructional videos, textbook chapters and has presented nationally on various topics including male and female urinary incontinence, pelvic organ prolapse, urinary diversion and urethral stricture disease.

For an appointment, call Lori at 614-685-6667.

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Department Highlights

Lead, Serve, Inspire (LSI)

The Ohio State University College of Medicine has revamped the medical school curriculum and Ahmad Shabsigh, M.D., F.A.C.S., has had a hand in it. It is both team-based and self-directed learning. Clinical hands-on experience occurs early in the program which allows classroom knowledge to be integrated with actual patient situations. The program is a three-part, four-year experience with the expectation of preparing these future physicians to deliver exceptional care to their patients.

TMALDA

In order to arm potential leaders with the competencies and skills necessary to succeed in future challenges, Ohio State’s Department of Surgery has developed a program called the Talent Management and Leadership Development Academy (TMALDA). Bhagwan Satiani, M.D., in the Division of Vascular Surgery and Robert Ruberg, M.D., interim dean for Education and vice chair of Academics in the Department of Urology initiated the program for physicians in the Department of Surgery. The junior faculty who were identified as having leadership potential and a commitment to learning were entered into this 18-month course. Each month a new module was presented by a rotating group of guest facilitators. Assigned reading material, course presentation and research materials available on the SharePoint website formed the basis of the course. The physicians were divided into groups that worked on two interim mini-projects and one larger project, then evaluated. Three urology faculty took part in this program, Drs. Bodo Knudsen, Kamal Pohar and Ahmad Shabsigh. Dr. Knudsen was a part of the winning group. At the end of the course, the participants may be considered for junior leadership positions and be eligible for advanced training.

Twenty-two Ohio State faculty members successfully completed TMALDA. The final session was held May 2, 2013 and included team case study presentations and a graduation ceremony. Special guests included Drs. Steven Gabbe, Charles Lockwood, Christopher Ellison, Bradley Welling and Thomas Mauger.
Department Highlights

White Coat Ceremony

A white coat represents the transition from freshly accepted student to official doctor in training. The Department of Urology is honored to donate ten white coats to the 2017 class of the Ohio State’s College of Medicine. It was gratifying to read the thank-you note of one of these students: “The welcome and friendly message I felt from being gifted this great symbol of our profession truly has set the tone for the next four years of life and scholarship at The Ohio State University College of Medicine.”

Promotion with Tenure

Kamal Pohar, M.D., F.R.C.S.(C), was promoted to associate professor with tenure. Dr. Pohar has been with the Department for 12 years after completing his Urologic Oncology Fellowship at the Memorial Sloan-Kettering Cancer Program. He is a member of the Bladder Cancer Think Tank, which is composed of more than 100 leading doctors, researchers, patient advocates, and industry representatives who meet regularly to talk about ways to improve bladder cancer care.

Racial Breakdown for Abnormal Results

<table>
<thead>
<tr>
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<th>Abnormal PSA</th>
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<td>White</td>
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The James Prostate Screening

This year the Department of Urology and OSUCCC James screened 423 men from the community. Michael Caligiuri, M.D., Director of Ohio State’s Comprehensive Cancer Center and CEO of the James, says “Thanks to all for making this screening a success!” That includes the James Volunteer Service, the staff, nurses and physicians for all their help.

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<td>170</td>
<td>424</td>
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Resident Knot-Tying Competition

Each year, Peter Muscarella, M.D. organizes a knot-tying competition among the new interns in the General Surgery Program. One of the urology interns, Tariq Khemees, M.D., defeated all the other General Surgery interns, and two PGY-2 General Surgery residents, including the “Intern of the Year” and defending champion, Dave Strosberg, M.D. The final challenge came from Peter Muscarella, M.D. who defeated Tariq Khemees, M.D. in a close match.

Department Highlights

Shabsigh–Turner Construction

On June 6, 2013, Ahmad Shabsigh, M.D., F.A.C.S., shared a presentation on men’s health with 25 project managers of Turner Construction in the unfinished building of what will be the new OSUCCC James Cancer Hospital and Solove Research Institute. A variety of risk factors were discussed including the correlation between smoking and bladder cancer, erectile dysfunction, heart disease and metabolic syndrome.

Department Highlights

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Ohio State’s Robotic Urologic Surgery Team

Drs. David S. Sharp, Ahmad Shabsigh and Geoffrey N. Box make up the Robotic Urologic Surgery Team. This highly skilled, fellowship-trained, robotic, urologic surgery team at Ohio State uses the latest robotic-assisted technology to remove cancerous tissue and repair urologic problems with less disruption of surrounding healthy tissue and less blood loss than with traditional surgery. They are also at the forefront of research, conducting more than a dozen active robotic urologic research protocols.

Cancerous Conditions:
- Adrenal masses
- Bladder cancer
- Kidney tumors
- Malignant conditions of the urinary tract
- Prostate cancer

Non-Cancerous Conditions:
- Benign conditions of the urinary tract
- UPJ (ureteropelvic junction) obstructions
- Ureteral strictures
- Urinary tract obstructions

Support Services

ERECTILE REHABILITATION CLINIC
Men who undergo prostate surgery often suffer from a loss of natural sexual function for a limited period of time or, in some cases, permanently. The Erectile Rehabilitation Clinic offers patients the expertise to help them return to sexual function more quickly, through counseling or medical aids.

PROSTATE CANCER SUPPORT GROUP
The group consists of men who have been diagnosed with prostate cancer and are looking to decide what treatment is best for them, men who have already had treatment and are looking for better coping mechanisms, and survivors who advise men as advocates to help provide insight and advice to other survivors. Meetings are held monthly and are open to all prostate cancer patients and survivors, regardless of where they received treatment.

Our Team

Ahmad Shabsigh, M.D., F.A.C.S.
Assistant Professor of Urology
Medical Degree: Aleppo University Medical School, Syria
Residency: Columbia University, New York
Fellowship: Urologic Oncology, Memorial Sloan-Kettering Cancer Center, New York
Board Certified by the American Board of Urology
Clinical Interests: Providing a balanced and multimodality approach for the treatment and cure of genitourinary malignancies, including tests, kidney, bladder and prostate cancers, implementing minimally invasive laparoscopic and robotic techniques in addition to standard surgical approaches.

Geoffrey N. Box, M.D.
Assistant Professor of Urology
Urology Residency Program Director
Medical Degree: The Ohio State University College of Medicine, Columbus
Residency: The Ohio State University, Columbus
Fellowship Training: Endourology, including robotic-assisted laparoscopy, University of California, Irvine, Orange, Calif
Board Certified by the American Board of Urology
Clinical Interests: Treatment of kidney and prostate cancers.

David S. Sharp, M.D.
Assistant Professor of Urology
Medical Degree: Baylor College of Medicine, Houston
Residency: Cleveland Clinic Foundation, Cleveland
Fellowship: Urologic Oncology, Memorial Sloan-Kettering Cancer Center, New York
Board Certified by the American Board of Urology
Clinical Interests: The treatment of urologic cancers and renal cancer using robotic assisted surgery.
The start of the academic year has been a busy time for the students and residents in the Department of Urology. We welcomed a new PGY4, Adam Howe, M.D., and 3 new PGY2’s, Drs. Aron Liaw, Jason Orien and Brent Carlyle into the surgical and clinical rotations. Three of our residents competed successfully in the Resident Bowl at the North Central Section of the AUA meeting. They also presented their scholarly work at that meeting and are busy preparing their projects for the Ohio Urological Society meeting in the spring. The residents are also preparing for the In-service Exam, which will be electronic for the first time. Abhi Patel, M.D. was chosen to participate in the surgical lab sponsored by the Sexual Medicine Society of North America/Society of Urologic Prosthetic Surgeons (SMS/SUPS) in November.

We had 2 stimulating visiting professors already. Eric Rovner, M.D. was the Winter Visiting Professor and Karl Kreder, M.D. was a visiting scholar. Yet to come are visiting lecturer, Michael Koch, M.D., Robert Flanigan, M.D., our next Babbert Lecturer, and Mani Menon, M.D., the Bloch lecturer.

We are currently focused on the upcoming interviews with the fourth year medical students applying for our 3 residency slots for next year. There were 307 total applications, of which we have already interviewed the five visiting students who spent a month with us over the summer; the four Ohio State University medical students, Joshua Ebel, Eric Fichtenbaum, Joseph Wan and Thomas Feehan, and have forty-four other interview slots. The rank list is due January 3, 2014 and the match results come out on January 22, 2014. We look forward to meeting the next class.

The 17th Annual Chester C. Winter, MD Visiting Professor was Eric Rovner, MD. He was chosen by the chief residents for this honor because of his expertise in female urology. Dr. Rovner is an associate professor of Urology at the Medical University of South Carolina where he is the director of the Section of Voiding Dysfunction, Female Urology and Urodynamics. Dr. Rovner earned his MD degree from the Albert Einstein College of Medicine in the Bronx, NY. He completed his urology training at the University of Pennsylvania in Philadelphia. His fellowship training was performed at UCLA in Los Angeles.

The Visiting Professorship started with a dinner that included Dr. Rovner, the three chief residents, Dr. Geoffrey Box, the residency director, and Dr. Robert Bahnson. This small group allowed maximum interaction between the chief residents and Dr. Rovner. The next morning after breakfast, Dr. Rovner presented his first talk, “Concepts and Complexities in Female Urethral Diverticula.” The urology residents had their turn to present difficult cases that Dr. Rovner discussed. After lunch, Dr. Rovner presented his second talk, “What a Mesh…Complications, Slings and the FDA.” More case presentations from the residents followed. The day was capped off with a great dinner and camaradere at Smith & Wollensky, where Dr. Rovner was presented with a certificate making him an honorary Buckeye, and a gift of Ohio State’s Urology Department tie.

Not only was he a great Visiting Professor, he was a good sport, participating as the “I” in O-H-I-O. (see back cover).

The chief resident, David Ludlow, M.D. had this to say, “He gave us a lot of pearls of wisdom about how to think through problems and how to be a physician in general.”
Incoming Chief Residents

David Ludlow, MD
I am originally from the Salt Lake City area and graduated from the University of Utah School of Medicine. I used to spend my free time reading Campbell’s urology, but I still sneak in an occasional endurance race such as the recently completed Columbus marathon. I miss the mountains back West, but my wife and three daughters all love Columbus and think it is an excellent place to raise a family. I have been very satisfied with my training here at The Ohio State and have been grateful to learn from some of the best surgeons in the country. I hope to put this training to good use next year when I head back West to join a private practice group in Las Vegas.

Andrew Smock, MD
My time at Ohio State’s Department of Urology has been an incredible experience. The faculty have been outstanding at teaching me not only surgical skills but how to be a good physician as well. I hope to carry the lessons I’ve learned to the next chapter of my life, as I start private practice in Zanesville, OH. My wife, daughter and I will look back on our years at Ohio State fondly. Thank you to the faculty and Dr. Bahnson for allowing me to train here; hopefully I will serve the Ohio State legacy well.

Jeffrey Wilson, MD
I have enjoyed my experience at Ohio State’s Department of Urology, and have grown immensely during these past five years. The skills obtained and learning opportunities both inside and outside the hospital have prepared me well for the future. I would like to thank the Urology faculty for their investment in my improvement as a physician. My wife, daughter, and I also look forward to the next chapter of our lives, which for me will be in a private practice Urology setting.

Matthew Johnson, M.D. is headed to the Lahey Clinic in New Hampshire.

Humberto Martinez-Suarez, M.D. is doing an endourology and laparoscopy fellowship at Loyola University Medical Center in Maywood, IL.

Ryan Novak, M.D. is in private practice in Grand Rapids, MN.

Jordan Angell, M.D. finished his fellowship in Robotics and is in private practice in Baltimore, MD.

2013 Taylor Award Winner

Kamal Pohar, MD
“To be effective as a teacher I believe you must be flexible and understand that each trainee needs a different approach to stimulate learning and build confidence. I am honored to be recognized as an individual who is making a difference.”

- Kamal Pohar, MD

Previous winners of the Teacher of the Year (Taylor) Award, as voted on by the residents, include Drs. Gregory Lowe, Christopher McClung and Jason Gilleran.

SMS/SUPS Surgical Lab

Abhi Patel, M.D. was one of 30 North American urology residents chosen to participate in the 12th Sexual Medicine Society of North America/Society of Urologic Prosthetic Surgeons (SMSNA/SUPS) Surgical Lab, being held during the SMSNA’s fall meeting in New Orleans, LA, on November 21-24, 2013. The symposium will be proctored by leading urologists skilled in the surgical management of prosthetic urology and Peyronie’s repair.

Dr. Patel met the criteria of being a fourth or fifth year resident; demonstrating leadership skills within their urology residency; wanting to experience a lecture and lab environment to perfect their skills in prosthetic urology, and who have not participated in a recent prosthetic lab.

Congratulations, Abhi! This is a great opportunity.
Distinguished Visitors

Ervin and Bonnie Babbert Visiting Lecturer

ROBERT C. FLANIGAN, M.D.

Robert C. Flanigan, M.D. has many Ohio connections. He was born in Lima, Ohio; attended Wooster College; received his MD degree, and completed residencies in general surgery and urology at Case Western Reserve University. This explains why the lining of one of his jackets has an Ohio State motif.

After two years in the U.S. Air Force he started his academic career at the University of Kentucky where he was promoted to associate professor and Chief of Urology at the Lexington VA hospital. He has been at Loyola University Medical Center since 1986, where he is now the Albert J. Speh, Jr. and Claire R. Speh Professor of Urology.

Currently the International Education Consultant for the American Urological Association, he has served as Secretary of the American Urological Association and as President of the American Board of Urology, President of the Society of Urologic Oncology, President of the North Central Section of the American Urological Association, President of the Society of University Urologists, and was founder and first President of the Society of Urologic Chairpersons and Program Directors. He also serves as a Governor of the American College of Surgeons and as a member of the Executive Committee of the Board of Directors of the American Board of Medical Specialties. Dr. Flanigan is a member of the American Association of Genitourinary Surgeons and the Clinical Society of Genitourinary Surgeons.

Dr. Flanigan’s primary research interests have been in the areas of renal, prostate and bladder cancer. We look forward to his visit in March 2014.

Ervin and Bonnie Babbert Visiting Lecturer

The Ervin and Bonnie Babbert Visiting Lecturer series was started in 2011 with funds donated by Ervin and Bonnie Babbert (pictured), longtime supporters of the Department.

Past lecturers in the series have included:

2011 - Jack W. McAninch, MD, Vice Chairman, Department of Urology, University of California - San Francisco
2012 - Tomas L. Griebling, MD, John P. Wolf 33 Masonic Distinguished Professor of Urology at the University of Kansas
2012 - Michael J. Droller, MD, Katherine and Clifford Goldsmith Professor of Urology, Professor of Oncology, Mount Sinai Medical Center, New York

Distinguished Visitors

Visiting Scholar

Karl J. Kreder, MD
Head and Rubin H. Flocks Chair, Professor of Urology
University of Iowa
October 18, 2013
“Update on Neuromodulation”

Michael O. Koch, MD
Professor and Chairman of the Department of Urology
Indiana University School of Medicine
November 22, 2013

Bloch Lecturer

Mani Menon, MD
Chairman of the Department of Urology, Henry Ford Health System
The Rajendra and Padma Vattikuti Distinguished Chair in Oncology
Director of the Vattikuti Urology Institute
Urology History

Robert Bahnson, M.D. had the pleasure of attending the Washington/Oregon chapter of the American College of Surgeons meeting this past June. It was there that he met a number of surgeons with ties to the midwest, including John A. Ryan, Jr., M.D. and Richard C. Thirlby, M.D. Both of these gentlemen are general surgeons and both had fathers who were urologists at the University of Michigan (UM). Dr. Bahnson told Dr. Thirlby about the award in his father’s name given by the North Central Section of the American Urological Association. The award is given only to member urologists in the geographic area of the North Central Section who are primarily engaged in private practice. They may hold teaching affiliations, but the material for presentation must come exclusively from their private practice. Dr. Thirlby jokingly asked if the award was cutting into his inheritance.


Many in this group of urologists played a significant role in the history of urology.

The single greatest contribution that Jack Lapides, M.D. made to medicine was the concept and development of clean intermittent catheterization, a procedure that has saved the kidneys and lives of innumerable patients with bladder dysfunction. Also established in his name are the Jack Lapides Research Fund in Pediatric Urology, the Jack Lapides Professor of Urology, the John W. Duckett Jr., M.D. and Jack Lapides, M.D. Pediatric Urology Lectureships, and the Jack Lapides Essay Contest on Urodynamics and Neuourology Research.

J. Tate Mason, Jr., M.D. served as Chief of Urology at Virginia Mason Clinic for 21 years. He established the Northwest Urological Society and served as president of the American Urological Association. His father founded the Virginia Mason Medical Center.

Reed M. Nesbit, M.D. served as Chief of Urology at UM. His contributions to pediatric urology, particularly the Cabot-Nesbit orchidopexy, the buttonhole preputial transposition, the dorsal tunical tuck for chordee, and the elliptical anastomosis were significant. The Reed M. Nesbit Urologic Society is the alumni organization of the Department of Urology at the University of Michigan.

A. Waite Bohne, M.D. served as Chief of Urology at UM from 1952 to 1970. During his career he was president of the Michigan Urological Society and recipient of the Distinguished Career Award from the Henry Ford Medical Association.

Scholarship and Research

New Clinical Research Partnership

The Department of Urology faculty are engaged in several multi-institutional collaborative projects. Faculty continue to explore novel research ideas in partnership with colleagues across the country.

Robert Bahnson, M.D. and resident, Zachary Gordon, M.D., are working in collaboration with lead site Northwestern University, on a new multi-institutional clinical research study evaluating the efficacy of a directed approach for preoperative antimicrobial prophylaxis for patients undergoing TRUSP (prostate biopsy). Historically, fluoroquinolones have been prescribed for empiric use due to their broad spectrum and ease of oral administration. However, increasing reports of infections with fluoroquinolone-resistant bacteria have lead researchers to consider if a targeted approach would be more appropriate.

The Department performs over 350 biopsies a year on men for detection of prostate cancer. As part of standard procedure, rectal swab samples will be collected from all patients who present for biopsy prior to TRUSP. The swabs will be cultured for ciprofloxacin-resistant gram negative bacteria (CR-GNB). If CR-GNB are identified, antimicrobial prophylaxis will be selected based specifically on the culture result and the antimicrobial susceptibility profile of the isolates (as defined by the study). Patients will also be assessed for infectious complications through phone interviews and hospital records. The goal of the study is to measure and compare infection rates in patients stratified by the antimicrobial regimen they receive. The costs of the two methods will be collected and compared as well.

According to Dr. Bahnson, who will serve as the OSU site principal investigator, “we anticipate the completion of this study will demonstrate a reduction in the adverse outcomes in patients with CR-GNB.”

Residents Prepare for OUS Presentations

Each year Department of Urology residents engage in a research project culminating with a submission to the Ohio Urological Society Annual meeting. Abstracts for this year’s meeting are due early 2014. Residents, under the guidance of a faculty mentor, are responsible for identifying a hypothesis, preparing an IRB submission, data analysis and manuscript preparation as part of this requirement. Current project proposals include: the correlation of preoperative C-reactive protein with RENAL nephrometry score in patients undergoing robotic partial nephrectomy for T1a renal tumors, retrospective case review of robotic cystectomies with intracorporeal neobladders and reasons for post-vasectomy absence for semen analysis.
Scholarship and Research

OSU at the NCS

The following submissions were presented at the 2013 North Central Section of the American Urological Association (AUA) meeting held in Naples, Fla, in October, 2013.

Box GN. “Complications of Laparoscopic Renal Surgery.” Panelist.

Box GN. “Outcomes/Socioeconomic.” Poster Session.

Box GN, Patel AP. “Comparing the degree of hematuria from qualitative dipstick urinalysis with quantitative microscopic urinalysis.” Podium presentation.


Ludlow DV, Angell J, Abaza R. “Drains are not necessary in the majority of robotic urologic procedures.” Podium presentation.

Petros F, Angell J, Abaza R. “Consistent high-quality outcomes possible with robotic nephrectomy even in highest-complexity cases.” Poster presentation.

Petros F, Box GN. “Recurrent flank pain after treatment for ureteropelvic junction obstruction; what else should you consider?” Podium presentation.

Zynger D, Lowe GJ, Patel AP. “Rethinking the value of sending vasectomy specimens for histologic examination: an analysis of arterial vasculature and failure to transect the vas deferens.” Poster presentation.

NCS Resident Bowl

Pictured are Drs. David Ludlow, Abhi Patel, Jeffrey Wilson and Firas Petros representing Ohio State Urology at the North Central Section of the AUA Resident Bowl. Dr Abhi Patel was on the winning team and will represent Ohio State Urology at the AUA meeting this Spring. Congrats, you represent us well!

OSU at the WCE

The following submissions were presented at the 2013 World Congress of Endourology in New Orleans in October 2013.


Knudsen B, De S, Monga M. “Initial clinical experience with a ball tipped holmium:YAG optical fiber for flexible ureteroscopy.”

OSU Internationally

Kamal Pohar, M.D. was a Faculty Presenter at the Chinese Urological Association Annual Meeting in Beijing in October 2013.

He was also invited to present at the two-day Urology Symposium by Dr. Bo Zhange, Chair of Urology, The Fourth Military Medical University, Department of Urology, Xian, Shaanxi Province, China.

Christopher McClung, M.D. traveled to Buenos Aires, Argentina from October 30-November 3, 2013 to join Robert Flanagan, M.D. in an AUA sponsored resident teaching program. He lectured about urologic male reconstruction and urogynecology.
Our Benefactors

John B. McCoy and Michael Bloch

Jane and John McCoy and Mike Bloch enjoyed the OSU-Cal game. As Jane puts it:

“What an unforgettable week-end:
• Perfect weather
• OSU victory!
• Heavenly view of America’s Cup race
• Wonderful walk!
• Delicious dinners!
• Old and new friends!
It was more than magical in every way, wasn’t it ?!”

Movember

“Movember” takes place in the month of November to increase awareness of prostate cancer. It gives participants an excuse to grow out their facial hair for a good cause. The faculty and residents of Ohio State’s Department of Urology take this month very seriously.

2012 Annual Giving

For the calendar year, the Department of Urology was fortunate to have many generous donors. In 2012, 260 individuals and companies donated a total of $259,294 to help with urologic research.

Contributing new knowledge to the specialty of urology is an important goal and requirement for an outstanding academic department. Investigation and research requires time and money and the donations we receive from grateful patients permit us to continue our investigations in areas that are unfunded by outside agencies.

It gives all of us great pleasure to experience the gifts that come from those who appreciate our expertise and care. We value these contributions and pledge to use them to support our clinical, educational, and research activity.

We are truly grateful for the continued, generous support of our donors. These contributions permit us to sustain our tripartite mission of clinical service, education, and discovery.

The Department of Urology provides a substantial portion of its care to patients who have no means to pay for our service. The provision of this charitable care distinguishes us from our colleagues in private practice and contributes to the overall health and well-being of citizens of central Ohio.

While our residents are supported by the federal government (through the Medicare trust fund), we have substantial unfunded obligations to them for their education. This past year, for example, our three urology residents in their penultimate year of training spent a week in New Orleans at a preparatory course for their board certification examination. This full-day test will take place at the conclusion of their final, chief resident year.
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Below are a few select funds dedicated to the advancement of urology. Urology-dedicated funds can be found at give.to.osu.edu/urology.

If you don’t see one listed or would like to discuss how you can impact our department, please contact Doug Smith, Assistant Director of Development at 614-366-7583 or by email at Doug.Smith@osumc.edu.

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