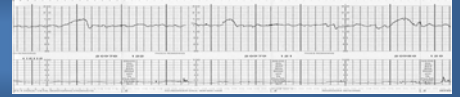


THE MONITOR



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Suetonius' *Lives of the Twelve Caesars* (1506) depicting the popular belief that Julius Caesar was born by cesarean section. (National Library of Medicine)

FROM SAVING SOULS TO SAVING LIVES

Now the most common major operation in the United States, the origins and history of cesarean delivery is shrouded in mystery and myth.

Cesarean delivery is surely one of the greatest surgical interventions in all of medicine. The operation that was once condemned by most physicians because of the certainty of maternal mortality is now widely practiced and critical to the everyday management of obstetrical patients. Though there are scattered references throughout written history of the operation being performed on living women, cesarean section was generally considered a last resort, often postmortem, until the late 18th and early 19th centuries. The success of the operation is endowed to the introduction of antibiotics, anesthesia, and aseptic surgical practice with improvement in general surgical techniques. The development, as well as the success, of the cesarean section is clearly demarcated in time by three periods: the postmortem operation prior to 1500, the first operations performed on living women in the period from 1500 to the mid-1800s noted for a high rate of mortality, and the development of modern surgical technique following the works of Porro and Sanger beginning in 1876.

Though a popular belief, the origin of the name is not likely related to the birth of Julius Caesar. It is clear that the Latin verb “caedere” is translated to mean “to cut” and children cut from the abdomen of their deceased mothers were called “caesones.” Although the practice of the operation has endured religious criticism over time, there is no denying the value of Christianity with regard to the development and use of cesarean section. The Roman Catholic Church has always favored saving souls, as well as lives, and encouraged the use of cesarean deliveries to offer the souls of unborn children a chance of salvation through baptism.

The first successful cesarean delivery was perhaps in 1500 by Jacob Nufer, a Swiss sow gelder, on his wife. Nufer's wife made a full recovery and lived to give birth to five other children, including twins born by vaginal delivery, also the first VBAC. Robert Smith, a surgeon in Edinburgh, performed the first cesarean section in Great Britain on June 29, 1737. The first cesarean section in the United States was a self-inflicted operation by a fourteen year-old girl, pregnant with twins and in active labor. In 1822, she, while lying in a snow bank in the woods of Nassau, New York, delivered twins and survived the operation. Dr. Jesse Bennett, of Frankfort, Pennsylvania, is credited with the first professional cesarean delivery in the US. He is reported to have performed a cesarean section and bilateral oophorectomy on his wife in 1794, with both mother and child surviving the operation.

While much of this history is controversial, mainly because of poor or inaccurate documentation, the primary focus of cesarean section has certainly changed from saving the child's soul to saving the child's life. Non-medical influences of the operation have changed from priests to lawyers. The face of cesarean delivery is hardly recognizable since its birth before written history.

FACULTY SPOTLIGHT

Dr. Brent Parnell, Division Chief of Female Pelvic Medicine and Reconstructive Surgery, joined the GHSU faculty in July 2011 after completing his fellowship at the University of North Carolina at Chapel Hill. An Alabama native, he received an undergraduate degree from Samford University followed but a Doctorate in Medicine from the University of Alabama – Birmingham. He completed his residency in Obstetrics & Gynecology in Greenville, SC where he received the Golden Scalpel Award as the program’s top resident surgeon.

At GHSU, Dr. Parnell is passionate about patient care, education, and research. He offers comprehensive medical and surgical treatment for disorders of the pelvic floor, including office-based procedures such as urodynamic testing, cystoscopy, and InterStim placement for sacral neuromodulation. He specializes in minimally-invasive surgical techniques, especially robotic-assisted procedures for pelvic organ prolapse.

Dr. Parnell is an excellent addition to the Department of Obstetrics & Gynecology. He has a clear mission for enhancing resident education, providing exceptional specialty patient care, and growing his division. While he enjoyed the last three years on Tobacco Road, he is very happy to be back in SEC football country. Dr. Parnell delivers specialized care with a smile and a “Roll Tide!”



“It is so important to have (CerviCusco) as a resource, to have that permanent presence. It’s also an incredibly important resource for GHSU – as an international site for research, patient care and education.”

Dr. Ferris

INTERNATIONAL IMPACT

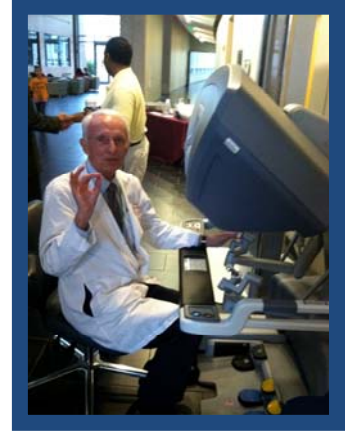
GHSU operates an internationally recognized Gynecologic Cancer Prevention Program under the direction of Dr. Daron Ferris. The center conducts research on many leading-edge projects and played a role in the development of the human papilloma virus (HPV) vaccine to prevent cervical cancer. Dr. Ferris mentors students and residents in research endeavors. He is a past president of the ASCCP and maintains NIH funding.

In addition to his practice in Augusta, Dr. Ferris started and continues to operate the CerviCusco clinic in Cusco, Peru. “Cervical cancer is the leading cause of cancer-related mortality for women between the ages of 16 and 65 in Peru,” says Dr. Daron Ferris, Professor of Family Medicine and Obstetrics and Gynecology in the GHSU Medical College of Georgia. Medical students and residents have joined faculty from GHSU and around the world on a global health mission. Recently, additional clinical faculty and expanded services have allowed for an opportunity to grow education on a global scale.



Departmental News and Notes

- ❖ Congratulations to **Dr. James Gohar** on having his research project accepted at the annual APGO/CREOG meeting in Orlando. He will present his project, mentored by Dr. Christie Palladino in March.
- ❖ **Dr. Brian Murray** and **Dr. John Lue** presented last month at the annual South Atlantic Association of Obstetricians and Gynecologists in Naples, Florida.
- ❖ “Genitofemoral and Perineal Neuralgia after Transobturator Midurethral Sling” by **Dr. Brent Parnell** appears in this month’s Green Journal [Obstet Gynecol. 2012 Feb; 119 (2 Pt 2): 428-31.]
- ❖ Special thanks to all residents and faculty for participation in last month’s departmental review and RRC site visit. Dr. Zapp from the ACGME cited numerous areas of innovation, including the Resident Outcomes Initiative, full day Resident Continuity Clinics, and departmental efforts for reconciliation of resident procedural logs. **Kathy Kline** received much praise for her preparation and organization.
- ❖ Please welcome **Dr. Tiffany Goldsmith** to the Division of General Obstetrics and Gynecology. Dr. Goldsmith graduated from the USC School of Medicine and completed residency at MCG, where she was the Administrative Chief Resident.
- ❖ Out with the old and in with the **BLUE!** Following a recent scrub amnesty, GHS Medical Center replaced the green and cranberry colored scrubs with royal blue.
- ❖ Following two years of progress, the renovation of the Perinatal Unit is now complete. Thanks to the health system for this investment and a beautiful place to work.



Emeritus Professor, Dr. Paul McDonough tries out the latest Da Vinci robotic-assisted surgery system from Intuitive Surgical at a GHSU reception hosted by Dr. Parnell.

Focus on Fitness

The residency training program has always focused on personal and professional growth. This has never been more evident that the recent addition of a personal fitness area adjacent to the resident library for Obstetrics & Gynecology residents. The area includes a new large flat-panel television, Wii console with Wii Fit, dumbbells, and resistance bands. Now residents can come to work and work-out!



FEBRUARY CALENDAR

- **February 1, 2012** – OB/Gyn Quality Assurance and Improvement Conference (7:30 AM in 4th Floor Surgical Amphitheater)
- **February 7, 2012** – Augusta Ob/Gyn Society Meeting (5:45 PM at Wallace House, Augusta Country Club, 655 Milledge Road, Augusta, GA) – Panel Discussion, “The Great Debate: Post-menopausal Hormone Therapy – Pros and Cons”
- **February 8, 2012** – Grand Rounds (7:30 AM in 4th Floor Surgical Amphitheater) – Dr. Paul McDonough – “Turner Syndrome for Gynecologists”
- **February 15, 2012** – MFM-NICU Conference (7:30 AM 4th Floor Surgical Amphitheater)
- **February 22, 2012** – Resident Research Conference (7:30 AM 4th Floor Surgical Amphitheater) – PGY-2 Presentations (Dr. Jessica Williams & Dr. Chandrika Rao)
- **February 29, 2012** – Grand Rounds (7:30 AM 4th Floor Surgical Amphitheater) – Dr. Chadburn Ray – “Responsible Narcotic Prescribing”

Department of Obstetrics & Gynecology

1120 Fifteenth Street,
BA 7300
Augusta, GA 30912
Phone (706) 721-3591
Fax (706) 721-6211

Join us on the Web!

www.georgiahealth.edu

Dr. Michael Macfee, MD

- Acting Chair

Dr. Chadburn Ray, MD

- Program Director

Dr. Erin Latif, MD

- Clerkship Director

Kathy Kline

- Residency Coordinator

(706) 721-2541

In the News... Merging ASU and GHSU



The Board of Regents of the University System of Georgia voted January 10, 2012 to approve the proposed consolidation. The merger is one of four consolidations being proposed throughout the 35-member university system. Other consolidations include Waycross College and South Georgia College; Gainesville State College and North Georgia College and State University; and Middle Georgia College and Macon State College.



Consolidation will begin immediately with a target date for full integration by fall 2013. Next steps include the appointment of a broad-based implementation work group, with representatives recommended by the respective presidents and approved by the Chancellor. “The consolidation of Augusta State University and Georgia Health Sciences University will create the next “great American research university” with enormous growth potential.” - GHSU President Ricardo Azziz