UNIVERSITY of CALIFORNIA, IRVINE • SCHOOL OF MEDICINE



Jaime Landman, M.D. Chairman, Department of Urology Professor of Urology and Radiology

The Department of Urology welcomes Dr. Jaime Landman as new chairman January 2011

Training Undergraduate -University of Michigan

Medical School -Columbia College of Physicians and Surgeons

Residency -Mt. Sinai School of Medicine

Fellowship Training -Minimally Invasive Urologic Surgery Washington University

In January 2011, Dr. Jaime Landman accepted the position as new chair of the Department of Urology. He brings to UC Irvine Medical Center highly valued expertise from his former position as the director of minimally invasive urology in the Department of Urology at Columbia University College of Physicians and Surgeons in New York. Dr. Landman has extensive clinical expertise in laparoscopic renal and prostate surgery and endoscopic management of urinary tract pathology. He has pioneered technology and techniques for minimally invasive management of renal malignancies and has developed novel techniques that are used globally for laparoscopic partial nephrectomy.

Dr. Landman is an expert in the management of kidney cancer and is a pioneer and internationally recognized expert on the application of minimally invasive techniques for ablation of kidney cancer. He is the director of the American Urological Association courses on the management of kidney cancer and on kidney and prostate ablation at the AUA annual meeting. Dr. Landman developed and tested novel ablation devices, which are currently used for minimally invasive ablation of renal tumors and malignancies. He has also invented novel technologies for the diagnosis of kidney cancer. His research focuses on stone disease, and he pioneered the combined antegrade and retrograde approach for treatment of complex kidney stones.

Jaime Landman, M.D. For appointments and referrals, please call -- 714.456.7005



www.urology.uci.edu

Spring 2011 Newsletter

New Ablative Oncology Center at University of California, Irvine

The University of California, Irvine has established a new Ablative Oncology Center (AOC) that will provide patients with optimal minimally invasive solutions to oncologic processes that have in the past been treated with traditional surgical procedures. With the application of ablative technologies, we hope to achieve cancer cure with the lowest level of invasiveness currently clinically available.

The multi-disciplinary Ablative Oncology Center will focus on ablative care of malignant disease. The primary goals of the center are unique in four ways --

1) Collaborative effort between interventional radiologists and surgeons of all disciplines,

2) Clinical application of the most advanced ablative technologies clinically available,



Jaime Landman, M.D. Director, Ablative Oncology Center



Laura Findeiss, M.D. Co-Director, Ablative Oncology Center, Director, Division of Interventional Radiology

The center's clinical activity will focus on application of the most advanced contemporary ablative technologies deployed and targeted with the best imaging modalities available.

We have established a new paradigm of collaboration that does not exist in clinical medicine today.

3) Integration of the investigational resources of the UC Irvine Medical Center and main campus for collaborative innovation in translational research,

4) Focus on education and skill transfer to students, nurses, technicians, residents, fellows and community physicians. A collaborative interdisciplinary approach between interventional radiology and surgical specialties will ensure that treatment strategies realized in the Ablative Oncology Center will optimize patient care.

AOC clinical activity will also be conducive to achieving the center's goal of sharing knowledge through education programs. Trainees will learn from

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didactic sessions in ablative therapies by expert and experienced UCI faculty. In addition, skill training programs with hands-on practice in the UC Irvine Surgical Education Center will allow physicians and surgeons to learn the techniques, understand the nuances of the therapies and practice the application of the ablative therapies for a wide variety of tumor diseases using training models. The accredited UC Irvine Surgical Education Center has an established reputation for excellence in intensive skills training for physicians which will be continued in the AOC curricula. These laboratory sessions will also involve multi-disciplinary team training perspectives, as this is critical to the successful clinical application of these technologies.

Radiology Dr. Scott Goodwin Professor and Chair

Dr. Duane J. Vajgrt HS Clinical Professor

Dr. Laura Findeiss (Co-Director) Director, Division of Interventional Radiology

Dr. Thong Nguyen HS Clinical Professor

Urology Dr. Ralph Clayman Dean School of Medicine

Dr. Elspeth McDougall Professor

Dr. Jaime Landman (Director)

Assistant Clinical Professor

Assistant Clinical Professor

www.ablativeoncology.uci.edu

UC Irvine Ablative Oncology Center

Professor and Chair

Dr. Michael K. Louie

Dr. Atreya Dash

Ablative technology applications will involve a multi-disciplinary team approach to achieve cancer cure with minimally invasive procedures.

Clinical leadership and expertise

The Ablative Oncology Center's director, **Dr. Jaime Landman**, is the new chairman of the Department of Urology. He has extensive clinical experience with cryoablation. His clinical research has helped define the safe application of laparoscopic cryoablation through better case selection.

The center's co-director, **Dr. Laura Findeiss**, is the Chief of Vascular and Interventional Radiology at the UC Irvine School of Medicine and has extensive experience with clinical ablation. She has published on ablation related innovation including evaluation of targeted renal therapy (Be-RITe registry).

The center's clinical faculty leadership all have extensive experience with ablation therapy in their respective fields. They will provide cancer patients with a wide spectrum of solutions.

Cardiothoracic Surgery Dr. Amir Abolhoda HS Associate Clinical Professor

Hepatobiliary Surgery Dr. David Imagawa Professor of Clinical Surgery

Gynecology Dr. Robert Bristow Division Director

Orthopedic Surgery Dr. Bang H. Hoang Assistant Professor re

Cryosurgery with Dr. Elspeth McDougall and Dr. Duane Vajgrt



UC Irvine Healthcare Physicians Earn "Best Doctors" Honor

More than 90 UC Irvine Healthcare physicians have earned the distinction of being named Best Doctors in America® in the latest peer-reviewed list compiled by Best Doctors, Inc. The independent organization asked more than 50,000 physicians across the nation to identify the most skilled among their peers in more than 400 medical subspecialties. The comprehensive survey began with the question, "Who would you choose to treat a loved one's complex medical condition?" The anonymous and confidential poll information was put through rigorous qualitative and quantitative analysis by Best Doctors. Physicians named "Best Doctors in America®" represent the top 5 percent of their peers nationwide.

Below are Department of Urology faculty recognized as "Best Doctors®" for 2011-2012.



Thomas E. Ahlering, M.D. Vice Chairman and Professor of Urology



Ralph V. Clayman, M.D. Dean, School of Medicine Professor of Urology



Tony E. Khoury, M.D. Professor of Urology and Chief, Pediatric Urology



Jaime Landman, M.D. Professor and Chair Department of Urology



Elspeth McDougall, M.D., FRCSC, MHPE Professor of Urology Director, Surgical Education Center Chair, American Urological Association Office of Education

Kidney Stones -What You Need to Know

Kidney stones (renal lithiasis) are small, hard deposits that form inside your kidneys. Kidney stones are made of mineral and acid salts. Kidney stones have many causes. In one common scenario, kidney stones form when the urine becomes concentrated, allowing minerals to crystallize and stick together. Passing kidney stones can be painful. The pain of a kidney stone typically starts in your side or back, just below your ribs, and moves to your lower abdomen and groin. The pain may change as the kidney stone moves through your urinary tract. Kidney stones usually cause no permanent damage. Apart from pain medication and drinking lots of water, treatment is often unnecessary. However, treatment may help prevent recurrent kidney stones in people with increased risk.

Symptoms

A kidney stone may or may not cause signs and symptoms until it has moved into the ureter - the tube connecting the kidney and bladder. At that point, these signs and symptoms may occur --

- Severe pain in the side and back, below the ribs
- Pain that spreads to the lower abdomen and groin
- Pain on urination
- Pink, red or brown urine
- Nausea and vomiting
- Persistent urge to urinate
- Fever and chills if an infection is present

When to see a doctor

Make an appointment with your doctor if you have any signs and symptoms that worry you. Seek immediate medical attention if you experience --

- Pain so severe that you can't sit still or find a comfortable position
- Pain accompanied by nausea and vomiting
- Pain accompanied by fever and chills
- Nausea with inability to hold down liquids

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Urologic surgical team approach for comprehensive treatment in minimally invasive surgical techniques

Extracorporeal Shock Wave Lithotripsy (ESWL)

ESWL is a noninvasive method of breaking kidney stones using high energy shock waves. The shock waves are generated outside of the body by a lithotripter machine and travel through the body and are focussed directly onto the stone by X-ray guidance. The stone is fragmented into smaller pieces, which then can pass spontaneously.

Ureteroscopy

Ureteroscopy is an examination of the upper urinary tract, usually performed with an endoscope that is passed through the urethra, bladder, and then directly into the ureter. The procedure is useful in the diagnosis and the treatment of disorders such as kidney stones. The examination may be performed with either a flexible or a rigid fiberoptic device while the patient is under a general anesthetic.

Percutaneous Nephrolithotomy

Percutaneous nephrolithotomy is a surgical procedure to remove stones from the kidney by a small puncture wound (up to about 1 cm) through the skin. It is most suitable to remove stones of more than 2 cm in size. It is usually done under general anesthesia or spinal anesthesia.

Ralph V. Clayman, M.D. Dean, School of Medicine Professor of Urology



d for his clinical and

Michael Louie, M.D. Assistant Clinical Professor Dr. Louie specializes in enlarge-



ment of the prostate (BPH), the treatment of kidney stones, kidney cancer, strictures of the ureter and robotic-assisted prostatectomy. He completed his fellowship training in robotic and laparoscopic minimally invasive surgery at University of California, Irvine.

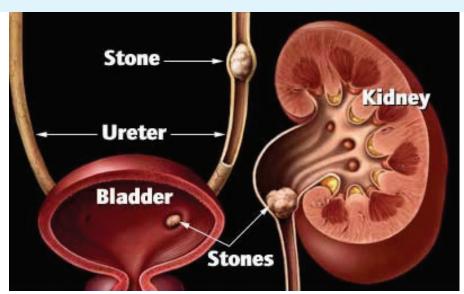
Jaime Landman, M.D. Professor and Chairman Department of Urology

Dr. Landman has extensive clinical expertise in laparoscopic renal and prostate surgery and endoscopic management of urinary tract pathology. He has pioneered technology and techniques for minimally invasive management of renal malignancies and has developed novel techniques that are used globally for laparoscopic partial nephrectomy. He completed his fellowship training in minimally invasive urologic surgery at Washington University, St. Louis, Missouri.

Elspeth McDougall, M.D., FRCSC Professor of Urology Director, UC Irvine Surgical Education Center



Dr. McDougall specializes in minimally invasive surgery for the treatment of kidney stones, kidney cancer and strictures of the ureter. She did her postgraduate fellowship training in endourology and extracorporeal shock wave lithotripsy at Washington University Medical School, Barnes Hospital, St. Louis, Missouri.



Kidney stones form in your kidneys. As stones move into your ureters - the thin tubes that allow urine to pass from your kidneys to your bladder - signs and symptoms can result. Signs and symptoms of kidney stones can include severe pain, nausea and vomiting.

Causes

Kidney stones are often the result of a number of factors. These factors create the conditions in which susceptible people develop kidney stones.

Kidney stones form when the components of urine - fluid and various minerals and acids - are out of balance. When this happens, your urine contains more crystal-forming substances, such as calcium, oxalate and uric acid, than the available fluid can dilute. At the same time, your urine may be short of substances that keep crystals from sticking together and becoming stones. This creates an environment in which kidney stones are more likely to form.

Types of kidney stones

Most kidney stones contain crystals of more than one type. Types of kidney stones include --

Calcium stones. Most kidney stones are calcium stones, usually in the form of calcium oxalate. High oxalate levels can be found in some fruits and vegetables, as well as in nuts and chocolate. Your liver also produces oxalate. Dietary factors, high doses of vitamin D, intestinal bypass surgery and several different metabolic disorders can increase the concentration of calcium or oxalate in urine. Calcium stones may also occur in the form of calcium phosphate.

 Struvite stones. Struvite stones form in response to an infection, such as a urinary tract infection. Struvite stones can grow quickly and become quite large.

Uric acid stones. Uric acid stones can form in people who are dehydrated, those who eat a high-protein diet and those with gout. Certain genetic factors and disorders of the blood-producing tissues also may predispose you to uric acid stones.

 Cystine stones. These stones represent only a small percentage of kidney stones. They form in people with a hereditary disorder that causes the kidneys to excrete excessive amounts of certain amino acids (cystinuria).

Other stones. Other, rarer types of kidney stones can occur. Knowing your type of kidney stone helps to understand what might have caused the stone to form and may give clues as to what you can do to reduce your risk of getting additional kidney stones.

Risk factors

Factors that increase your risk of developing kidney stones include --

Family or personal history of kidney stones. If someone in your family has kidney stones, you're more likely to develop stones, too. And if you've already had one or more kidney stones, you're at increased risk of developing another.

 Being an adult. Kidney stones are most common in adults age 40 and older, though kidney stones may occur at any age.

 Being a man. Men are more likely to develop kidney stones.

 Dehydration. Not drinking enough water each day can increase your risk of kidney stones. People who live in warm climates and those who sweat a lot may need to drink more water than others.

Certain diets. Eating a diet that's high-protein, high-sodium and highsugar may increase your risk of some types of kidney stones.

 Being obese. High body mass index (BMI), increased waist size and weight gain have been linked to an increased risk of kidney stones.

 Digestive diseases and surgery.
Gastric bypass surgery, inflammatory bowel disease or chronic diarrhea can cause changes in the digestive process that affect your absorption of calcium and increase the levels of stone-forming substances in your urine.

Other medical conditions. Diseases and conditions that may increase your risk of kidney stones include renal tubular acidosis, cystinuria, hyperparathyroidism and certain urinary tract infections.

Tests and diagnosis

If your doctor suspects you have a kidney stone, you may undergo tests and procedures to diagnose your condition, such as --

 Blood tests. Blood tests may reveal excess calcium or uric acid in your blood. Blood tests allow your doctor to check for other medical conditions and to monitor the health of your kidneys.

 Urine tests. Tests of your urine, such as the 24-hour urine collection, may show that you're excreting too many stone-forming minerals or too few stoneinhibiting substances.

 Imaging tests. Imaging tests may show kidney stones in your urinary tract. Imaging tests may include computerized tomography (CT) or, less commonly, X-ray.

Preparing for your appointment

You're likely to start by first seeing your family doctor or a general practitioner if you think you have a kidney stone. Small kidney stones can be treated by your family doctor. But if you have a large kidney stone and experience severe pain or kidney problems, your doctor may refer you to a doctor who treats problems in the urinary tract (urologist).

Because appointments can be brief, and because there's often a lot to cover, it's a good idea to be well prepared. Here's some information to help you get ready for your appointment, and what to expect from your doctor. What you can do --

Be aware of any pre-appointment restrictions. At the time you make the appointment, ask if there's anything you need to do in advance, such as restrict your diet.

 Write down your symptoms, including any that may seem unrelated to the reason for which you scheduled the appointment.

 Write down key personal information, including major stresses or recent life changes.

 Make a list of all medications, as well as any vitamins or supplements, that you're taking.

Take a family member or friend along, if possible. Sometimes it can be difficult to absorb all the information provided during an appointment. Someone who accompanies you may remember something that you missed or forgot.

Write down questions to ask your doctor. Time with your doctor is limited, so preparing a list of questions will help you make the most of your appointment. List your questions from most important to least important in case time runs out. For kidney stones, some basic questions include --

- Do I have a kidney stone?
- What size is my kidney stone?
- Where is my kidney stone located in my urinary tract?
- What type of kidney stone do I have?
- Will I need medication to treat my kidney stone?
- Will I need surgery or another procedure to treat my kidney stone?
- What is the chance that I will develop another kidney stone?
- How can I prevent kidney stones in the future?
- I have these other health conditions. How can I best manage them together?
- Are there any restrictions that I need to follow?
- Should I see a specialist? What will that cost, and will my insurance cover it?
- Is there a generic alternative to the medicine you're prescribing me?
- Are there any brochures or other printed material that I can take with me?
 What Web sites do you recommend?
- What will determine whether I should plan for a follow-up visit?

In addition to the questions that you've prepared, don't hesitate to ask questions during your appointment any time that you don't understand something. Analysis of passed stones.

You may be asked to urinate through a strainer designed to catch any stones you pass. That way, any stones can be collected for laboratory testing. A laboratory analysis will reveal the makeup of your kidney stones. Your doctor uses this information to determine what's causing your kidney stones and to formulate a plan to prevent future kidney stones.

Prevention Lifestyle changes

You may reduce your risk of kidney stones if you --

 Drink water throughout the day.
Drink more water throughout the day.
For people with a history of kidney stones, doctors usually recommend passing about 2.6 quarts (2.5 liters) of urine a day. Your doctor may ask that you measure your urine output to ensure that you're drinking enough water.
People who live in hot, dry climates and those who exercise frequently may need to drink even more water to produce enough urine.

Eat fewer oxalate-rich foods. If you tend to form calcium oxalate stones, your doctor may recommend restricting foods rich in oxalates. These include rhubarb, beets, okra, spinach, Swiss chard, sweet potatoes, tea, chocolate and soy products.

 Choose a diet low in salt and animal protein. Reduce the amount of salt you eat and choose nonanimal protein sources, such as nuts and legumes.
This may help reduce your chance of developing kidney stones.

 $\dot{\mathbf{v}}$ Continue eating calcium-rich foods, but use caution with calcium supplements. The calcium in the food you eat doesn't have an effect on your risk of kidney stones. Continue eating calciumrich foods unless your doctor advises otherwise. Ask your doctor before taking calcium supplements, though, as these have been linked to an increased risk of kidney stones. You may reduce the risk by taking supplements with meals. Ask your doctor for a referral to a dietitian who can help you plan meals that will help reduce your risk of kidney stones.

Medications

Medications can control the level of acidity or alkalinity in your urine and may be helpful in people who form certain kinds of stones. The type of medication your doctor prescribes will depend on the kind of kidney stones you have --

 Calcium stones. To help prevent calcium stones from forming, your doctor may prescribe a thiazide diuretic or a phosphate-containing preparation.

 Uric acid stones. Your doctor may prescribe allopurinol (Zyloprim, Aloprim) to reduce uric acid levels in your blood and urine and a medicine to keep your urine alkaline. In some cases, allopurinol and an alkalinizing agent may dissolve the uric acid stones.

Struvite stones. To prevent struvite stones, your doctor may recommend strategies to keep your urine free of bacteria that cause infection. Long-term use of antibiotics in small doses may be useful to achieve this goal.

 Cystine stones. Cystine stones can be difficult to treat. Your doctor may prescribe certain medications to alkalinize the urine or to bind the cystine in the urine in addition to recommending an extremely high urine output.

Jaime Landman, M.D. For appointments and referrals, please call -- 714.456.7005



Dr. Jaime Landman teaching in the UC Irvine Surgical Education Center

Treatment for small stones with minimal symptoms

Treatment for kidney stones varies, depending on the type of stone and the cause. Most kidney stones won't require invasive treatment. You may be able to pass a small stone by --

Drinking water. Drinking as much as 2 to 3 quarts (1.9 to 2.8 liters) a day may help flush out your urinary system.

 Pain relievers. Passing a small stone can cause some discomfort. To relieve mild pain, your doctor may recommend pain relievers such as ibuprofen (Advil, Motrin, others), acetaminophen (Tylenol, others) or naproxen sodium (Aleve).

Treatment for larger stones and those that cause symptoms

Kidney stones that can't be treated with conservative measures - either because they're too large to pass on their own or because they cause bleeding, kidney damage or ongoing urinary tract infections - may require more invasive treatment. Procedures include --

Using sound waves to break up stones. A procedure called extracorporeal shock wave lithotripsy uses sound waves to create strong vibrations called shock waves that break the stones into tiny pieces that are then passed in your urine. The procedure creates a loud noise and can cause moderate pain, so you may be under sedation or light anesthesia to make you comfortable. The specifics of your procedure may vary depending on the type of equipment your doctor uses.

Extracorporeal shock wave lithotripsy can cause blood in the urine, bruising on the back or abdomen, bleeding around the kidney and other adjacent organs, and discomfort as the stone fragments pass through the urinary tract.

Surgery to remove very large stones in the kidney. A procedure called percutaneous nephrolithotomy involves surgically removing a kidney stone through a small incision in your back. This surgery may be recommended if extracorporeal shock wave lithotripsy has been unsuccessful or if your stone is very large.

Using a scope to remove stones. To remove a stone in your ureter or kidney, your doctor may pass a thin lighted tube (uretero-scope) equipped with a camera through your urethra and bladder to your ureter. Your doctor maneuvers the ureteroscope to the stone. Once the stone is located, special tools can snare the stone or break it into pieces that will pass in your urine.

Parathyroid gland surgery. Some calcium stones are caused by overactive parathyroid glands, which are located on the four corners of your thyroid gland, just below your Adam's apple. When these glands produce too much parathyroid hormone, your body's level of calcium can become too high, resulting in excessive excretion of calcium in your urine. This is sometimes caused by a small benign tumor in one of your four parathyroid glands. A surgeon can remove the tumor or the parathyroid glands.

Robotic Cancer Surgery

Just 10 years ago, the thought of a robot working in the operating room would have seemed like science fiction.

Today, these machines are among the most important devices that surgeons use at University of California, Irvine Medical Center. The medical center has established what is believed to be the first center for robot-assisted treatment of cancer. It's part of the Chao Family Comprehensive Cancer Center—one of only 40 National Cancer Institute-designated comprehensive cancer centers in the U.S. and the only one in Orange County.

A major advance

"Typically, an operation for cancer is invasive," says urologic oncologist **Dr. Thomas E. Ahlering**, director of the Robotic Oncology Center. "But because robot-assisted surgery is performed through such small incisions and is so precise, there's considerably less pain, blood loss and risk of infection." Renowned in his field, Ahlering helped pioneer the robotic prostatectomy, a procedure that involves removal of a cancerous prostate gland and surrounding tissue. He has performed more than 1,000 of these procedures and is sought by patients throughout the world.

Currently, robotic technology is also used to operate on patients with kidney, ureteral, bladder, uterine, cervical and early stage ovarian cancer. "In contrast to traditional laparoscopic surgery, which utilizes small incisions and rigid instruments that can limit a surgeon's range of motion, the robot makes it possible to access hard-to-reach organs with relative ease," says **Dr. Robert Bristow**, director of gynecologic oncology. Treatment for cancer of the uterus, ovaries and fallopian tubes is usually a hysterectomy. "A conventional hysterectomy involves an incision from the pubic



bone to above the belly button," explains Bristow. "But a robotic hysterectomy is performed through four or five tiny incisions—and the precision of the machine results in far less tissue trauma and a faster return to everyday activities."

Progress continues

Recently, UC Irvine Healthcare surgeons were among the first in

the world to perform a robot-assisted thyroidectomy—the removal of a cancerous thyroid gland. The robotic approach eliminates the very visible 3- to 5-inch neck scar traditionally associated with this operation by removing the malignant gland through a 1-inch opening in the armpit. The resulting scar is virtually invisible. Soon to join the growing list of surgeries performed with the robotic technology are operations for cancers of the lung, stomach, colon, rectum, mouth, throat and larynx.

Improving cancer care

UC Irvine Medical Center was among the first hospitals in the nation to install a robotic surgical system. It was also the site of the first robot-assisted surgery performed in Southern California. "The new Robotic Oncology Center fosters research and provides an environment in which increasingly innovative ways to use the robot are discovered," says Ahlering. "This helps to improve the care of many cancer patients."

Today, these machines are among the most important devices that surgeons use at University of California, Irvine Medical Center. The medical center has established what is believed to be the first center for robot-assisted treatment of cancer, the UC Irvine Robotic Oncology Center. This is a part of the Chao Family Comprehensive Cancer Center - one of only 40 National Cancer Institute-designated comprehensive cancer centers in the U.S. and the only one in Orange County.

UC Irvine Robotic Oncology Center www.roboticoncology.uci.edu

Thomas E. Ahlering, M.D. For appointments and referrals, please call -- 714.456.6068 9:00 am - 3:45 pm Department of Urology surgeons fellowship-trained in oncology and minimally invasive surgical procedures

The latest technology...in the best hands... driven by the best minds



Thomas E. Ahlering, M.D. Vice Chairman and Professor of Urology



Atreya Dash, M.D. Assistant Professor of Clinical Urology



Tony E. Khoury, M.D. Professor and Chief of Pediatric Urology



Jaime Landman, M.D. Professor of Urology and Radiology Chairman, Department of Urology



Michael Louie, M.D. Assistant Clinical Professor of Urology

Your Urology Spring 2011, Issue 15

The urology newsletter is published biannually. We welcome your comments and ideas for stories. Please send them to Dr. Elspeth McDougall, editor, at cshell@uci.edu. Make sure to let us know if we have permission to reproduce your comment in full or in part in Your Urology. Copyright © 2011 The Regents of the University of California. All rights reserved.

Department Chairman Jaime Landman, M.D.

Newsletter Editor Elspeth M. McDougall, M.D., FRCSC, MHPE

Newsletter Coordinator - Cynthia Shell

If you do not want to receive further communications from the Department of Urology, please contact Cynthia Shell.

University of California, Irvine Department of Urology 333 City Blvd. West, Suite 2100 Orange, CA 92868 Tel: 714.456.5371

Dr. Thomas Ahlering, Director, UC Irvine's Robotic Oncology Center

Department of Urology Updates



Elspeth McDougall, M.D., FRCSC, MHPE Professor of Urology Director, UC Irvine Surgical Education Center Department of Urology

Dr. Elspeth McDougall has accepted the position as Department of Urology Residency Program Director beginning May 1, 2011.

Dr. McDougall joined the University of California, Irvine, Department of Urology faculty in 2002 to continue her clinical and research work in minimally invasive urologic surgery and assist in the development of a minimally invasive surgery education center. She is internationally recognized for her laboratory and clinical research in urologic laparoscopic surgery and for teaching courses on fundamental and advanced endourological and laparoscopic techniques.

In 2005, Dr. McDougall completed a Teaching and Learning Fellowship at the University of Southern California, Los Angeles, and in 2008 completed a Masters in Health Profession Education from the University of Chicago at Illinois.

Dr. McDougall has assumed the position as chair of the American Urological Association Office of Education from 2009 - 2012. She has been the director of the UC Irvine Surgical Education Center since 2003 and developed the ongoing, five-day mini-fellowship training program in minimally invasive urologic surgery for postgraduate urologists.

Welcome new residents to the Department of Urology



Benjamin J. Shanker, M.D. Mt. Sinai School of Medicine New York University



Dena Van Lierop, M.D. Medical College of Wisconsin



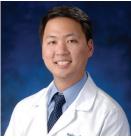
Michael Louie, M.D. Assistant Clinical Professor Department of Urology

Beginning May 1, 2011, Dr. Michael Louie will assumed the directorship of both fellowship programs in the Department of Urology.

- 2-year Endourological Society Fellowship Program
- International Fellowship Program



Welcome new endourology fellow beginning July 1, 2011 Joseph A. Graversen, M.D. from Columbia University Department of Urology



William Sohn, M.D. Senior Resident Department of Urology

Dr. Sohn coordinated a second ultrasound training program for the urology residents on November 16, 2010 in the UC Irvine Surgical Education Center. **Dr. Chris Fox** instructed the residents in

using ultrasonographic imaging to identify kidneys and location and size of any renal tumors.

Dr. Fox is the director of emergency ultrasound, UC Irvine Department of Emergency Medicine.



CENTER FOR UROLOGICAL CARE UC IRVINE • HEALTHCARE



Roselle Cao, R.N. Clinical Nurse III Supervisor Department of Urology

Congratulations to Roselle

At the Center for Urological Care, Roselle Cao has accepted a promotion as Clinical Nurse III Supervisor.

Award winners --American Urological Association Western Section Conference October 23-29, 2010 Waikoloa, HI



Phillip Mucksavage, M.D. Clinical Endourology Fellow Department of Urology

Congratulations to Dr. Mucksavage

Dr. Mucksavage won second place in the History Essay Contest with his paper titled, "A History and Evolution of Laparoscopic Nephrectomy: Perspectives from the Past, Current Status, and Future Directions."



Michael A. Liss, M.D. Chief Resident Department of Urology

Congratulations to Dr. Liss

Dr. Liss won the Best in Session Award for his poster and the Earl F. Nation Resident Scholarship. His poster was titled, "Prevalence and Significance of Fluoroquinolone-resistant *Escherichia coli* in Patients Undergoing Transrectal Ultrasound Guided Prostate Needle Biopsy."

UC Irvine School of Medicine Courses -- UC Irvine Surgical Education Center

Department of Urology - Visiting Professors Training Program

2010 John W. Posey Visiting Professorship December 9-11, 2010



Claus G. Roehrborn, M.D. Professor and Chairman Department of Urology E.E. Fogelson and Greer Garson Fogelson Distinguished Chair in Urology UT Southwestern Medical Center Dallas, TX

The Department of Urology hosted visiting professor Dr. Claus Roehrborn, December 9-11, 2010. Dr. Roehrborn presented lectures over the three days on topics related to his area of expertise for our department and community urologists. On Friday morning, he presented a special hands-on training session for the urology residents on button TURP and GreenLight Laser ablation of the prostate.

His lecture topics included --

- How I read the medical literature: a user's guide
- Prostate cancer chemoprevention: dawn or sunset for a great idea
- Medical therapy for male LUTS and BPH
- A critical overview of MIST intervention for LUTS and BPH

Visiting Professorship February 10-12, 2011

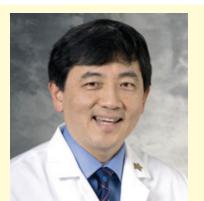


Sender Herschorn, M.D. Professor and Chairman Division of Urology Sunnybrook Health Sciences Centre University of Toronto Ontario, Canada

The Department of Urology was please to host visiting professor Dr. Sender Herschorn from the University of Toronto. Dr. Herschorn presented lectures for our department and community urologists. He presented a special hands-on surgical laboratory training session for the urology residents on the use of synthetic sling materials in male and female cadaveric models. His lecture topics included --

- Augmentation cystoplasty does it still have a role in the management of neurogenic bladder?
- Controversies in the surgical treatment of female stress urinary incontinence
- The emerging role of botulinum toxin for refractory detrusor overactivity

Dr. Herschorn teaching the urology residents in the UC Irvine Surgical Education Center.



Stephen Y. Nakada, M.D. Chairman, Department of Urology The David T. Uehling Professor of Urology University of Wisconsin Madison, WI

2011 John W. Posey Visiting Professorship September 22-24, 2011

Dr. Nakada is certified by the American Board of Urology. He is an internationally renowned expert in urinary stones and urologic laparoscopy. In 1997, he performed and reported the first hand-assisted laparoscopic nephrectomy in the United States using a sleeve. In 2003, Dr. Nakada became the 15th Dornier/A.F.U.D. Award Winner for Innovative Research in Urology. He has also been named the 2004 recipient of the prestigious Gold Cystoscope Award from the American Urological Association. He is an active member of the American Association of Genitourinary Surgeons, and he currently serves on the American Board of Urology Examination Committee. His editorial duties include being associate editor for *Urology*, editorial consult for *Urology Times*, and assistant editor for the *Journal of Endourology*. Dr. Nakada's research focuses on endourologic and laparoscopic approaches to urologic tumors, pathophysiology of the ureter and all aspects of urinary stone disease.

For more information, contact: Cynthia Shell 714.456.5371



and hosted by the Department of Urology Leadership Council as an opportunity to introduce young people to the world of robotics and the latest cutting-edge technologies used for medical examinations and surgical procedures. The participants will have an opportunity to have a hands-on experience with the da Vinci® robot and virtual reality surgical simulators, which are used for training medical students and surgeons.

For more information, please contact -- Rosanne Santos Phone: 714.456.8176 E-mail: rtsantos@uci.edu



We wish to thank the following for their support of this

- UC Irvine School of Medicine
- UC Irvine, Department of Orthopaedic Surgery
- Mazor Robotics \$
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- B-K Medical Systems, Inc. $\dot{\mathbf{v}}$
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- Rocky Mountain Chocolate Factory $\dot{\mathbf{v}}$
- **Doubletree Hotel** •••
- Sigma Omicron Pi, UC Irvine Chapter ÷
- UC Irvine Pilipino Pre-Health Undergraduate ÷ Student Organization



The Department of Urology at UC Irvine and the Foundation for the Advancement of Minimally Invasive Surgery (FAMIS) are dedicated to serving the educational needs of the young community. They will collaborate with the Beginning with Children Foundation, a non-profit organization that creates pathways to higher education, self-suffiiciency and community engagement for New York City children. The Middle School Student Exchange will allow us to expand our outreach efforts to the middle school community locally and nationally to broaden horizons and inform young minds of the opportunities available in the healthcare field. Students will learn about career opportunities that are attainable no matter what may be their socioeconomic circumstance.

The Beginning with Children Foundation will bring ten middle school students from Brooklyn, NY to join another ten students from the Boys and Girls Club of Anaheim for a two-day program introducing them to minimally invasive surgery at UC Irvine Medical Center, ending with a fun outing on day three.

Introducing a new outreach program --

Middle School Student Exchange

August 4-6, 2011

The children will also benefit from this program through meeting students from similar backgrounds from a different state. Prior to the program, each child will be paired with a "buddy" from the other school, so they may formulate new relationships and, hopefully, continue their interactions beyond the program in order to broaden their horizons nationally.

Preliminary Agenda

- Lecture about surgical innovation -Dr. Jaime Landman, Chairman of the Department of Urology
- Hands-on laboratory experience with the da Vinci robot system, laparoscopic trainer, virtual reality laparoscopic simulator
- Introductory workshop suturing, * knot-tying
- Tour of UC Irvine Urology Research Laboratory
- Tour of the UC Irvine Douglas Hospital
- Discussions about careers in health care and career development
- Q&A panel with high school and undergraduate college students
- Fun tourist outing in Orange County, CA (i.e., Disneyland)

We are hopeful that this introductory program will stimulate young minds to consider achieving higher education and working in a healthcare or related field, all critical to the success of patient care and medical advancement (i.e., physician, nurse, administrative and support teams, research staff, pharmaceutical and biotechnology industry).

For more information. please contact -- Rosanne Santos Phone: 714.456.8176 E-mail: rtsantos@uci.edu



Courses -- American Urological Association



Special course to be held during the annual meeting of the American Urological Association -

Renal Mass Biology, Relevant Anatomy, Treatment Algorithms (Observation vs. Ablation vs. Extirpation: A Case Oriented Seminar)

May 16, 2011 8:30 - 11:45 am Jaime Landman, M.D., Director

Web Site www.aua2011.org/register/index.cfm

Department of Urology Upcoming Events 2011 Calendar

Saturday, April 23 Robots Are Cool 3

Wednesday, May 11

Integrated Wealth Management: Is it a reality? An Estate Tax Update and Charitable Opportunities under the new law. City Tower, Ste 2100 Conference Room

Friday, June 10 & 24 Medical Student GU Skills Training

Saturday, June 11 Surgery for Primary Care Physicians Course

Mon-Fri, June 20 - July 1 UC Irvine Summer PreMed Program

Mon-Fri, July 18 - 29 UC Irvine Summer PreMed Program

Thurs-Sat, August 4-6 Middle School Student Exchange

Mon-Wed, Aug 29-31 (Zhengzhou University, China) Natural Products and Cancer Targets: Progress and Promise Course, Xiaolin Zi, PhD

Thurs-Sat, Sept. 22-24 Visiting Professor, Dr. Stephen Nakada

Fri, Oct. 28 AUA Ultrasound Course

Sat-Sun, Oct. 29-30 AUA Tissue Ablative Course:

Kidney and Prostate Saturday, November 19 Annual Urology Fundraising Gala

Ongoing Events Mondays - Urology Grand Rounds Conference

5-Day Course Urology Mini-Fellowship Training Program in Minimally Invasive Surgery for postgraduate urologists American Urological Association Ultrasound Course October 28, 2011

Location:

University of California, Irvine (main campus, MedEd Bldg.)

This one-day, hands-on, CME course is designed for urologists and urology residents. The increasing use of diagnostic ultrasound in



urology indicates the need for didactic and hands-on training in urologic ultrasound. This course enables attendees to demonstrate proficiency in performing and documenting ultrasound studies. There will be a combination of didactic training, hands-on instruction and verification of skills.

Prerequisite

Attendees are expected to have completed the AUA Basic Ultrasound DVD and to have taken and passed the on-line test prior to attending the hands-on ultrasound course. The DVD is included in the registration cost of the course and will be mailed to the attendees after registration.

For more information, please contact -- Richard D. Scott, M.A.Phone410.689.4001E-mailrscott@auanet.orgCME Credit8.0 AMA PRA Category 1 CreditsWeb Sitewww.auanet.org/content/education-and-meetings



American Urological Association Tissue Ablative: Prostate and Kidney Course October 29-30, 2011 Location: UC Irvine Medical Center, Orange, CA Jaime Landman, M.D., Director

This CME course is designed for practicing urologists, interventional radiologists, residents and fellows-in-training who are interested in initiating or expanding the clinical application of ablative technologies into their urologic oncology practice. The primary target audience is the urologic oncologist who is interested in both didactic and hands-on skills training for transperineal prostate and laparoscopic/ image-guided percutaneous kidney cancer ablation.

For more information, please contact -- Jimalyn KerrPhone410.689.3798E-mailjhodson@auanet.orgCME Credit16.75 AMA PRA Category 1 CreditsWeb Sitewww.auanet.org/content/education-and-meetings

University of California, Irvine School of Medicine



UC Irvine Summer Premed Program

A two-week "summer camp" program for high school students from Orange County provides an inside look at the life of a medical student.

Applications will be accepted until <u>April 22, 2011</u>. www.som.uci.edu/summerpremed

The UC Irvine Summer Premed Program offers two, 2-week programs dedicated to fostering the interest of high school students toward careers in medicine. This program combines didactic lectures given by distinguished UC Irvine faculty members and hands-on workshops to provide first-rate exposure to the medical field. Each program is limited to 40 students.

Program Dates

Session 1 June 20 - July 1, 2011 Session 2 July 18 - 29, 2011 The daily schedule is Monday to Friday from 9:00 am-4:00 pm.

Tuition: \$2,200 for a two-week session (includes costs of food, workshop material, transportation, etc.)

Program Requirements

Enrollment is limited to 40 students per session.

Applicants must be at least 16 years of age to apply for this program. The program is open to rising high school sophomores, juniors or seniors. Applications are reviewed on a first come basis and are evaluated on the basis of academic record, level of commitment to the program and the teacher's recommendation letter. Outstanding students will be selected from the application pool and invited to register for the program.

Program Location

The program is held at the UC Irvine campus and UC Irvine Medical Center. The students should be dropped off and picked up at the campus in Irvine.

Scholarships

The program offers ten scholarships which pay for the full tuition.

- The requirements for the scholarship are as follows:
- 1. Must attend a high school in an underserved area of Orange County.
- 2. Must have a GPA of more than 3.5.
- 3. Must be a U.S. citizen or permanent resident.
- 4. Must be from a disadvantaged background (have exceptional financial need as defined by the Federal Government).

Program Activities

- Clinical case studies
- Suturing, intubation
- Radiology: x-rays and ultrasounds
- Basic life support training
- Vitals workshop: measuring pulse, blood pressure
- Nutrition and effects on health
- Guest speakers, including clinicians and patient panels
- Robotic and laparoscopic surgery
- Hospital and undergraduate campus tour
- HIPAA training (respecting patient privacy)
- Casting and splinting
- Human anatomy lab
- UC Irvine undergraduate admissions, housing, and financial aid



Contact information

For application information or general inquiries, please visit our website www.som.uci.edu/summerpremed or e-mail summerpremed@uci.edu. SCHOOL OF MEDICINE

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Department of Urology Human Kindness

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| | Pediatric Urology Chair |
| | □ Minimally Invasive Urologic Surgery Chair |

Your support is fully tax deductible to the extent of the law. Your help will greatly improve the quality of education for our urology residents and the quality of healthcare we provide the Orange County community. In the unlikely event that private support does not fully fund the endowed chairs by the respective deadlines, the gifts received will be redirected to a current-use departmental fund that will support the surgical training center, urology research and education activities, and urology teaching endeavors.

Your gift to the Department of Urology helps advance education, research and patient care.

- * Discovering new medical knowledge and technology
- * Educating the next generation of physicians, medical scientists and nurses
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Please mail this form to --

Veronica Razo Urology Business Office - Suite 2100 UC Irvine Department of Urology 101 The City Drive Orange, CA 92868

Tel: 714.456.6726

UC Irvine School of Medicine, Department of Urology Clinical and Staff Faculty and Volunteer Faculty



Ralph V. Clayman, M.D.

Dean, School of Medicine Professor of Urology

Dr. Clayman is world renowned for his clinical and laboratory work in minimally invasive surgery. He specializes in the treatment of kidney stones, kidney cancer, strictures of the ureter and all other aspects of renal and ureteral diseases. **For appointments and referrals, please call: 714.456.7005**



Jaime Landman, M.D.

Professor and Chairman Department of Urology

Dr. Landman has extensive clinical expertise in laparoscopic renal and prostate surgery and endoscopic management of urinary tract pathology. He has pioneered technology and techniques for minimally invasive management of renal malignancies and has developed novel techniques that are used globally for laparoscopic partial nephrectomy. He completed his fellowship training in minimally invasive urologic surgery at Washington University, St. Louis, Missouri.

For appointments and referrals, please call: 714.456.7005



Thomas E. Ahlering, M.D.

Professor and Vice Chairman Dr. Ahlering is well known for laparoscopic radical prostatectomy using the da Vinci® Robotic Surgical System. He specializes in treatments for cancer of the prostate, bladder, kidney, and testis. He did his postgraduate fellowship training in urological oncology at University of Southern

California, Los Angeles. For appointments and referrals, please call: 714.456.6068

9 am - 3:45 pm



Atreya Dash, M.D.

Assistant Professor of Clinical Urology

Dr. Dash completed a fellowship in urologic oncology at Memorial Sloan-Kettering Cancer Center in New York. He has experience in all areas of urologic oncology including the advanced surgical treatment of prostate, renal, testis and bladder cancers. His patient treatment modalities include minimally invasive surgical technologies such as laparoscopy to improve the care and convalescence of patients with urologic cancers. **For appointments and referrals, please call: 714.456.7005**



Joel Gelman, M.D. Associate Clinical Professor

Volunteer Clinical Faculty Dr. Gelman has expertise in the treatment of urethral stricture disease, Peyronie's disease, erectile dysfunction, hypospadias and other disorders of the urethra and male external genitalia. He did his postgraduate fellowship training in adult and pediatric GU Reconstruction at Eastern Virginia Medical Center, Norfolk, Virginia. For appointments and referrals, please call:

714.456.2951

Tony E. Khoury, M.D.

Professor and Chief of Pediatric Urology, Department of Urology

Dr. Khoury is world renowned for his expertise in the medical and surgical management of complex pediatric urology anomalies. His services include reconstructive surgery for incontinence, genital anomalies, renal transplantation and oncology. He did his postgraduate fellowship training in pediatric urology at the Hospital for Sick Children in Toronto, Ontario, Canada.

For appointments and referrals, please call: CHOC Children's Urology Center: 714.512.3919 For Academic Issues: 714.512.3914



Michael Louie, M.D. HS/Assistant Clinical Professor

Director, Urology Fellowship Programs Dr. Louie specializes in enlargement of the prostate (BPH), the treatment of kidney stones, kidney cancer, strictures of the ureter and roboticassisted prostatectomy. He completed his fellowship training in robotic and laparoscopic minimally invasive surgery at University of California, Irvine. **For appointments and referrals, please call:**



714.456.7005

Elspeth M. McDougall, M.D.

Professor of Urology and Director, UC Irvine Surgical Education Center, Director, Urology Residency Program, Chair, American Urological Association Office of Education

Dr. McDougall specializes in minimally invasive surgery for the treatment of kidney stones, kidney cancer and strictures of the ureter. She did her postgraduate fellowship training in endourology and extracorporeal shock wave lithotripsy at Washington University Medical School, Barnes Hospital, St. Louis, Missouri.

For appointments and referrals, please call: 714.456.7005



Leland Ronningen, M.D.

HS/Associate Clinical Professor

Dr. Ronningen provides and supervises all aspects of urologic care at the Long Beach Veteran's Hospital Spinal Cord Injury/Disability Center. He also has an interest in benign diseases of the prostate. He received his urology training at Letterman Army Medical Center, Presidio of San Francisco, and the Portsmouth Naval Hospital in Portsmouth, Virginia.



Anne R. Simoneau, M.D. HS/Associate Clinical Professor Chief, Urology Service at the VA Long Beach Healthcare System

Dr. Simoneau has clinical trials in prostate cancer prevention and is collaborating with Dr. Zi on research in bladder cancer prevention. She did her postgraduate fellowship training in urological oncology at the University of Southern California.



Aaron Spitz, M.D.

Staff Physician Assistant Clinical Professor Male Reproductive Medicine and Surgery Dr. Spitz has expertise in the treatment of male infertility and sexual dysfunction. He did his fel-

lowship training at Baylor College of Medicine, Houston, Texas.

For appointments and referrals, please call: 714.456.7005



Bernard Turbow, M.D. Staff Physician Clinical Professor of Urology Dr. Turbow specializes in general urology and supervises residents-in-training and medical students in the Urology Patient Care Center. For appointments and referrals, please call: 714.456.7005



Driving Directions to UC Irvine Medical Center ---

From I-5 take the Chapman Avenue exit. Drive westbound on Chapman. Turn left (south) onto The City Drive South. Proceed to Dawn Way. Turn left. The UC Irvine Medical Center visitor parking structure is on the left side. Upon exiting the parking structure after parking, continue down the broad walkway until you see Miss Kelly's Coffee Cart on your right side. On your left side is the entry to the Pavilion III urology offices. If you are lost, please call 714.456.7005.