



UNIVERSITY OF KENTUCKY

JAN 05 2003

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**MEMORANDUM**

To: Jeffrey B. Dembo, D.D.S.  
Chair, University Faculty Senate

Emery A. Wilson, M.D.  
Dean

Re: Administrative Reassignment of the Center for Minimally Invasive Surgery

December 18, 2003

In 1999, the University approved the creation of the Center for Minimally Invasive Surgery (CeMIS). At that time, the Center was directed by Dr. Adrian Park in the Department of Surgery and supported by grant funding from U.S. Surgical Corporation.

The Center reports, according to the documents approved by the Faculty Senate and the Board, to the Chancellor of the Medical Center.

With the administrative reorganization, Dr. Park's departure from the University, and the exhaustion of the funding from U.S Surgical Corporation, we need to restructure and revitalize this Center. Dr. Robert Mentzer, Chair of the Department of Surgery, has written to me to request that we seek reassignment of this Center to the Dean of Medicine. Dr. Mentzer and I, as well as my successor as dean, will work to advertise and identify a suitable leader for this Center.

We would appreciate a review of this recommendation by the Faculty Council and Faculty Senate and ultimately the Board of Trustees.

attachments: Proposal creating CeMIS  
Dr. Mentzer's letter

cc: Michael T. Nietzel, Ph.D.  
David S. Watt, Ph.D.  
Robert M. Mentzer, Jr., M.D.

## **Proposal for the Creation of The Center for Minimally Invasive Surgery**

### **1. Goals and Significance.**

Advanced surgical techniques in a managed care environment place a premium on those that are minimally invasive. We anticipate that an ever-increasing number of procedures will be performed using these new techniques and will prove not only beneficial to the patient in terms of recovery but also will minimize bed occupancy and reduce costs. The goal of the Center for Minimally Invasive Surgery is to improve clinical service through research, contribute to basic, clinical, and outcomes-based research, and provide educational programs for residents and faculty seeking continuing education.

In addition to Dr. Adrian Park, the proposed Director for CeMIS, a number of other faculty in the College of Medicine, the new School of Public Health, and the Center for Biomedical Engineering will participate in this Center.

### **2. Justification for creating a center.**

The Center has operated informally for some time, and a substantial gift from U.S. Surgical Corporation made clear that there was considerable external interest in the goals of the proposed Center. CeMIS will facilitate the interactions among faculty with surgical interests, provide a framework for interdisciplinary research in basic, clinical, and outcomes-based research, assist with the recruitment of residents and graduate students with special interests in surgery or the development of surgical devices, provide and maintain appropriate facilities, and provide opportunities for the continuing education of faculty. It is also anticipated that the Center will lead to the development of new technology that could be commercialized.

### **3. Faculty leadership**

Adrian Park, MD is proposed as the Director of CeMIS. He will be appointed for a three-year term, will be reviewed in the second year of his appointment, and is eligible for reappointment after appropriate review and consultation with the Dean, Chancellor, and Hospital Director.

Under Dr. Park's direction, a steering committee was assembled to provide some guidance to the center and the related Ambulatory Surgery Center. A new Advisory

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Committee will be appointed to replace this committee. The Advisory Committee will have representatives who will reflect the multidisciplinary interests and broad mission of CeMIS:

Adrian Park  
Robert Mentzer  
David Watt  
Daniel Wermeling  
Delwood Collins  
Joe Claypool  
Kenneth Muse

#### **4. Reporting relationships.**

The Center will report to the Chancellor of the Medical Center

#### **5. Staff and facilities requirements.**

Space identified for CeMIS will house offices for the Director, clerical assistants; faculty trained in minimally invasive techniques, fellows, clinical scholars in training, nurses who coordinate patient care services, a coordinator for the teaching laboratory, and a computer programmer for the Immersadesk.

CeMIS will also include a teaching laboratory, with administrative support space, for the instruction of faculty, house staff, and students in the skills required to master techniques and procedures of minimally invasive surgery. The Immseradesk will be located in the Center and will be used for training and research. A telesurgery conference facility will also be housed in CeMIS.

CeMIS will initially be located on the 3<sup>rd</sup> floor of the University Hospital clinic wing in rooms C-304, C-308, C-310, C-312, C-316, C-318, and C-315. Rooms C-301 and C-303 will be a common, patient-waiting and reception location.

The plan for the first three years is to maintain staffing at the proposed levels. The number of core faculty will, however, substantially increase.

#### **6. Needed equipment and instrumentation.**

The equipment and instrumentation currently available for the performance of minimally invasive procedures is being inventoried. CeMIS will identify three general categories of "emergency replacement", "necessary and plan-to-obtain" and "value-added equipment". Once these categories have been completed, CeMIS will work with the University Hospital to develop a process for acquiring this equipment.

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## **7. Projected operating costs.**

The projected operating costs are shown below for the first three years of operation.

	YR01	YR02	YR03
Personnel	\$215,000	\$220,000	\$225,000
Supplies	25,000	30,000	30,000
Equipment	105,000	120,000	130,000
Totals	\$350,000	\$370,000	\$385,000

These funds will come either from the gift from the U.S. Surgical Corporation or Hospital funds.

## **8. Potential for generating extramural funds**

This Center is expected to generate new extramural funding.

The establishment of the Center will provide a formal organizational structure through which Center faculty can apply for both Training and Program Project Grants from the NIH, as well as similar programs through other organizations and industry.

As core faculty or other associated faculty accrues grants and contracts, the awards will be listed in the UKRF summary under their respective departments holding their primary appointments. Indirect costs will be split according to the percentages listed on the Internal Approval Forms.

## **9. Other Proposed Benefits**

This Center will provide an invaluable resource for the Commonwealth of Kentucky: it will be a significant research and training resource within the Commonwealth and will ultimately contribute to the well being of the people of the Commonwealth. The Center will also aid in the development of biotechnology industries within the Commonwealth and will prove to be an invaluable aid to such companies once established.

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## 10. Possible faculty members in the center

Adrian Park, MD	Director of MIS
M. Clive Robinson, MD	MIS Cardiothoracic Surgery
Michael Mastrangelo, MD	MIS GI/Transplant Surgery
Paul DePriest, MD	MIS Gynecology
Larry Butler, MD	
Fred Ueland, MD	
Deborah Blades, MD	MIS Neurosurgery
Robert Gewirtz, MD	
Benjamin Warf, MD	
Raleigh Jones, MD	MIS Otolaryngology
Joseph Valentino, MD	
Carol Fowler, MD	MIS Pediatric Surgery
Andrew Pulito, MD	
James Lovett, MD	MIS Plastic Surgery
Henry Vasconez, MD	
Jozef Zoldos, MD	
Juan Ochoa, MD	MIS Trauma Surgery
Bernard Boulanger, MD	
Larry Munch, MD	MIS/Urology/Transplant
Christopher Kwolek, MD	MIS Vascular
Michael Donnelly, Ph.D	MIS Education Group
David Sloan, MD	
Benjamin Warf, MD	
Donald Witzke, MD	
Charles Knapp, Ph.D	Director, Ctr of Biomedical Engineering
Douglas Scutchfield, MD	Director, Ctr for Health Services Management and Research
Alan Male, Ph.D	Director, Ctr for Robotics and Manufacturing Systems
Anna Rockich, Pharm D	Director of Clinical Research
Dun-Xue Mu, MD	MIS CT Fellow '98
Daniel Birch, MD	MIS Laparoscopy Fellows
Scott Roth, MD	
William Charash, MD	MIS Research Fellow '98
James Hoskins	MIS Computing/Immersadesk

MIS  
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November 3, 2003

David Watt, Ph.D.  
Associate Provost for Academic Affairs  
Executive Dean, College of Medicine  
MN150

Dear David,

I am writing in regards to the current reporting structure of the Minimally Invasive Surgery (MIS) Center. At the present time we do not have a Director or full time faculty member who solely practices minimally invasive surgery. Since the Center was created as a result of a substantial gift from US Surgical Corporation and these funds are almost exhausted, I am requesting the reporting structure of the Center be changed from the Chancellor of the Medical Center to the Dean of the College of Medicine. While it is the intent of the Department to recruit general surgeons with laparoscopic skills who will be engaged in developing a training and research program, it is in the best interest of the College for that Director to report directly to the Dean. If you need additional information to support this request in change of reporting structure, please let me know.

Sincerely,



Robert M. Mentzer, Jr., M.D.  
Frank C. Spencer Professor and Chair  
Department of Surgery