

Surgical Oncology  
Resident  
Handbook  
2008 - 2009  
Surgery Service 1

Division of Surgical Oncology  
The Cancer Institute of New Jersey  
UMDNJ-Robert Wood Johnson Medical School

Prepared by:  
Thomas J. Kearney M.D., FACS  
Associate Professor of Surgery  
UMDNJ-RWJMS  
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## Overview

Cancer therapy has evolved over the last few decades such that most cancers require multi-modality therapy for appropriate treatment. Surgery of the breast, skin, soft tissues, endocrine system and gastro-intestinal tract for cancer as well as the field of surgical oncology are all primary components of the field of surgery. The modern surgeon must understand the basic principles of cancer risk assessment, screening and diagnosis. The surgeon must be adept at the primary surgical treatment of cancer and be familiar with cancer staging, adjuvant treatment and patient follow-up. The general surgeon performing cancer related surgery must know when to operate and when to defer to other treatment modalities. End of life issues must also be dealt with in an appropriate and sensitive manner. The surgical resident rotation on the Surgical Oncology Service (GS I) is designed to allow the resident to become familiar with the above concepts. Clinical conferences, attending rounds and formal lectures along with supervised patient care encounters in the clinic and OR are used to achieve this goal. The RWJUH Library will have three copies of the MD Anderson Surgical Oncology Handbook (4<sup>th</sup> edition) reserved for use by residents and students on the service. The information contained here is also available at [www.cinj-surgonc.org](http://www.cinj-surgonc.org).

## Clinical Patient Care and Consults

Basic contact information for the attending surgeons in the Surgical Oncology Division is listed here. Please do not hesitate to contact the surgeons for patient care concerns. It is better to call too often than to not call. The Division and CINJ numbers are listed as well as each surgeon's pager number.

<b>Name</b>	<b>Phone or Pager</b>	<b>Name</b>	<b>Phone or Pager</b>
CINJ (Main #)	732-235-6777	Goydos	800-272-1947
Division (Main #)	732-235-7701	Kearney	800-278-2475
August	800-276-4314	Kirstein	732-396-5007
Carpizo	732-627-1018	Lee	732-206-3393
Gannon	732-396-5009	Mancuso (Fellow)	732-206-3178

In general, each attending surgeon covers his or her own patients and rounds daily during the week. The resident team must discuss the care of each in-patient every day with the responsible attending surgeon. On weekends and holidays, the on-call attending will usually round for the division and review the patient care plan with the team. Some surgeons will ask the team to contact them on weekends even if that attending is not on-call.

Consults to specific attending surgeons should be discussed with that attending. The attending has the option of accepting the consult or asking the on-call attending to accept the consult. Consults to the service in general should be directed to the on-call attending. A written attending on-call schedule is available at numerous sites throughout the hospital as well as in the Office of Surgical Education and the CINJ Intranet (which can be reached via the RWJUH Intranet) and at [www.cinj-surgonc.org](http://www.cinj-surgonc.org).

## Conferences

**Attendance at conference is mandatory.** At the Tuesday pre-operative conference, cases for the upcoming week are reviewed along with tumor stage and the rationale for surgery. Complications and interesting cases from the previous week are reviewed. The chief resident will discuss all complications and interesting cases in advance with Dr. August. The chief will then assign one resident each week to review and distribute an article related to that complication or interesting case. This article in electronic format must be provided to Carol Brodzinski (235-8524) by 3:00 PM of the previous Friday. An attending will also select an article in their area of interest for discussion. Both the attending article and the resident article will be available on the web site by Friday evening before the conference. The residents should read both articles and be prepared to discuss them. You must provide Carol with your UMDNJ e-mail address on the first day of the rotation. This will allow you to be contacted if there is a last minute change. The residents are responsible for checking their e-mail as well as maintaining the appropriate software to read the articles (usually Adobe Acrobat Reader) on the website.

## Attending Rounds and Didactic Lectures

Weekly service rounds allow for discussion of specific surgical oncology issues using current cases as a basis for the discussion. These rounds are held on Tuesday morning beginning on 6 North at RWJUH. The rounds occur immediately after the Tuesday morning conference. Topics specific to Surgical Oncology will be covered in a two-year cycle during the Wednesday Resident Lecture Series. A schedule is available from the Office of Surgical Education.

## Clinics

**Clinic attendance is mandatory and takes precedence over scheduled OR cases.** This policy has been confirmed with the Program Director, Dr. Trooskin. This implies that some cases will go uncovered and an RNFA will be scheduled as assistants by the attending surgeon when appropriate. The clinic experience is designed to maximize the opportunity to evaluate new patients who will subsequently be seen again in the OR. Continuity of care is emphasized.

In order to provide some flexibility in clinic attendance due to constraints related to the 80 hour rule and the need to comply with post-call work restrictions, the assignments will be made by the service chief resident. Each resident is expected to attend two half day clinics each week. A separate schedule of suggested assignments is posted on the web page and would represent the usual or expected assignments. These may be modified from time to time by the chief to comply with work hour regulations.

CINJ has an SSO approved breast surgery fellowship. The Fellow is assigned to surgical rotations at CINJ for 28 weeks, 14 each with Drs. Kearney and Kirstein. In order to avoid OR and clinic conflicts which might violate RRC requirements, residents will not be assigned to clinics or OR cases at the same time as the fellow. During the 38 weeks each year that the breast surgeons are not involved with fellow education, their clinic and OR times are open for resident involvement. The fellow assignments are organized to ensure that each senior resident (PG-3 and PG-4) will be able to spend at least 4 weeks with Dr. Kearney and 4 weeks with Dr. Kirstein during the two month rotation.

## Operating Room

Enclosed is the current block elective OR schedule for the Division of Surgical Oncology. This can be used to help the Chief Resident plan weekly assignment to the OR. On some occasions, scheduled operations occur outside of block time. Please contact Dr. Eisenstat and Drs. Zinkin and Patankar directly for the Colorectal OR schedule. On rare occasions, elective cases occur outside of scheduled block time. The Surgery Residency Review Committee requires that the resident see and examine the patient pre-operatively and document this event in the medical record. Almost all patients are admitted on the day of surgery. You must briefly examine the patient and review the indications for surgery. Then write a brief pre-operative note in the chart. Almost all Surgical Oncology Division patients will have a typed H and P available for your review. Please read it.

<b>Day</b>	<b>Surgeon</b>
<b>Monday</b>	August
	Kearney
	Breast reconstruction block (4th)
<b>Tuesday</b>	August and Thoracic (for esophagectomy)
<b>Wednesday</b>	Lee (2nd and 4th)
	Kirstein (1st and 3rd)
<b>Thursday</b>	Goydos
	Lee (1st, 3rd and 5th)
	Gannon (2nd)
<b>Friday</b>	August
	Gannon (1st and 3rd)
	Kirstein (1st and 3rd)
	Kearney (2nd and 4 <sup>th</sup> )
	Kearney at CARES (1st and 3rd, Fellow only)

## DVT and Infection Prophylaxis

The development of DVT with subsequent pulmonary embolism (PE) is a dramatic cause of post-operative morbidity and mortality. RWJUH has undertaken a significant performance improvement effort to ensure that adequate prophylaxis is required. Many patients on the Surgical Oncology service have risk factors for DVT including:

- 1) age greater than 40
- 2) malignancy
- 3) abdominal and pelvic surgery
- 4) surgery greater than two hours duration

Patients with a single risk factor (essentially all GS I patients except young women undergoing breast biopsy) require prophylaxis with sequential compression boots. The resident is responsible for ensuring that these are applied and working before the induction of anesthesia.

Patients with multiple risk factors require double coverage with sequential compression boots and pre-operative anticoagulation for at least 7 to 10 days. Please check with the attending surgeon to see if a longer duration is required. Acceptable choices include:

Heparin (Unfractionated)	5000 units SQ TID
Dalteparin (Fragmin®)	5000 units SQ daily
Enoxaparin (Lovenox®)	40 mg SQ daily

The resident should confirm that pre-operative anticoagulation has been given and is ordered post-operatively. In certain circumstances (epidural catheter anesthesia), please check with the attending surgeons and anesthesiologist since a special protocol is followed.

RWJUH has focused on infection control as part of the performance improvement effort. All OR's have posted guidelines for pre-operative antibiotics. Please confirm that the antibiotic has been given prior to the incision. Prophylactic antibiotics should be discontinued by 24 hours after surgery.