



**DEPARTMENT OF ORTHOPAEDIC
SURGERY**

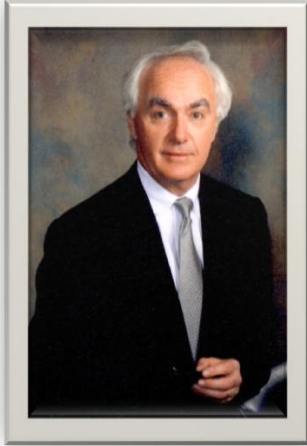
**9TH ANNUAL ROBERT D. D'AMBROSIA
LECTURESHIP AND RESEARCH DAY**

JUNE 23, 2012

Schedule of Events:

- 9:00 am - 9:15 am **Andrew G. King, MD** / Department Chairman
Opening Remarks
- 9:15 am - 9:45 am **Robert D. D' Ambrosia, MD**
Department Chairman of Orthopedics / University of Colorado
Ethics and Professionalism in Orthopedics
- 9:45 am -10:30 am **T. Bradley Edwards, MD** / Guest Speaker
Orthopedic Surgeon/ Fondren Orthopedic Goup, LLP
Advances in Shoulder Arthroplasty
- 10:30 am -10:50 am **Robert Duarte, MD***
*Comparison of Infrapatellar and Subcutaneous Adipose Tissue
Stromal/ Stem Cells*
Faculty Advisor: Vinod Dasa, MD
- 10:50 am -11:10 am **Noah Marks, MD***
*Postoperative Continuous Paravertebral Anesthetic Infusion for
Pain Control after Posterior Instrumentation and Spinal
Fusion Surgery for Adolescent Idiopathic Scoliosis*
Faculty Advisor: William Accousti, MD
- 11:10 am - 11:25 am **BREAK**
- 11:25 am - 11:45 am **Davida Packer, MD***
*A Cost Analysis of External Fixation Used for Temporizing or
Definitive Treatment of Distal Tibial Fractures*
Faculty Advisor: Ronald Rooney, MD
- 11:45 am -12:05 pm **Christine Seaworth, MD***
*The Effect of Increased BMI on Tibial Varus Malalignment in
Primary TKA*
Faculty Advisor: Vinod Dasa, MD
- 12:05 pm -12:25 pm **Barton Wax, MD***
Complications of Gunshot Wounds to the Forearm and Hand
Faculty Advisor: Peter Krause, MD
- 12:25 pm- 12:45 pm **Anuj Singla, MD***
Musculoskeletal Biopsy Using O Arm Image Intensifier
Faculty Advisor: Andrew King, MD
- 12:45 pm - 1:00 pm **Closing Remarks**

*Denotes there will be 5 minutes of Q & A included in the presenter's allotted time frame



Andrew G. King, MD
Department of Orthopaedic Surgery
Department Chairman

Every residency program in the US is a little different from one another. Each has its signature, its strong points and its not so strong points. The signature becomes self perpetuating, since it attracts resident applicants who feel they fit the profile. At LSU we are justly proud of a signature that stresses practicality, the ability to operate, and the ability to handle trauma.

So where does research fit in? The program we have today clearly shows that a practical hands-on, operative program can still generate interesting and meaningful research. We have the resources, through the consortium for musculoskeletal research, and in particular with the leadership of Mandi Lopez, PhD and Jeff Gimble, PhD to carry out stem cell research, osteoinductive proteins and cytokines, and the ability to pursue national grants. We have benefitted from a close association with Steve Cook, PhD and his lab, and the important industry related work he is involved in through the Brown foundation. In addition, we also have a trauma database at University Hospital that allows clinical outcomes research, particularly on trauma cases, along with an excellent basic science research faculty here in the Health Science Center.

Furthermore, the new LSU system wide resource of electronic medical records will allow data to be more easily accessible allowing greatly expanded numbers for clinical research. As of May 2011, our department now has the resources necessary to conduct clinical trials. Dr. Christopher Marrero and Jen Perilloux, our Certified Clinical Research Coordinator have worked hard to get clinical trials up and running. The department currently has approval for 3 clinical trials.

We greatly appreciate the help of Vinod Dasa, MD the Director of Orthopaedic Research, who has assisted and guided the residents throughout the year to help make research day a success. Quarterly meetings have been developed to help support the residents in their research endeavors. Our faculty has stepped up to the plate, and has fostered and mentored an increasing number of projects, with both the residents and medical students with an orthopaedic interest.

I am confident this trend will continue and develop as research is self perpetuating. Our signature will expand to be a practical, operative residency, with a solid research base. As a department, we will continue to strive to make research a major part of our residency program.

9th Annual Lectureship & Research Day Honoring



Dr. Robert D. D' Ambrosia

Dr. D'Ambrosia's service to the LSU Department of Orthopaedic Surgery spanned over 30 years. While Chair of the Department he trained and mentored over 100 LSU graduates. His contributions to the LSU program are long-lasting and a lectureship and chair have been established in his honor.

We are very grateful for Dr. D' Ambrosia's contributions to LSU and to the Department of Orthopaedics. He exemplifies leadership and humanity and we are proud to continue to honor his legacy with our ninth year of this lecture series.

Dr. Robert D. D' Ambrosia is currently Chairman of the Department of Orthopedics, University of Colorado.

The title of Dr. D' Ambrosia's talk is "Ethics and Professionalism in Orthopedics".

Guest Speaker Robert D'Ambrosia Lectureship 2012

T. Bradley Edwards, MD



T. Bradley Edwards, MD specializes in disorders of the shoulder and orthopedic surgery.

A native of Louisiana and the son of an orthopedic surgeon, Dr. Edwards developed an interest in orthopedic surgery and sports medicine at a young age by accompanying his father, a high school and collegiate team physician, to football games. He attended Louisiana State University in Baton Rouge and furthered his interest in sports medicine by working as an athletic trainer for the university's teams.

After three years of undergraduate education, he pursued a Medical Doctorate from LSU School of Medicine in New Orleans, where he was a member of Alpha Omega Alpha Honor Society. He remained at LSU-New Orleans for his Orthopedic Residency, where he excelled in clinical and basic science research.

Dr. Edwards completed a one year Shoulder Surgery and Sports Medicine Fellowship in Lyon, France with Dr. Gilles Walch, while serving as the Clinical Orthopedic Society Traveling Fellow. He was in practice for two years at the Minneapolis Sports Medicine Center in Minneapolis, Minnesota where he served as the Chief Shoulder Surgeon and Director of Research before moving to Houston.

Dr. Edwards specializes in disorders of the shoulder including those treated with open and arthroscopic surgery. He is very active in clinical and scientific research. Dr. Edwards has published more than 75 scientific articles and twenty book chapters on topics such as rotator cuff problems, shoulder instability, and shoulder replacement. He has more than 200 scientific presentations at national and international meetings to his credit. He has authored a textbook on shoulder replacement surgery. Additionally, he has twice won the

prestigious Neer Award in recognition of outstanding clinical science research in the field of shoulder and elbow surgery.

Dr. Edwards has received the following awards:

- Charles H. Herndon Research Award
- Jack L. Winters Research Award
- Charles S. Neer Clinical Award
- America's Top Surgeons
- America's Top Orthopedists
- Patient's Choice Award

His professional appointments include:

- Clinical Instructor, University of Texas at Houston, Department of Orthopedic Surgery
- Clinical Assistant Professor, Baylor University, Department of Orthopedic Surgery
- Clinical Professor, University of Texas Medical Branch Department of Orthopaedic Surgery and Rehabilitation
- Associate Editor, Journal of Shoulder and Elbow Surgery
- Board of Editors, Orthopedics
- Consultant Reviewer, American Journal of Sports Medicine
- Consultant Reviewer, The Journal of Bone and Joint Surgery
- Consultant Reviewer, Clinical Orthopedics and Related Research
- Consultant Reviewer, Journal of the American Academy of Orthopaedic Surgeons
- Volunteer Physician, Casa El Buen Samaritano Medical Mission

Dr. Edwards is a member of the following societies:

- American Academy of Orthopaedic Surgeons (AAOS)
- Arthroscopy Association of North America (AANA)
- Alpha Omega Alpha
- American Shoulder and Elbow Surgeons
- Association of Bone and Joint Surgeons
- American Orthopedic Association
- Texas Orthopedic Association
- Harris County Medical Society
- Texas Medical Association

Dr. Edwards holds staff appointments at Texas Orthopedic Hospital, Methodist Hospital, Hermann Hospital and St. Luke's Hospital. In addition to his medical licenses in Texas, Louisiana, and Minnesota, Dr. Edwards is certified by the American Board of Orthopaedic Surgery.

2012 Orthopaedic Surgery Graduate



Robert M. Duarte, MD

Dr. Robert M. Duarte was born four minutes before his twin brother in Fort Lauderdale, Florida on September 6, 1978. He earned his undergraduate degrees in both Biology and Chemistry from Nova Southeastern University in Fort Lauderdale, Florida. He received his medical degree from Florida State University in Tallahassee, Florida in 2007. He continued his medical training at the Louisiana State University Health Sciences Center Department of Orthopaedic Surgery in New Orleans, Louisiana.

Robert Duarte is currently one of five Chief Residents in the Department of Orthopaedic Surgery. After graduation, Robert Duarte will begin an Adult Reconstruction fellowship at Florida Orthopaedic Institute in Tampa, FL.

The topic for Duarte's exciting research presentation is "Comparison of Infrapatellar and Subcutaneous Adipose Tissue Stromal/Stem Cells".

Comparison of Infrapatellar and Subcutaneous Adipose Tissue Stromal/Stem Cells

Robert Duarte, MD; Pedro Pires de Carvalho; Katie M. Hamel; Andrew G.S. King, MD; Masudul Haque; Marilyn A. Dietrich; Xiying Wu; Forum Shah; David Burk; Rui L. Reis; Jennifer Rood; Ping Zhang; Mandi Lopez, PhD; Jeffrey M. Gimble, MD, PhD; Vinod Dasa, MD

Background: In addition to its metabolic and endocrine roles, adipose tissue is a hematopoietic and immune cell depot. Lymphoid and myeloid cell infiltrates in subcutaneous and visceral adipose tissue correlate with diabetes and metabolic syndrome in context of obesity. Since a similar inflammatory mechanism has been postulated to link obesity to osteoarthritis, the current study evaluated the ratio of inflammatory hematopoietic cells to multipotent stromal cells within the infrapatellar fat pad (IPFP) vs. subcutaneous adipose tissue of the knee.

Methods: The immunophenotypes of stromal vascular fraction (SVF) and adipose-derived stem cells (ASC) of the infrapatellar fat pad and subcutaneous adipose tissue were determined in tissues from osteoarthritic subjects (n = 7) undergoing TKA using flow cytometry.

Results: SVF cell populations in the IPFP resembled those within subcutaneous adipose tissue; with the exception of the endothelial marker CD31+ which was significantly greater in cells from subcutaneous tissue. Lower numbers of capillary-like structures and higher numbers of stromal and alkaline phosphatase colony forming units in the IPFP versus subcutaneous tissue were consistent with this finding; however, ASC from both depots exhibited comparable adipogenic and osteogenic differentiation potential.

Conclusions: The IPFP contains an ASC and immune cell population similar to that of donor-matched subcutaneous adipose tissue, making it an alternate ASC source for tissue regeneration. Further studies will be needed to determine if hematopoietic infiltrates play an equivalent etiological role in osteoarthritis as has been shown in diabetes associated with obesity.

2012 Orthopaedic Surgery Graduate



Noah Marks, MD

Dr. Noah Marks was born in Fargo, North Dakota on November 16, 1977. He earned his undergraduate degree in Biomedical Science from Montana State University. He then received his medical degree from the University of North Dakota. He continued his medical training at the Louisiana State University Health Sciences Center Department of Orthopaedic Surgery.

Dr. Marks is currently one of five Chief Residents in the Department of Orthopaedic Surgery. After graduation, Dr. Marks will begin a sports medicine fellowship at Mississippi Sports Medicine and Orthopaedic center.

The topic of Dr. Marks' research presentation is "Postoperative Continuous Paravertebral Anesthetic Infusion for Pain Control after Posterior Instrumentation and Spinal Fusion Surgery for Adolescent Idiopathic Scoliosis

Postoperative Continuous Paravertebral Anesthetic Infusion for Pain Control after Posterior Instrumentation and Spinal Fusion Surgery for Adolescent Idiopathic Scoliosis

Noah Marks, MD; William Accousti, MD; Andrew King, MD

Background: The literature in regards to the efficacy of a local anesthetic continuous-infusion pump after instrumentation and fusion for adolescent idiopathic scoliosis (AIS) is very limited. We believe that using this device will decrease both the pain scores and amount of pain medication consumed in this group of patients.

Methods: We undertook a retrospective chart review of a consecutive series of patients who underwent instrumentation and fusion for AIS. There were 40 patients received continuous subfascial bupivacaine infusion via an elastomeric pump. There were 25 in the control group who did not receive the infusion. Data collected included VAS pain scores, Valium and narcotic usage over the first 3 postoperative days, nausea/vomiting, length of stay, time to mobilization, time to discontinue PCA, and various demographic data.

Results: Patients receiving the continuous local anesthetic infusion had 39% less pain on postoperative day (POD) 0, 24% less on POD 1, and 34% less pain on POD 2. These findings were all statistically significant ($p < .05$). Control patients showed an increase usage of narcotics and Valium. This was calculated in mean oral morphine equivalents per day (76.58mg vs. 66.91mg, $p < .05$) and oral Valium (8.39mg vs. 6.73mg, $p < .05$) compared to the infusion group. The infusion group also demonstrated decreased episodes of nausea and vomiting and an earlier discontinuation of the PCA. These findings were also statistically significant. There were no significant differences in demographic data.

Conclusions: Patients with a local anesthetic continuous- infusion pump had lower pain scores and used less narcotics and Valium than patients without the device. These patients also had less nausea/vomiting during their hospitalization. The results suggest that a continuous infusion of local anesthetic in a subfascial location is safe and efficacious in decreasing postoperative pain in this group of patients.

2012 Orthopaedic Surgery Graduate



Davida Packer, MD

Dr. Davida Packer was born in New Orleans, Louisiana on August 3, 1981. She received her undergraduate degree from Pennsylvania State University with a Masters in Biology and a Minor in Philosophy.

Dr. Packer then received her Medical Degree from LSU in New Orleans. She continued her medical training at the University Of Florida- Shands Jacksonville, Florida until 2008 when transferring to LSU- New Orleans where residency training was completed.

After graduation, Dr. Packer will begin a Pediatric Orthopaedic Fellowship at UCLA/LAOH in Los Angeles, California.

The topic for Dr. Packer's research presentation is "A Cost Analysis of External Fixation Used for Temporizing or Definitive Treatment of Distal Tibial Fractures".

Dr. Packer would like to thank her parents, Leslie and Ember, and her siblings Tiara and Adam for their support throughout her life and long education path. They have always helped her stay on track and supported her.

A Cost Analysis of External Fixation Used for Temporizing or Definitive Treatment of Distal Tibial Fractures

David A. Packer, MD; Ronald Rooney, MD; Paul Gladden, MD; Hilary Thompson PhD; Alvin Perry IV MS4

Investigation performed at Medical Center of Louisiana New Orleans; Louisiana State University and Tulane University

Background: High-energy distal tibial fracture management is a challenging injury to manage. The purpose of this study was to evaluate the cost-effectiveness of the external fixation frames used as a temporizing or as a definitive method for distal tibial fractures at a single, level one, academic center.

Methods: We retrospectively reviewed all cases of external fixation placement to the tibia over a 2 year time period (1/1/09-1/1/11) at a single level one trauma center. Costs of the external fixation devices were calculated by treatment as definitive or temporary external fixation, number of revisions and by individual company and components used. An equivalence test was used to analyze the results.

Results: The patients in the definitive group were in frame for 126 days on average and had a total of 6 revisions. The average cost of the frames used within this treatment group was \$5990.46. Equivalence analysis determined that the Synthes © frame was superior to the Stryker © frame and cost analysis showed it to also be the most cost effective. The patients in the temporary group were in frame for an average of 12 days with a total of 4 revisions. The average cost of the frames used within this group was \$6882.55. Equivalence analysis showed that revision rate was not statistically significant and that frames were equivalent. However cost analysis showed that Synthes© was the most cost-effective construct. No frame constructs had a loss of reduction in this study.

Conclusions: Reusable and cost effectiveness of external fixation systems should be a priority or research in trauma care of tibial fractures. Further research could help to reduce the cost of the initial construct placed to the health-care system and to society.

2012 Orthopaedic Surgery Graduate



Christine M. Seaworth, MD

Dr. Christine M. Seaworth was born in San Antonio, TX on September 13, 1979. She earned her undergraduate degree at Tulane University in Civil Engineering in 2001. Prior to entering medical school she worked at the US Army Corps of Engineers – New Orleans District, Levees Section for two years. Dr. Seaworth received her medical degree in 2007 from the University of Texas Medical School at Houston and completed her residency training in orthopaedic surgery at Louisiana State University Health Science Center – New Orleans.

Dr. Seaworth is one of five chief residents in the LSU New Orleans Orthopaedic Surgery residency graduating class of 2012. After graduation Dr. Seaworth will begin a Foot and Ankle fellowship at the Hospital for Special Surgery in New York, New York.

The topic for Dr. Seaworth's research presentation is *"The effect of increased BMI on tibial varus malalignment in primary total knee arthroplasty."*

The Effect of Increased BMI on Tibial Varus Malalignment in Primary TKA

Christine Seaworth, MD; Vinod Dasa, MD; Harvinder Bedi, MD; Hilary Thompson, PhD; Mary Bayers-Thering, MS, MBA; Kenneth Krackow, MD

Background: Proper overall alignment (mechanical axis) is important in total knee arthroplasty (TKA) and can impact longevity of the implant. During surgery in preparation of bony cuts, certain bony landmarks must be established to determine the mechanical axis intra-operatively. This includes identifying the medial and lateral malleoli to help establish implant alignment on the tibia. In obese patients the ankle center as well as the lateral and medial malleolus may be difficult to establish. The inability to properly define ankle anatomy may create a tendency to place the tibial cutting jig in excess varus alignment despite efforts to maintain perpendicularity to the mechanical axis. To date, there have not been any published studies looking at the effect of BMI on tibial component alignment. The purpose of this study is to determine if obesity may be a risk factor for malalignment in TKA and thus decreases the longevity of the knee implant.

Methods: Pre and post-operative long standing lower extremity radiographs of ninety-nine patients who underwent non-navigated TKA were reviewed. Patients were divided into three categories based on BMI: BMI < 30, BMI 31-35, and BMI > 35. Pre-operative measurements included mechanical axis, tibia axis, bony ankle width, and soft tissue ankle width. Post-operatively at 6 month follow-up, mechanical and tibial alignment was again measured. Varus/valgus alignment is represented as a (+) or (-) value, respectively. An analysis of variance (ANOVA) and subsequent protected t tests were conducted to separate the means of pre and post surgery, and BMI category and interactions. Adjustment of p values for multiple comparisons was accomplished by a simulation method.

Results: The average BMI in Group 1, 2, and 3 was 27.08, 32.3, and 42.7 respectively. The average pre-operative mechanical axis of Group 1, 2, and 3 was 3.11, 3.33, and 3.83 degrees, respectively, without any significant differences between the groups ($p=0.9223$ ANOVA). Pre-operative tibial axis between the groups was also similar, measuring 2.53, 2.57, and 3.36 degrees respectively without any significant differences ($p=0.7190$ ANOVA). The only difference seen in this series was at the 6 month mechanical axis measurement between Group 1 (-0.93 deg) and Group 2 (1.05 deg) ($p=0.0037$, protected t test ANOVA). No differences were seen between the groups with respect to the 6 month tibial alignment (0, 0.64, 0.31 deg, respectively; $p=0.1284$, ANOVA).

Average ankle bony malleolar width did not differ between the groups (59.6, 60.6, and 61.1mm; $p=0.6326$ ANOVA). Medial soft tissue width differed between Group 1 and 3 (4.80 vs. 9.26 mm; $p=0.0002$, protected t test, ANOVA). Lateral soft tissue width differed between Group 1 and 3 (5.93 vs. 12.32 mm; $p<0.0001$, protected t test ANOVA) and Group 2 and 3 (7.94 vs. 12.32mm)($p=0.0002$, protected t test ANOVA).

Conclusions: Based on this series, BMI does not appear to affect the mechanical or tibial alignment. This is demonstrated by the fact that there were no differences seen between Group 1 and Group 3 in terms of pre-operative and post-operative mechanical and tibial alignment. Despite the differences in overall soft tissue ankle width between the groups, these differences did not appear to influence the post-operative alignment. Concerns that increasing BMI may lead to component malalignment are not supported in this series.

2012 Orthopaedic Surgery Graduate



Barton Lloyd Wax, MD

Dr. Barton Wax was born in Lafayette, Louisiana on September 5, 1979. He graduated from Denham Springs High School and received a Bachelor of Science in Kinesiology with honors from Louisiana State University in Baton Rouge. He then received his medical degree from Louisiana State University Health Sciences Center in New Orleans in 2007. He continued his medical training at Louisiana State University Health Sciences Center in New Orleans with the Department of Orthopaedic Surgery.

Dr. Wax is currently one of five Chief Residents in the Department of Orthopaedic Surgery. After graduation, he will begin a hand fellowship at the University of Miami in affiliation with Jackson Memorial Hospital.

The topic for Dr. Wax's research presentation is "Complications of Gunshot Wounds to the Forearm and Hand".

Dr. Wax is married to Sacha Wax, and they are the proud parents of two girls, Juliet and Mignon.

Complications of Gunshot Wounds to the Forearm and Hand

Barton Wax, MD; Peter Krause, M.D; Hilary Thompson, PhD

Background: To report our experiences of patient characteristics, injury patterns, and complication rates of gunshot wounds involving the forearm and hand at a busy, urban, Level I trauma center, as well as to delineate differences between victims of single versus multiple gunshots.

Methods: This is a retrospective cohort study. Our series includes 423 patients seen over a period from May 2006 to July 2011. We assessed patient age, gender, race, ED discharge disposition, payer status, number of gunshots (single vs. multiple), hospital length of stay, and final outcome. Odds-ratios were calculated using a significant logistic regression model.

Results: The average age of victims was 27.5 years of age (2-72 yrs). Males comprised 92.4% of the total. Race was heavily weighted in favor of blacks, at 87.5% of the total. Average hospital length of stay was 4.7 days. One out of every eight victims died during the index hospital admission. The overall complication rate for this entire cohort of patients was 31%. After isolating only appendicular skeletal gunshots, the complication rate drops from 31% to 19%. Eighty-two percent were multiple gunshot wound victims, while eighteen percent sustained a single gunshot. Solely appendicular gunshots comprised 39% of the total study cohort (164/423). Any wound involving the radius or ulna was significantly associated with a complication ($p=0.0012$, $p=0.0011$), and conferred odds ratios of 3.90 and 4.04, respectively. Of the remaining anatomic divisions, injuries sustained to the carpals, metacarpals, or phalanges were not significantly associated with a complication ($p=0.6981$, $p=0.5976$, $p=0.7621$, respectively). The total number of complications in the solely appendicular group numbered thirty. Of this group, twelve were vascular, eight were infectious, seven were neurological, and three were compartment syndromes.

Conclusions: The complication rate of an isolated gunshot wound to the forearm or hand is 19%. The most common complications of extremity gunshot wounds are vascular, infectious, neurological, and compartment syndrome. The odds ratio of sustaining a complication after a gunshot wound to the radius or ulna is 3.85 and 4.04, respectively. Three out of four gunshot wounds had an associated bony injury. Combined injury patterns are common, with a radius or ulna injury combined with a phalangeal injury being the most common pattern.

2012 Orthopaedic Surgery Graduate



Anuj Singla, MD

Dr. Anuj Singla was born in Rohtak, India on October 1, 1979. He completed his undergraduate degree at Gita Niketan School in Kurukshetra, India and completed medical school at Government Medical College in Nagpur, India. Dr. Singla completed his residency at K.E.M. Hospital in Mumbai, India.

Dr. Singla is currently working as a fellow at Children's Hospital in the Department of Orthopaedic Surgery in New Orleans. After his fellowship in New Orleans, he will begin another fellowship in adult spine at the University of Virginia.

The topic for Dr. Singla's research presentation is "Musculoskeletal biopsy using O Arm Image Intensifier".

Dr. Anuj Singla is married to Priyanka Singla and they are the proud parents of an 18 month old daughter, Ananya.

Musculoskeletal Biopsy Using O Arm Image Intensifier

Anuj Singla, MD; Stephen Heinrich, MD; Andrew King, MD

Background: Obtaining a representative sample in musculoskeletal lesions has always remained a challenging and difficult task. Failure to obtain a representative sample leads to increased morbidity in the form of repeated biopsies and delayed / suboptimal treatment. Various imaging modalities like Ultrasound, CT scan, Fluoroscopic guidance (C Arm) and MRI have been used with variable success rate but no study has discussed the utility of O Arm image intensifier in these cases. The objective is to evaluate the outcome of the bone biopsy done using an O arm image intensifier in pediatric musculoskeletal lesions.

Methods: Retrospective analysis of the bone biopsies carried out with the O Arm image guidance.

Results: 10 patients underwent 11 biopsy procedures using the image intensifier and the histopathological analysis of the biopsy sample was established in all the cases (100% diagnostic yield).

Conclusions: O Arm image intensifier is a good tool to guide for the musculoskeletal biopsy procedure and should be used wherever available.

Department of Orthopaedic Surgery

Faculty & Staff

Pediatrics:

Andrew King, MD

- Professor & Chair

William Accousti, MD

- Associate Professor

Stephen Heinrich, MD

- Clinical Professor

Joseph Gonzales, MD

- Clinical Assistant Professor

Prerana Patel, MD

- Assistant Professor

Adult Reconstruction:

Vinod Dasa, MD

- Assistant Professor & Director of Research

Trauma:

Melissa Gorman, MD

- Assistant Professor

Peter Krause, MD

- Associate Professor & Program Director

Oncology & Total Joints:

Ronald Rooney, MD

- Associate Professor

Sports Medicine:

Brent Bankston, MD

- Clinical Assistant Professor

Robert Dugas, MD

- Assistant Professor

Michael Hartman, MD

- Assistant Professor & Assistant Program Director

Hand:

Harold Stokes, MD

- Professor

Foot & Ankle:

Monroe Laborde, MD

- Clinical Assistant Professor

Spine:

Paul Dimartino, MD

- Assistant Professor

General Orthopaedics:

Christopher Marrero, MD

- Assistant Professor & Director of Clinical Trials

Ronnie Matthews, MD

- Clinical Assistant Professor

Keith Melancon, MD

- Assistant Professor

John Thomas, MD

- Clinical Assistant Professor

Research:

Stephen Cook, PhD

- Professor

Jeffrey Gimble, PhD

- Professor

Mandy Lopez, PhD

- Associate Professor

Staff:

Jennifer Doughty-Administrative Assistant

Linda Flot-Coordinator of Academic Area

Edwina Jackson-Administrative Assistant

Sven Oertel-Business Manager

Jennifer Perilloux-Clinical Associate

Dana Stewart-Administrative Coordinator

Department of Orthopaedic Surgery



Residents

PGY-4s

Brandon Donnelly, MD
Katy Morris, MD
Blaine Walton, MD
Jeffrey Witty, MD

PGY-3s

James Kyle, MD
Dale Landry, MD
Russell Russo, MD
Kristopher Sirmon, MD

PGY-2s

Shaun Accardo, MD
Jared Braud, MD
Karim Meijer, MD
Wame Waggenpack, MD

PGY-1s

Ryan Bliss, MD
Brian Perry, MD
James Rose, MD
John Whatley, MD

Incoming

Amir Abdul Jabbar, MD
Bryce Fugarino, MD
Lindsey Goodwin, MD
Harry Molligan, MD

BEST WISHES TO OUR 2012 GRADUATES!!!



**Department of Orthopaedic Surgery
Faculty, Staff, and Residents**