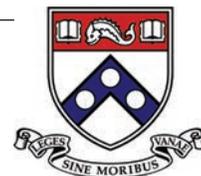




Philadelphia Veterans Affairs Medical Center



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Today, one in ten Americans is an armed forces veteran. More than 3.6 million women and men have served during the period of time that we have been directly involved in the Middle East.

Our first President knew that, “The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by our nation.”

The Philadelphia VAMC is a tertiary referral center with more than 135 acute care beds, 95 of which are medicine-surgery beds, and total yearly operating budget of more than \$326 million dollars. It is an eight-minute walk from the Hospital of the University of Pennsylvania. Our Orthopaedic residents and faculty are honored to help care for those who have served their country. Abraham Lincoln articulated the primary mission of the Veterans Administration Penn Orthopaedic Service more than a century ago: “To care for him who shall have borne the battle.”

Perhaps you are familiar with these words attributed to Father D.E. O’Brien:

“It is the soldier, not the reporter, who has given us freedom of the press.

It is the soldier, not the clergyman, who has given us freedom of religion.

It is the soldier, not the poet, who has given us freedom of speech.

It is the soldier, not the campus organizer, who has given us freedom to demonstrate.

It is the soldier who follows the flag into battle, defends our flag, salutes our flag, and whose coffin is draped with our flag.

It is the soldier. It has always been the soldier, and it will always be the soldier.”

The VA is the largest health care system (122 medical facilities) supporting graduate medical education in the United States and the second largest funding source for resident training (31,000 resident physicians) after the Centers for Medicare and Medicaid Services. It is affiliated with 107 of the nation’s 125 medical schools.

The University of Pennsylvania Orthopedic rotation at the Philadelphia VAMC allows our PGY-2 and PGY-5 residents to care for veterans in an intensive, general orthopedic practice setting under the direct supervision of Drs. Bernstein, Ecker, Esterhai, Hebela, Hume, Kelly, and Steinberg. Patients who require care at a level of sophistication that we cannot provide are referred to sub-specialists within the University of Pennsylvania Health System at Pennsylvania Hospital or Penn- Presbyterian Medical Center or other VA medical centers.

In addition to their dedication to direct patient care and

resident education, Drs. Bernstein, Esterhai, Garino, Hebela, and Steinberg have each applied for or been awarded research funding through the Veterans Administration competitive grant system. They collaborate actively with intra and extra mural physicians and basic scientists including Drs. Jonathan Black, Jason Burdick, Paul Ducheyne, Dawn Elliott, Kurt Hankenson, Russ Huffman, Robert Mauck, Samir Mehta, and Lou Soslowsky.

Current grants include:

VA-Garino & Hebela 10/1/10-09/30/14: Timed-release of Local Anesthetic from Sol Gels for Post-Op Pain Control CoPI-Ducheyne, Cowan, Radin: \$655,091

VA-Esterhai 4/1/10-3/30/13: “Engineered Multi-Functional Nanofibrous Meniscus Implants” CoPI-Mauck, Schaer, Huffman, Burdick: \$678,157

VA-Hebela 10/1/10-9/30/13: “Disc degeneration in the lumbar spine of a small animal model” CoPI-Mauck, Elliott, Dodge, Burdick: \$739,817

VA-Steinberg 7/1/12-6/30/16: “Cartilage Preservation with stem-cell laden hyaluronic acid hydrogels” CoPI-Mauck, Belkin: \$1,100,000

Mitchell Staska our superb Physician Assistant, provides seamless, exemplary, tender care from initial patient referral through appropriate triage, outpatient evaluation, scheduling of appropriate testing and consultations, surgery, and post hospitalization care. After 15 years in private practice and 9 years at the PVAMC he continues to provide immediate, timely interaction with referring physicians and outside consultants, coordination of pre-bed evaluations, surgery scheduling, interaction with the primary care providers, liaison with VA referral health centers, and acute and chronic pain management!

Out patient care has improved dramatically as the electronic medical record has become even more useful. All records including





consent forms and imaging studies are electronic. Progress notes, laboratory results and imaging studies are available at the workstations on the in-patient units, offices, and out patient care areas and individual examination rooms from local and satellite VA care facilities.

We have patient office hours on Mondays, Wednesdays, and Fridays allowing us to provide more than 5200 patient visits each year. New patients are scheduled within thirty days of their primary physician's request for consultation. The Emergency Room is very busy. We perform surgery three days each week, averaging 450 major procedures yearly. Orthopedics performs more major surgeries than any other service. None of this would be possible without the professional expertise and wisdom of the Vice President for Surgery and Anesthesia, John Wylie, and the nurses, administrative support personnel and physician staff of the PVAMC.

Vince Lombardi said, "The achievements of an organization are the results of the combined effort of each individual." By God's providence and the hard work and daily diligence

of everyone in anesthesia, instrument processing, nursing, and orthopaedics the infection rate for our total joints replacement patients has improved compared to past years and remains excellent. Several factors specifically contributed, including: improved pre-operative patient screening and preparation, rigorous instrument processing, new operating room instrument tables (replacing case carts), heightened awareness of potentials for intraoperative contamination, perioperative antibiotic dosing, and patient retention for on site rehabilitation before discharge to a facility closer to the patient's home. In this time of increasing financial restraint and federal budget review we will likely be called upon to deliver more direct care and perform more research with less.

Today there are 26.5 million veterans. 1.7 million are women. Seventy-five percent served during at least one war time period with Vietnam era veterans accounting for 8.3 million; WW II, 4.8 million; Korea, 3.7 million; and the Gulf War 3.6 million.

Many of the veterans for whom we care commute a long distance from central and northeastern Pennsylvania, southern New Jersey and Delaware. Many have significant co-morbidities such as HCV and difficult psychosocial environments. Many have had multiple operations making reconstructive surgical approaches and wound healing more difficult. Not infrequently they have had a difficult time reintegrating into society after their military service. Providing Philadelphia-level, state of the art, complication free, compassionate care requires extra special diligence.