



*Ian Gross heads the newborn intensive care unit, where half the patients are premature.*

## Physician at Work

### Watching over the very youngest, on the hospital's busiest ward

The newborn intensive care unit, the largest inpatient unit at Yale-New Haven Hospital, serves as a regional center for babies with complex medical problems, says **Ian Gross**, MD, chief of perinatal medicine. At any moment the unit's 46 beds are full and about half of its patients are premature. The unit treats babies from the New Haven area as well as infants transferred from hospitals in Connecticut and the adjoining areas of New York and Rhode Island.

"What has been happening over the years is that the limit of viability has been getting lower and lower," says Gross. "It used to be 28 to 26 weeks. Now we will treat 23-week babies. Even at 24 weeks, which was considered nonviable just a few years ago, we now have 50 percent survival." In the 1970s, he notes, 80 percent of babies weighing only 3 pounds died. "Today we have over 90 percent survival in babies weighing 3 pounds."

As director of neonatal intensive care, Gross oversees 17 full- and part-time faculty members, 6 fellows, 18 physician associates and neonatal nurse practitioners as well as rotating residents.

Although he's given up his research lab, where he studied lung development, he is still active in clinical research. He recently completed a study exploring the role of circulating stem cells in lung disease in newborns. "There are a lot of stem cells in premature babies," he says. "We are trying to figure out what their role is. Do they play a role in the ability of premature babies to recover from injuries?"

*continued on back*

## The body's inner world

*Gastroenterologist Priya Jamidar uses diagnostic techniques that border on surgery to treat gallstones and other duct disorders.*

For someone who has spent much of his life traveling—from Africa, Asia, Ireland and the United States—gastroenterologist **Priya A. Jamidar**, MD, now devotes his time to exploring the inner world of the human body.

An associate professor of medicine in the Section of Digestive Diseases and director of interventional endoscopy, Jamidar is an expert practitioner of endoscopic retrograde cholangiopancreatography, or ERCP. This diagnostic technique involves the insertion of a long, flexible tube through the mouth to diagnose and treat disorders of the ducts that drain the gallbladder, pancreas and liver.

Guided by video monitors and by lights in the ERCP scope, Jamidar threads the probe through the esophagus, stomach and small intestine and injects contrast dye into ducts to make X-rays of gallstones, duct blockages or cancer. For pancreatitis or undiagnosed cases of abdominal pain, Jamidar uses the scope to insert a tiny catheter that measures pressure in the sphincter of Oddi, a muscle that controls the flow of bile and pancreatic fluid into the small intestine. If a patient has gallstones trapped in his bile ducts, Jamidar uses a basket or balloon passed through the scope to remove the stones whole, or shatters them with an electrically generated shock wave. In patients with sphincter of Oddi hypertension, he uses the probe to make a small incision to loosen the sphincter, which gives two-thirds of patients relief from their symptoms, he says.

"The therapeutic aspect of ERCP has made a lot of surgery unnecessary," says Jamidar, who spreads the word in workshops for local physicians. Doctors in a conference room observe ERCP procedures via real-time video feeds and interact with Jamidar using two-way microphones. Jamidar hopes that seeing the benefits of the technique first-hand will help physicians improve their skills and will encourage them to refer complicated cases to the Yale Medical Group's burgeoning ERCP practice, which now performs more than 700 procedures per year.

"ERCP has a long learning curve, and it does carry significant risks in less-experienced hands,"



*Priya Jamidar is one of a handful of physicians in the region who is proficient in ERCP, a diagnostic procedure for gastrointestinal disorders.*

says Jamidar, one of a handful of physicians in the region who has mastered the procedure. "We strongly believe in communicating well with gastroenterologists in the community, who tend to refer cases that have either failed elsewhere or are of a level of complexity that they need to be done at a center of excellence like Yale."

Jamidar says that "the line between medicine and surgery has become quite blurred" by techniques like ERCP. "I've always loved working with my hands, and I wanted to be a surgeon at one point. ERCP comes pretty close to surgery in many ways."

During an upcoming sabbatical, Jamidar plans to move even closer to surgery under the tutelage of Paul Swain, MD, of the Royal London Hospital, a leading light in an emerging subspecialty known as natural orifice transluminal endoscopic surgery, or NOTES. Swain, one of the inventors of the PillCam, a capsule-sized camera that patients can swallow to capture images of the digestive tract, has created an endoscopic sewing machine that will allow doctors to suture incisions made with instruments inserted through the mouth.

Jamidar looks forward to exploring the possibilities of NOTES at Yale. "In the future we'll have people who will draw from both surgery and gastroenterology who will be able to do a lot of things for patients without going to the operating room," he says. "I think it's going to be for everyone's good."

## Physician at Work *continued*

Gross came to Yale, where he says he has had his only “real job,” in the 1970s. He had left his native South Africa and was doing a residency and fellowship at Harvard, where he met the late Joseph B. Warshaw, MD, former deputy dean for clinical affairs and chair of pediatrics. When Warshaw came to Yale, Gross came as well.

His path to pediatrics was not, he says, the result of a long, thoughtful decision-making process. “I started out in internal medicine and did a pediatrics rotation,” he recalls. “After about a week I knew I wanted to stay in pediatrics. The part I enjoyed most was neonatal intensive care. Neonatology was at the cutting edge of pediatrics. It was a very exciting area to get into.”

**Name:** Ian Gross, MD.

**Title:** Professor and chief of perinatal medicine.

**Area of expertise:** Neonatal intensive care.

**Place of birth:** Pretoria, South Africa.

**Age:** 62.

**College and med school:** University of the Witwatersrand, South Africa.

**Training:** Johannesburg General Hospital; Children’s Hospital Medical Center, Boston; Harvard Medical School; Yale.

**Family:** Married, two sons, one grandson.

**What is most challenging to you in academic medicine?** It is balancing so many activities, administration of a busy clinical unit, seeing patients, supervising fellows and practitioners and trying to maintain an academic career at the same time.

**What is most rewarding?** The fact that most of the babies who leave our unit survive and survive intact, without any handicaps.

**What do you like most about your practice?** There is a certain instant gratification to working with babies. You see sick babies who turn around very quickly with the appropriate therapy.

**Personal interests or pastimes?** Photography, kayaking, bicycling.

**Last book read:** Devours *The New Yorker*, cover to cover.

**What would you do to improve our clinical environment if you had a magic wand?** Every year we have seen increased growth. We have outgrown our physical space and some of our resources. We now need to expand into a larger facility.

## Faculty donations sought for student auction

The 14th Annual Hunger and Homelessness Auction will be held Thursday, November 16, in a new venue. To make the event more faculty-friendly, it has been moved to Marigolds, closer to the hospital, and more items of interest to faculty will be on the auction block. (Among this year’s offerings is a week in a four-bedroom house in Jamaica, complete with cook and maid.)

Auction-related events will start early in November, with a photography exhibit on homelessness in New Haven at the Cushing/Whitney Medical Library. The first item to be auctioned will be one of the bowties for which Chief of Anatomy

and Experimental Surgery **William B. Stewart**, PhD, is known. The bowtie goes on the block at Karaoke Club Med at Marigolds on November 9. The next day at 3 p.m., first-years and second-years will face off in a flag football game on Harkness Lawn.

A silent auction will begin in the library anteroom on Monday, November 13, and continue through November 16, when it will move to Harkness Ballroom for the live auction. Hors d’oeuvres and wine will be served starting at 5 p.m. in Marigolds, and the auction will start at 6.

Organizers are also hoping for donations of auction items from the faculty. All proceeds will benefit New Haven charities. For more information or to donate, please visit [www.yale.edu/hhauction](http://www.yale.edu/hhauction). The students organizing faculty donations are **Rachel Rosenstein** ([rachel.rosenstein@yale.edu](mailto:rachel.rosenstein@yale.edu)) and **Jenny Lee** ([jennifer.lee@yale.edu](mailto:jennifer.lee@yale.edu)).

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