



## Physician at Work

### Watching over young hearts



Forty years ago, many parents of babies born with a congenital heart defect received a grim diagnosis, but today **Alan H. Friedman, MD**, can offer them much better news. "Early and accurate diagnosis, coupled with our modern treatment, catheterization laboratory techniques and surgical expertise, have really revolutionized our field," he says.

Friedman, who has directed the pediatric echocardiography laboratory at Yale-New Haven Children's Hospital since 1994, spends much of his time immersed in the non-invasive imaging of cardiac disease in children. Using echocardiography, which he calls his field's "workhorse," he and his colleagues diagnose and treat congenital heart disease, the most common of all congenital defects in children. "Just about 1 percent of all newborns have some abnormality of cardiac structure," he says. It can be very mild, such as a small ventricular septal defect, or much more significant, such as transposition of the great arteries. "Prior to the modern era of pediatric cardiac surgery, these were lesions that were not survivable, but nowadays with early diagnosis and surgery, our patient population with congenital heart disease has a greater than 95 percent survivability."

The newest tools in Friedman's arsenal include intracardiac echocardiography, in which tiny probes are placed into the vessels of small patients to examine the heart, and 3D echocardiography, which creates three-dimensional images that are extremely useful in surgical preparation and assessing cardiac structure. Advances in diagnosis and treatment have meant that Friedman has witnessed a sea change in outcomes for his patients during his 16-year career. "It's been a great time to be a pediatric cardiologist," he says.

*continued on back*

## Bariatric surgery designated Center of Excellence

*Most bariatric surgeries at Yale are performed with minimally invasive techniques, which lead to shorter recovery times and fewer complications.*

Morbid obesity afflicts approximately 9 million American adults, and for many of them the traditional strategies of diet and exercise will not lead to significant weight loss. The five-year-old Bariatric Surgery Program at Yale offers those people hope for a healthy, active life.

**Kurt E. Roberts, MD**, the newest of three physicians in the program, calls the surgery "life-changing." It offers patients a permanent loss of about 70 percent of their excess weight and a renewed wealth of everyday pleasures, ranging from being able to sit in a theater seat to hiking with a friend. The medical advantages include decreased risk of heart disease, diabetes and hypertension.

The Bariatric Surgery Program at Yale-New Haven Hospital was recently designated as a Center of Excellence by the American Society of Bariatric Surgeons. "The designation recognizes the quality of care and the excellent outcomes in our program," said **Robert L. Bell, MD**, director of bariatric surgery. **Andrew Duffy, MD**, who does laparoscopic bariatric surgery, rounds out the team.

**Robert Udelsman, MD**, chair of the Department of Surgery, believes Yale's program is distinguished by the preparation of its surgeons. All are fellowship-trained in bariatric surgery, whereas other programs frequently use doctors with only general surgical training. The Yale team's elite skill in minimally invasive techniques greatly increases safety and patient convenience, he added.

The quality of the interdisciplinary team that serves bariatric patients at Yale contributes to the program's success, Bell said, citing the anesthesiologists, psychologists and nutritionists who work along with the surgeons. Finally, surgeons do their own direct follow-up with patients, a task that is often delegated to a physician associate or nurse practitioner in other practices.

The vast majority of bariatric surgeries at Yale are performed with minimally invasive techniques that allow for shorter recovery time and reduced



*Surgeon Robert Bell poses with Shawn Small, whose weight went from 220 pounds before bariatric surgery to 130 pounds.*

complications. Most are laparoscopic gastric bypasses, in which the surgeon creates a small gastric pouch then attaches a Y-shaped limb of small bowel to form the outlet to the intestines. After surgery the patient's appetite is sated by very small amounts of food. Levels of the appetite-stimulating hormone ghrelin, which spikes prior to a meal and dips after a meal, stay consistently low in gastric-bypass patients. This may hold some clue as to why these patients generally avoid the "yo-yo" dieting syndrome that plagues many who try to lose weight by nonsurgical means.

With the arrival of Roberts, the program is also offering laparoscopic gastric banding, known commercially as LAP-BAND, in which an adjustable band is placed around the upper part of the stomach, creating a smaller pouch. Patients seeking weightloss surgery have typically researched procedures extensively. Many had been coming to Yale specifically asking for LAP-BAND surgery, which was approved by the FDA in 2001. Yale nutritionists and physicians developed a special diet for gastric banding patients, whose dietary needs are somewhat different from those of gastric bypass patients, Roberts said.

Unfortunately, the benefits of weight loss surgery have been available to fewer patients in Connecticut.

*continued on back*

## Physician at Work *continued*

**Name:** Alan H. Friedman, M.D.

**Title:** Professor and associate chair, Department of Pediatrics; director, pediatric residency program; director, pediatric echocardiography laboratory.

**Area of expertise:** Diagnosis and management of fetal and neonatal cardiovascular disease.

**Place of birth:** Detroit, Mich.

**Age:** 46.

**College:** University of Michigan, Ann Arbor.

**Med School:** Wayne State University School of Medicine, Detroit.

**Training:** Residency and chief residency in pediatrics at Children's Memorial Hospital, Chicago; fellowship in pediatric cardiology at Yale.

**Family:** Married to Jennifer Friedman, who is pursuing a master's degree in library science; four children: Sydney, 15; Jake, 13; Tess, 7; Dylan, 21 months.

**What is most challenging to you in academic medicine?** Balancing the short-term solutions to difficult issues, with the long-term challenge of moving important clinical and educational programs forward.

**What is most rewarding?** Working with residents and fellows. It's stimulating because they're extremely bright and it's exciting for me to be challenged and pushed by them.

**What do you like most about your practice?** Working with children of all ages and their families toward achieving the healthiest cardiovascular outcomes; helping children with congenital heart disease integrate into the normal activities of childhood and adolescence.

**Personal interests or pastimes?** Visiting NYC with my family and watching as many Detroit Tigers games as I can.

**Last book read:** *Clemente: The Passion and Grace of Baseball's Last Hero*, by David Maraniss.

**What would you do to improve our clinical environment if you had a magic wand?** In many ways, the wand has begun to wave as the Children's Hospital and the medical school have worked together in remarkably effective ways to energize faculty recruitments and strengthen vital programs. With our growth, however, comes the necessity for more space in which to care for our pediatric patients.

## NEW YORK MAGAZINE LISTS YMG PHYSICIANS AMONG TOP DOCS

*New York* magazine's 2007 list of the region's top doctors includes 63 Yale Medical Group physicians, representing 40 specialties, from pediatric neurosurgery to medical oncology to geriatric medicine.

The list, published in the magazine's June 18 issue, is based on listings in the annual guidebook to the New York metro area's top doctors published by Castle Connolly Medical Ltd. Castle Connolly lists the top 10 percent of the area's physicians. *New York* publishes a shorter list—the top quarter of the top 10 percent, about 1,400 physicians.



“Our strong representation in the New York Best Doctors highlights the fact that YMG is a regional, and in some cases, national practice. Patients throughout New York and New England are coming to see YMG as a medical destination of choice,” said YMG director **David J. Leffell, MD**.

For more information on the listings, visit the YMG website at [www.yalemedicalgroup.org/news/nybestdocs07](http://www.yalemedicalgroup.org/news/nybestdocs07).

## Bariatric surgery *continued*

cut as insurers have dropped coverage of these procedures, said Bell. Large employers with policy riders will often cover the surgery, as will Medicare and Medicaid. Multiple studies have shown weight loss surgery to be cost-effective over a three-year period, said Bell, but the average enrollment period with a private insurer is only two years.

“There is a reason that Medicare and Medicaid cover it,” Bell said. “The surgery gets people off disability and makes them employable. Yale Health Plan, which people tend to stay with for a long time, was covering bariatric surgery even before Yale was performing it. The long-term benefits are clear.”

Patients who have benefited from the surgery are often reluctant to discuss it. Bariatric surgeons themselves, therefore, must be more assertive in making their case to state lawmakers, said Bell, in hopes of getting coverage mandated in Connecticut, as it is in other states.

## Yale Practice

Published by the Yale Medical Group

300 George Street, Suite 773

New Haven, CT 06511

(203) 785-5824

[www.yalemedicalgroup.org](http://www.yalemedicalgroup.org)

Editor: Michael Fitzsosa

Managing Editor: John Curtis

Contributors: Ann Freeman, Jill Max, Colleen Shaddox

Photography: John Curtis

Director: David J. Leffell, MD

Chief Operating Officer: Marianne Dess-Santoro

Associate Director, Clinical Affairs: Janine Evans, MD

Director, Strategic Planning/Marketing: Mary Hu

 Yale Medical Group  
THE PHYSICIANS OF YALE UNIVERSITY