



Orthopaedic Trauma & Fracture Service

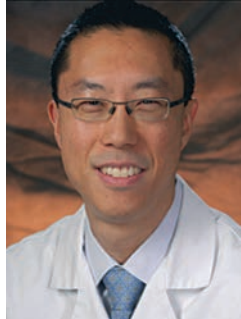
Samir Mehta, MD



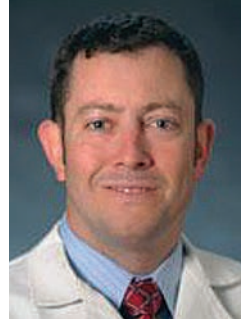
Orthopaedic Trauma Faculty



Samir Mehta, MD



Jaimo Ahn, MD, PhD



Derek Donegan, MD, MBA



Susan Harding, MD

The Division of Orthopaedic Trauma & Fracture Surgery continues to be an exceptionally busy and dynamic subset of Penn Orthopaedics. The orthopaedic trauma service, now well settled into its new home at Penn Presbyterian Medical Center, practices at the highest volume Level 1 trauma center in the Delaware Valley, performing nearly 2000 cases annually. The case diversity is expansive, ranging from ankle and distal radius fractures through complex pelvic and acetabular injuries, peri-articular fractures, and management of multiply injured polytrauma patients. The division frequently collaborates with other subspecialties, including plastic surgery for complex revisions and wounds; neurosurgery for spondylopelvic disruptions; and geriatric medicine for optimal care of our geriatric hip fracture population. In addition to strong surgeon leadership, the division succeeds due to the relentless efforts of dedicated advanced practice providers in both the inpatient and outpatient settings, who facilitate management of acute injuries, as well as run an outpatient fracture clinic daily to ensure that new and follow-up patients are seen in a timely and consistent manner. Additionally, orthopaedic trauma is supported by excellent social workers, case workers, physical therapists and nurses who enable our trauma patients to receive optimal care during what is often one of the most challenging times of their lives. Additionally, the life-blood of the orthopaedic trauma program is the resident complement, who continue to support the service line through tireless effort. The trauma program resident complement now includes a PGY-1, two PGY-2s, a PGY-3, a PGY-4, and a PGY-5 as chief resident on the service. Clinical roles and responsibilities are divided amongst all the residents on service with a focus on graduated responsibility and autonomy. Lastly, the trauma service is only able to provide 24-7-365 coverage thanks to the non-trauma faculty who sacrifice time from their family and additional obligations to take call nights and weekends to divide the workload. Because of their sense of responsibility and dedication, our call faculty allow the trauma service to function at a high level at all times.

Innovation in patient care occurs contemporaneously with upholding longstanding division traditions. For example, the trauma division has worked closely with geriatric and emergency medicine to develop a state of the art geriatric hip fracture program, whereupon relevant members of the care team are immediately notified of a geriatric hip fracture patient upon their arrival to the hospital so that the teams can mobilize to provide the patient with streamlined care from ambulance to OR. Geriatric Hip Programs, like that at Penn, have been shown to improve the outcomes of patients suffering from these life-changing injuries. Additionally, the orthopaedic trauma service through the support of Dr. Levin and the Health System is an integral part of the new Penn Orthopaedic Limb Salvage Center (POLSC). The orthopaedic trauma service is offering several limb salvage and reconstruction opportunities, including repair of complex fractures using ring fixation. We have also started the TALLER program—Total Aesthetic Limb Lengthening and Extremity Reconstruction to increase stature. In addition, the division is using 3D printing technology to salvage limbs, including a recent total talus with partial ankle replacement (see x-ray).

The division's presence extends beyond the region and beyond medicine, at large. All of our attendings are deeply involved with the AO Foundation, an international foundation geared towards advancements in fracture care. All Penn traumatologists have chaired a national AO North America course, which attracts hundreds of residents and faculty to learn and to teach the principles of basic and advanced fracture care. Additionally, Drs. Mehta, Donegan, and Ahn each have been involved in international outreach, including Madagascar and the Dominican Republic. Some of their experiences can be followed on Instagram at "pennots". The faculty are also actively engaged with the Orthopaedic Trauma Association, including participating in and chairing committees and courses for the organization.

Clinically, the Division continues to extend its areas of expertise focusing on "elective" orthopaedic trauma care. The

Division has a distinct interest in peri-prosthetic fractures, infection (osteomyelitis), malunions, and non-unions. The division utilizes advanced technology to facilitate the care of these complex patients including ring fixation and lengthening nails. By collaborating with our colleagues within the department, such as shoulder and elbow, adult reconstruction, foot and ankle surgery, orthoplastics, hand, spine, and oncology, the orthopaedic trauma division can provide the highest level of care. Additionally, the division has performed several cases utilizing 3D printing of implants in an effort to salvage extremities in patients with severe injuries.

Change, however, is inevitable. With the recent closure of Hahnemann University Hospital, the Penn Orthopaedic Trauma Service was able to grow their family through the hiring of Dr. Susan Harding, an orthopaedic traumatologist. Dr. Harding did her fellowship at Harborview Medical Center and had been in practice in Atlantic City prior to her arrival as Chief of Orthopaedic Trauma at Hahnemann, where she was also the program director. She has been an integral part of the orthopaedic trauma community in Philadelphia for nearly two decades. Dr. Harding is a welcome addition to both Penn Presbyterian Medical Center and also to Cape Regional Medical Center, where she has been empowered to build a Trauma and Fracture program. We are extremely fortunate to have an individual with Dr. Harding's enthusiasm and experience be part of the Penn family.

In addition, it is with a heavy heart that we are seeing one other change to the Penn Orthopaedic Trauma faculty. Dr. Ahn will be leaving to join the University of Michigan as Chief of the Orthopaedic Trauma Service and Vice-Chair of Education at the end of the academic year. While it is a tremendous opportunity for Dr. Ahn, it is a huge loss for our Division. He has been not only a nearly life-long member of the Penn community, but also an integral part of the inception and development of the Orthopaedic Trauma and Fracture Service (see Picture).

The trauma division remains a cornerstone of the residency program's education. Every resident spends 6 to 12 weeks of their year as a member of the busy trauma service, and the rotation is a favorite amongst most residents, regardless of ultimate career goals, due to the high yield learning environment with faculty who value teaching and education. Drs. Ahn, Donegan, Harding, and Mehta all participate in resident morning lectures, department grand rounds, as well as the General Medical Education Committee (GMEC). The attendings also lead every trauma team in a trauma cadaver lab prior to their rotation to engender team unity as well as to practice common procedures and exposures.

In conclusion, the expertise and diversity of the Trauma Division continues to grow, and, despite the change, we are looking forward to another momentous year of patient care, innovation, research, outreach and education.

