ASA 10th Annual Meeting Expands to 1 ½ Days

In order to accommodate hands-on workshops, the schedule for the ASA Annual Meeting has been expanded. It now begins on Tuesday afternoon at 1 pm with four 50-minute clinical presentations that include Critical Points in Operations for Congenital Heart Surgery: Minimizing Errors, William DeCampli, MD, PhD; Peripheral Vascular Disease, Peter Dovgan, MD, FACS; Surgical Management of Hydrocephalus: Ventriculoperitoneal Shunts and Beyond, Eric Trumble, MD; and a cardiothoracic topic presented by Kevyn Accola, MD.

Professional topics will be addressed on Wednesday morning beginning at 8 am, including Grassroots Efforts; Reimbursement Issues; and a panel discussion.

In the afternoon, ASA attendees can select from one of two hands-on workshops presented by Synthes. The first is entitled Treatment of Tibial Shaft Fractures Using IM Nails/External Fixators. Participants will have the opportunity to work hands-on with the instrumentation and equipment necessary for the placement of an IM nail and/or external fixator in the surgical treatment of tibial shaft fractures that are not treatable by nonsurgical methods.

The second hands-on workshop focuses on the Treatment of Periprosthetic Fractures that occur around or in the vicinity of an internal prosthesis. These types of fractures demand a high level of expertise from the surgical team, and attendees will be able to further their skills in the surgical treatment of these fractures.

Each hands-on workshop is limited to 35 participants. Register early to ensure your enrollment. The cost for AST members is $250, and for nonmembers the cost is $330. Register online at www.ast.org and click on the conference logo. To register by phone, please call 972-620-3044 (9 am-5 pm, CT) or to register by fax, download the registration form from the website, complete the information and fax it to 972-620-3099.
The future is now and it belongs to nanotechnology according to Subhas Malghan, PhD, a member of the Federal Drug Administration (FDA) Nanotechnology Task Force. Scientists estimate that medical innovations using nanotechnology are no longer in the realm of science fiction and will be appearing in health care procedures and treatments sooner rather than later.

As deputy director for the Office of Science and Engineering Laboratories at the Center for Devices and Radiological Health (CDRH), Malgan predicted that the number of nanotechnology-based medical products will reach $53 billion by 2001 and more than double to $110 billion by 2016.

Nanotechnology applications include implants and prosthetics manufactured from nanomaterials that more closely resemble the original human structures. The result is to decrease the body’s rejection of the new replacement organs and prosthetics.

In addition to prosthetics, nanotechnology appears promising in the treatment of some types of cancer. A semiconductor is surrounded by minute particles forming a metallic shell that is launched at specific cancer cells. When these nanoshells arrive at the cancer cell, they are subject to irradiation by near-infrared light. Consequently, the temperature of the nanoshell rises and it becomes hotter. The resulting heat destroys the cancer cell.

Benefits of this new approach include reduced side effects that are experienced by patients who undergo radiation treatments through radiation or chemotherapy.

As promising as nanotechnology seems to be and how fast the field is growing, medical researchers are now calling for the development of standards that measure the quality and effectiveness of medical products based on nanotechnology and facilitate the use of these products internationally.

The Nanotechnology Task Force, under the umbrella of the FDA, is responsible for assessing the current state of nanotechnology science, sharing information with the public regarding the developments and current status of nanotechnology, and providing a written report to the FDA examining nanotechnology using a broad range of measurement tools.

The FDA regulates products individually, one at a time, and there are three phases of regulation: premarket approval, premarket acceptance, and postmarket surveillance.

The regulation that most directly involves medical devices is premarket approval where the manufacturer identifies and assesses the risks of the product; and addresses each risk and how it will be minimized in the product application. The FDA, possibly with the help of an advisory committee, evaluates the product and documentation. Often, the manufacturing plant is part of the preapproval process.

Nanotechnology products are anticipated to straddle the pharmaceutical, medical device and biological categories and will be regulated as Combination Products and the primary mode of action of the product will determine the specific regulatory center.

Current testing methods are considered adequate for most nanotechnology products and the particle size is not considered a critical factor. However, new methods of evaluation will inevitably be developed as new toxicological risks are encountered from new materials and new generations of nanotechnology products will develop.

REFERENCES
The number of CAAHEP-accredited surgical assistant education programs has been growing steadily in the last few years.

**CAAHEP-ACREDITED SURGICAL ASSISTING PROGRAMS**

**INDIANA**

**Vincennes University**
Surgical Assistant Program  
1002 North First Street HO-14  
Vincennes, IN 47591  
Program Director: Chris Keegan, CST, MS  
Email: ckeegan@vinu.edu  
Phone: 812-888-5893  
Website: www.vinu.edu

**Kentucky**

**Madisonville Community College**
Surgical Assistant Program  
750 North Laffoon Street  
Madisonville, KY 42431  
Program Director: Jeff Bidwell, CST, CFA, CSA, MA  
Email: jeff.bidwell@kctcs.edu  
Phone: 270-824-1740  
Website: www.madisonville.kctcs.edu

**Michigan**

**Wayne County Community College—Western Campus**
Surgical Assistant Program  
9555 Haggerty Road  
Belleville, MI 48111  
Program Director: Mark Shikhman, MD, PhD  
Email: mshikhm1@wcccd.edu  
Phone: 734-697-5197  
Website: www.wcccd.edu

**Oklahoma**

**Tulsa Technology Center**  
Surgical Assistant Program  
3420 South Memorial Drive  
Tulsa, OK 74145  
Program Director: Mildred Hill, CST, RNFA, MEd  
Email: mildred.hill@tulsatech.org  
Phone: 918-828-1112  
Website: www.tulsatech.org

**Tennessee**

**Meridian Institute of Surgical Assisting**
Surgical Assistant Program  
3353 Union Hill Road  
Joelton, TN 37080  
Program Director: Dennis Stover, CST  
Email: dennis.stover@meridian-institute.com  
Phone: 877-954-1500  
Website: www.meridian-institute.com

**Nashville State Community College**
Surgical Assistant Program  
120 White Bridge Road  
Nashville, TN 37209  
Program Director: Debbie Bessent  
Email: Debbie.bessent@nscc.edu  
Phone: 615-353-3331  
Website: www.nscc.edu

**Texas**

**South Plains College**
Surgical Assistant Program  
819 Gilbert Drive, Building 5  
Lubbock, TX 79416  
Program Director: Stacey May, CST  
Email: smay@southplainscollege.edu  
Phone: 853-048-4642  
Website: www.southplainscollege.edu

**Virginia**

**Eastern Virginia Medical School**
Surgical Assistant Program  
Department of Surgery  
825 Fairfax Ave, Suite 610  
Norfolk, VA 23507  
Program Director: Clinton Crews, MPH  
Email: crewsrc@evms.edu  
Phone: 757-446-8950  
Website: www.evms.edu

**State Surgical Assisting Organizations**

**Colorado Surgical Assistants Association**  
Don Lough  
DLough@ASA1@aol.com  
www.c-asa.org

**Florida Surgical Assistants Association**  
Kathy Zorn  
kjaw1@aol.com  
www.floridasurgicalassistants.org

**Georgia Society of Surgical Assistants**  
Ann Shaker  
ann@surgimedservices.com

**Illinois Surgical Assistants Association**  
Margaret Vaughn  
217-793-8635  
mvaughn@springnet1.com  
www.ilsaa.net

**Texas Society of Surgical Assistants**  
4601-50th, Suite 106  
Lubbock, TX 79414  
806-441-2574  
ssa.kc@cox.net

**Virginia Association of Surgical Assistants**
The Surgical Assistant Program, Office of Health Professions, Lewis Hall  
Norfolk, VA 23507  
www.evms.edu/hlthprof/surgasst/index.html
Mark Shikhman, MD, PhD, CSA, has come farther than most to become the director of the surgical assisting program of Wayne Country Community College (WCCC), in Belleville, Michigan. In Russia, he worked as a surgeon and oncologist for 18 years and from 1989 to 1994 served as the Director of Pancreatic and Liver Surgery Center.

He left Russia for the US and became a surgical first assistant in 1997. Three years later he was employed as an instructor in the WCCC surgical technology program and, in 2003, was named program director. In 2006, Shikhman was appointed as director of the facility’s surgical assisting program.

While working as a Certified Surgical Assistant at Oakwood Hospital and Medical Center, in Dearborn, he learned that surgeons preferred working with surgical first assistants versus surgical residents. He determined that this Southeastern Michigan region would benefit from a surgical assisting program that would graduate the needed practitioners.

The program was not only designed to earn CAAHEP accreditation but also to function as a bridge between the associate degrees offered by WCCC and bachelor degrees awarded by four universities. The WCCC didactic program incorporates courses authored and taught by university professors. Credits that the students earn from these courses are transferable to four-year universities. Some of the course offerings include surgical anatomy with cadaver dissection, advanced surgical pharamacology and surgical technique.

In addition to online opportunities, students will also be able to study overseas. Presently, plans are underway to create a joint surgical first assistant program with one of the leading medical educational institutions in Russia. This program will offer didactic programs online and clinical courses onsite at the European campus in conjunction with a local teaching hospital. The student exchange program will also be open to foreign students who wish to study in the US.

The biggest challenge now facing the school is sites for clinical training. However, hospitals that have never utilized surgical first assistants have now created job positions and initiated hiring. With the increasing demand, more clinical sites will become available.