

LAST THE STITCH

USING NUTRITION AS A MEANS TO CHANGE MEDICINE

Gregory Buford, MD, Denver, says he can almost sense the eye-rolling and hear the skepticism that will accompany the announcement of his new book, *Eat, Drink, Heal: The Art and Science of Surgical Nutrition*. To some degree he understands it, but in return he'd also appreciate that his plastic surgery colleagues grant him some slack – and focus on the message rather than the messenger.

Eat, Drink, Heal, at 206 pages, is a primer for physicians and patients that focuses on nutrition as it merges with medicine. However, far beyond the “eat this, not that” refrain common among so-called health gurus, the book is specifically constructed to inform surgeons in particular on how to prepare their patients for surgery through nutrition – weeks before prep is initiated. It also provides patients with a regimen to help them “heal” before a surgical procedure – and through their recovery, and for the rest of their lives.

The book arose from his revelation that, in his mid-40s, he was doing himself no favors health-wise in terms of his diet and lifestyle.

“It wasn’t a midlife crisis – it was a midlife awakening,” he says. “I realized that I wasn’t in great shape, I wasn’t eating like I should, I was having a few too many martinis here and there, and that if I continued down this path I’d be a typical 50-year-old: overweight, out of shape and on blood-pressure medication.”

He forced himself to hit the gym, but the workouts weren’t yielding the results he expected, Dr. Buford says. “But when I dialed-in a focused nutritional regimen, I felt like a new man. That was my ‘ah-ha’ moment.”

The changes resulting from that focus forced another epiphany: that he had been short-changing his patients – but not consciously, of course.

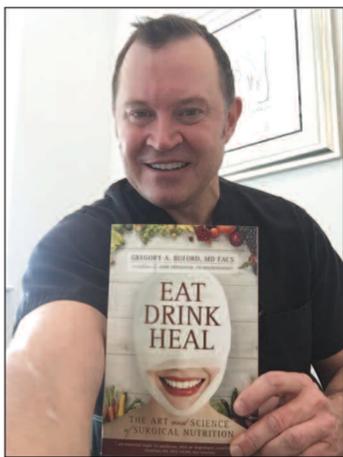
“They would come for their procedures, and I was too involved with the technology – a great, new lipo device or fat-melting device,” he recalls. “While those are great, I didn’t stop to ask them about their lifestyle. There’s no ‘fat fairy’ that taps you on the shoulder and you gain love handles; it’s progressive and due to the incredibly unhealthy American diet. The questions became ‘How can I practice better medicine; how can I help my patients heal better after surgery – but also, how can I have an impact upon their eating well over the long haul?’ Patients are bombarded with too much information to make informed choices, and as physicians we don’t know what happens when they’re at home.”

Dr. Buford dove into metabolic and nutritional medicine, devoting nearly two years to research. He also enlisted a certified nutritionist “because I wanted to ensure that what I wrote was entirely valid,” he says. “This allows patients to be more proactive in their health care, and physicians to educate themselves and practice better medicine. They won’t need to take training courses; I’ve done that for them, and it’s formatted for them.”

Dr. Buford says that at least one reader has questioned the lack of scientific rigor in *Eat, Drink, Heal*, “but it wasn’t intended as a textbook,” he notes. “It has just enough science, though.”

“This work is a passion for me,” adds Dr. Buford, whose newfound conditioning routine recently earned him a first-place finish in an age 42-and-over physique competition. “I want to make an impact, to leave something behind that brings medicine to a better place.”

“It’s all about bringing positive change to the way we manage surgical patients.” **PSN**



Dr. Buford with a copy of *Eat, Drink, Heal: The Art and Science of Surgical Nutrition*

15 YEARS AGO IN PSN...

Word that the federal government might restrict medical practice by banning the reinsertion of medical devices – in this instance, breast implants – brought a reaction from ASPS members that was given voice by PSN Editor Phil Haeck, MD, in the Editor’s Message titled “Whose standard of care is it, anyway?” printed in the February 2002 issue of PSN:

“A decision based on surgical principles ... will be one we can live with, if it correctly places the value of experience and the mantle of judgment over that of blanket elimination of reinsertion of any and all medical devices.”

– Phil Haeck, MD
PSN editor
Seattle **PSN**



SURGEON SPOTLIGHT

Editor’s note: The bulk of PSN’s pages are devoted to specific elements of our mission statement – to keep members informed of the social, political and economic trends and educational opportunities that affect the specialty of plastic surgery.

PSN is pleased to take liberties with the “social” aspect of its mission statement by presenting a good-natured look at the lives of notable members who we believe are making significant contributions to the specialty.



Amanda Gosman, MD

IN THIS ISSUE, we present to you **Amanda Gosman, MD, San Diego**, Plastic Surgery Division chief; director of Craniofacial Surgery and professor of Plastic Surgery at Rady Children’s Hospital; and residency and craniofacial fellowship program director at the University of California-San Diego. Dr. Gosman, who completed an integrated plastic surgery residency and craniofacial and pediatric fellowship at the University of Texas Southwestern in Dallas, also serves as ASPS Ethics Committee chair. She took the time between practicing plastic surgery and preparing to ice skate on a San Diego beach to answer the following questions from PSN:

The greatest influence on my decision to become a plastic surgeon... Involved a student exchange to Egypt that occurred when I was in high school. This eye-opening experience led me to pursue a career that addresses international economic disparities. Initially, I tried international development through urban planning but found population level projects problematic; eventually, I decided to pursue medicine. I took a year off between my medical school Year 3-4 to pursue global health projects and work on a mobile surgical unit in Ecuador. During that year, I was advised to consider plastic surgery, since it was a specialty that had a long tradition of global outreach. When I returned to Cleveland, I did a plastic surgery rotation with Edward Luce, MD, who helped demonstrate that plastic surgery reconciled the components of art, science and outreach in a perfect specialty.

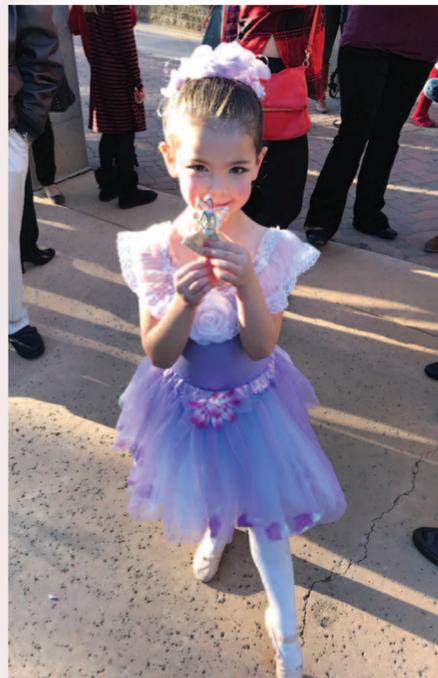
The best thing I ever purchased for my office was... A telemedicine videoconference system that I can use for patient follow-up and educational exchanges at international sites through my nonprofit organization, ConnectMed International.

The last book I read was... *Blind Eye* by Boyd Gaines. It’s a fascinating and true story about a serial-killer doctor and how our system of peer review can sometimes fail. It’s an excellent book for anyone who’s trying to decode letters of recommendation.

The best vacation I ever took was ... To Maui with my family and exploring the road to Hana. The best adventure vacation was a horseback safari in Botswana.

The best dish I cook is... Nothing. I’m very fortunate to have a husband who does all the cooking.

Younger surgeons today... Should know that surgery is a very consuming career because of the commitment to the patients, so I encourage students and residents to really pursue what they are truly passionate about – because then the sacrifice becomes a privilege.



Xara relaxes after a bravura performance of a bon bon in “The Nutcracker.”



Dr. Gosman, her husband, Justin Brown, and her daughter, Xara, 5, catch a Toledo Mud Hens minor league baseball game in her Ohio hometown.

The best part of next weekend will be... Watching my 5-year-old daughter perform in “The Nutcracker” and going to the Hotel del Coronado, near San Diego, to go ice skating on the beach.

The best thing about being a plastic surgeon is... Being able to integrate international humanitarian work with my academic craniofacial practice through ConnectMed International (connectmed.org). It collaborates to provide sustainable, multidisciplinary care and educational outreach to international partner sites.

The best thing a grateful patient gave me was ... A live chicken. It was very thoughtful but very messy.

The words I try to live by are... “Where there’s a will, there’s a way.” I’ve often found that the path I wanted to pursue was not always the same as my peers, and although at times it was uncharted and discouraged, the path that I was initially told was not possible, actually was possible. **PSN**