

# My Life as a Surgeon: Dr. Anita P. Courcoulas



## Questions:

### 1. Growing up

I was born in Buffalo, New York to Greek immigrant parents. My father was an electrical engineer who pioneered tandem rolling steel mill processes and my mother, a dietician who ran a hospital nutrition service. They were both such dedicated and hard-working people who instilled those values in me and provided an interesting upbringing full of love and support. We moved to Europe for my father's work when I was in the 6<sup>th</sup> grade, allowing me to enter a private international school with incredible teachers. That expatriate experience expanded my view of the world and solidified my desire for an advanced professional career.

### 2. Why did you become a doctor?

No one in my family nor anyone I knew was a doctor, yet from a young age I always wanted to be a one. I recall saying that was the case because I loved both biology and people, but I also enjoyed a challenge. I did not view any other career choice as potentially fulfilling as becoming a physician.

### 3. Why did you become a surgeon?

I was completely on the path to become a neurologist or a psychiatrist, as my research between college and medical school was in the lab of Dr. Leon N. Cooper, the Director of the Institute for Brain and Neural Systems at Brown University and a Nobel Prize laureate who developed the BCS theory of superconductivity, is the namesake of the Cooper pair, and co-developed the theory of synaptic plasticity. I

also worked on projects on infant temperament and development in Barry Brazelton's lab and at the Brain Bank at Massachusetts General Hospital on Huntington's disease. My clinical rotations in medical school dramatically altered that planned trajectory.

**4. When did you decide to become a surgeon? Did you have an epiphany? What was it?**

In medical school, I was assigned to surgery as my first 3<sup>rd</sup> year clinical rotation, very much to my dismay, as that was the only field of medicine I was certain was not for me. I rotated at Boston City hospital and a community hospital in Brockton Massachusetts and LOVED it. I realized my thinking and approach to problems were more 'surgical' and less 'medical.' I felt comfortable on the surgical service and was most interested in abdominal/general surgical diseases. I admired the elegance of a well-conducted operation and aspired to it. Everyone I knew at the time, except my parents, tried very hard to talk me out of a career in surgery, stating that I would never have a life (whatever that means), a family, or children. My parents, on the other hand, advised me to do what I loved...and so I did. Without their encouragement and constant support throughout my education and training, I would have chosen a different path, one I suspect would have been a much-less-fulfilling compromise.



*Dr. Courcoulas in 1997*

**5. Did you develop a clear vision/mission for your surgical career? What was it?**

I did not have a clear vision during my training about a career path and that was a bit problematic. I initially wanted to do pediatric surgery because of its breadth and the fact that the patients are so cute and smell good. Then I pondered surgical oncology but ended up joining the general surgery and trauma group at Presbyterian Hospital with Andy Peitzman, Tim Billiar, Tony Udekwu, and Brian Harbrecht. What an honor to finish my surgical training and work with this group of master surgeons. Tony Udekwu had started doing some open bariatric surgery (there was no MIS surgery at the time), so I joined him in growing that field. The first open bariatric patient he 'gave' me was a 665-pound male in whom I had

trouble making the Roux limb reach the gastric pouch. Even the anesthesia staff felt sorry for me that day, but little by little I was taught, and I learned all the tricks of the trade and eventually did an open bariatric operation through a very small upper midline incision on the largest patient ever - 1,038 pounds. When MIS surgery began evolving, I worked with Jim Luketich and others in thoracic surgery to adapt MIS approaches to these procedures. It was a wonderful and collaborative number of years of mutual learning and friendship that still happens today when we share cases, nearly 25 years later.



*Taking trauma call while hosting a dinner party, 1998*

Additionally, as timing and luck would have it, I realized that I had entered the field of bariatric surgery at its inception for both clinical progress and research efforts, and this helped to ignite a vision to make contributions to such progress. I was fortunate to participate in the first NIH-funded study on bariatric surgery, “The Longitudinal Assessment of Bariatric Surgery Study” (The LABS Study), which established a significant research infrastructure that still exists for our group today. The LABS Study also introduced me to surgeons and scientists from around the country. From those experiences/collaborations, other projects emerged, one-by-one, that grew into a critical mass of studies addressing some of the important and unanswered questions in the field.

## **6. Who were your mentors? In what way for each?**

Dr. Simmons inspired me to make good science out of clinical work.

Dr. Peitzman helped me grow into a confident surgeon by teaching me trauma, supporting my early research efforts, and making me feel like a part of a family.

Dr. Udekwu taught me open bariatric surgery and shared his general surgery practice with me by encouraging patients that initially came to see him to be cared for by me.

Dr. Luketich taught me advanced MIS techniques and made me feel like an integral part of a team in building a new collaboration.

Dr. Billiar clearly articulated to me the milestones I needed to accomplish to progress in an academic career.

Drs. Katherine Detre and Steven Belle in the Graduate School of Public Health mentored me in my MPH and research years and then helped me obtain my first NIH grant, the LABS Study, which transformed my clinical research career.

The NIH-NIDDK obesity scientists (“the NIH ladies,” as my husband calls them), Drs. Yanovski, Miles, Horlick, Teff, and Evans. This all female group of senior obesity scientists encouraged and welcomed both my voice and my leadership on grants and national committees. These tremendous mentors became colleagues and then friends.

Walter Pories, one of the fathers of bariatric surgery, demonstrated so well the art of research collaboration.

Ira Gumberg, my husband, who brought a business-minded perspective, taught me to ask some tough questions and made me believe in my ability to juggle all the pieces of a busy professional and family life.



## 7. Has your career been as envisioned/expected?

I had no idea what to expect when I started my career, but I certainly never dreamed I would become an academic surgeon at such an amazing place.

## **8. Expected and unexpected challenges.**

Challenges were both big and small.

Small: For years, I worked between three hospitals and wasted time trying to park until I finally asked for and obtained a universal parking pass that changed my life! Linda Babcock's book *Women Don't Ask: Negotiation and the Gender Divide* was a useful resource.

Big: The MIS learning curve for bariatric surgery was challenging and painful, but I am grateful that I pursued it early in my career with much help from so many colleagues who made it both fun and rewarding. Navigating the challenges of being a female in a traditionally male-dominated field, especially early on, led me to apply the philosophy of “forgive and remember” - see below for further context. I always believed that over time, quality work would stand for itself. In addition, I realized that for every potential negative experience/reaction, there was an equal and opposite positive one. This reminds me of Henri Ford calling out on the floors at Children’s Hospital with his signature smile, “here comes the amazing double XX team,” referring to me and the female intern together on his service at the time.

## **9. Tell us about a low point as a surgeon that led to a life lesson.**

When I was an intern, my chief resident Si Pham told me about the book and the concept, “Forgive and Remember” by Charles L. Bosk. I have lived by this dictum throughout my career (and life). In this context, I learned from every potential misstep, my own and others.

## **10. What has been the biggest challenge in your career?**

Managing guilt, and by that I mean balancing my family and my own life outside of work without worrying too much.

**11. Expected/unexpected rewards in your career?**

Expected: Becoming an experienced technical surgeon is the great reward of time. Continuous, on-the-job learning is the daily reward for being in an academic environment.

Unexpected: Developing very close relationships with patients and their families. Having a colleague ask you to operate on them.

**12. What has been the biggest reward(s) in your career?**

I love operating, both the smooth/elegant and the difficult/complex cases.

I truly enjoy sharing my clinical pearls of wisdom with students, residents, and fellows, and it is particularly gratifying to hear the downstream effects of those efforts.

I am most proud of the family I created and built later in life. They are my greatest reward for patience.

**13. What would you do differently in your career?**

Worry less about everything and try harder to stop multi-tasking and truly enjoy moments away from work.

**14. Of what accomplishment are you most proud/gratified in your career?**

Having had the opportunity to help make clinical research contributions that have altered algorithms of care or have contributed to answering gaps in knowledge.