

Professor Donald N. Reed: the development of endoscopy

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Professor Donald N. Reed Jr. (*Figure 1*) is the medical director of trauma services at Lutheran Hospital, who was instrumental in leading Lutheran Hospital to verification as a level II trauma center in July 2009. He is now also the editorial board member of the journal “*Hepatobiliary Surgery and Nutrition (HBSN)*”.

Dr. Reed earned a medical degree from the University of Michigan Medical School in 1981. He completed a rotating internship at St. Joseph’s Hospital in Flint, Michigan in 1982 and a residency in general surgery at McLaren General Hospital in 1986. Dr. Reed was a trauma/critical care fellow at Allegheny Hospital in Pittsburg from 1986 to 1987, and he completed additional training in hepatobiliary pancreatic surgery and endoscopy at the University of Louisville in 1999. Prior to his arrival in Fort Wayne, he practiced surgery in Flint from 1987 to 2004 and was a professor at Michigan State University’s Department of Surgery from 2004 to 2007.

I met Prof. Reed during the American College of Surgeons (ACS) Clinical Congress 2015 in Chicago and was honored to do the interview with him. Please enjoy my video interview with him (*Figure 2*) (1).

HBSN: *What brought you into the field of surgery?*

Prof. Reed: My first exposure to surgery is actually when I was a medical student. As a medical student, I loved the ability to surgically intervene in an illness and correct it rapidly. This kept me interested enough to do the residency, and then the following fellowship.

HBSN: *I know that you are one of the members of ACS Committee and have been attending many lectures. What impresses you most about the meeting?*

Prof. Reed: During this congress, what impresses me most is the number of the international attendees. The meeting has always been an excellent source for physicians and surgeons to have the opportunity to interact and communicate with colleagues around the world. I have



Figure 1 Professor Donald N. Reed Jr.

been to many of these meetings and I think the first one I attended was in San Francisco in 1984. But at this meeting I believe I have seen more international attendees than ever before.

HBSN: *I know that you’re specialized in endoscopy and you have been in this field for many years. What developments have you witnessed in recent years?*

Prof. Reed: I did my original fellowship with study in endoscopy and hepatobiliary-pancreatic surgery at the University of Louisville in 1998–1999. I have been practicing it for 16 years. Subsequently, I joined the American Hepatobiliary Association and International Hepatobiliary Association. The biggest trend in endoscopy over that period of time is the increasing number of disorders that are amenable or treatable with endoscopy. I think that the evolution has been a twofold process. On the one hand, there were tremendous technical advances in the industry in terms of the endoscope itself and the endoscopic equipment. Second, I think that endoscopists—whether they are surgeons or gastroenterologists—have begun to “think outside the box.” They attempted to use a particular technology or treatment paradigm that wasn’t



Figure 2 Professor Donald N. Reed: the development of endoscopy (1).

Available online: <http://www.asvide.com/articles/824>

used traditionally for some disorder. Take endoscopic treatment of esophageal varices as an example. For variceal bleeding in most cases, endoscopic treatment has been used with ligation of varices. When I was in training, I didn't think this technique even existed. Nowadays, we take it for granted. But to operably intervene in portal hypertension with esophageal varices causing upper gastrointestinal bleeding, the mortality is horrendous. So to have the endoscopic treatment option for those patients is an incredible advance. For the average patient presenting with esophageal varices or bleeding, I believe the endoscopic treatment was a paradigm leap basically for the entire world.

HBSN: What are the difficulties now in endoscopy?

Prof. Reed: I think people should get well-designed studies that are able to distinguish between the multiple treatments options available. It means that they should not only compare endoscopic treatment, but perhaps laparoscopic or minimally invasive surgical techniques. That might offer some advantages. However, most papers I know today are endoscopy treatment or medical treatment *vs.* another endoscopic treatment rather than endoscopy *vs.* surgery. In my opinion, some studies today about minimally invasive surgery are cutting-edge. But the problem is that it requires a very ethical and thoughtful study design to make sure that the research does not just aim to promote the application of technique but rather to use a balanced approach to see whether it has advantages or not.

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Xu. Professor Donald N. Reed: the development of endoscopy

HBSN: In your opinion, what is the future development for endoscopy?

Prof. Reed: I think future development of endoscopy will be basically about size. For instance, now we can use a flexible fibrotic scope which is 2–3 mm to go through the endoscopic retrograde cholangiopancreatography (ERCP) scope's working channel. And in a 2 mm working channel, I can look at what I suspect is a tumor and get the biopsy with the biopsy forceps. I think that is a real technological advancement. In my 29 year career, that's never been possible. The second development will be endoscopic ultrasound. I think we only see the tip of iceberg in terms of what's available for that. Now, it is mostly used for diagnosis. I think one day, there will be treatment options offered with endoscopic ultrasound. The options may be using ultrasound to locate a tumor and having another parallel device to go in and remove that tumor.

HBSN: What do you love about surgery?

Prof. Reed: I like the reward of taking care of a particular problem and allowing patients to move forward in their life. I find that part is rewarding.

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Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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1. Xu EX. Professor Donald N. Reed: the development of endoscopy. *Asvide* 2016;3:071. Available online: <http://www.asvide.com/articles/824>

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