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Legacy Leader: Jack A. Vennes, MD

The Minneapolis Star and Tribune obituary headline on January 14, 2008, "Beloved medical innovator had huge effect on his field" was not hyperbole. Dr. Jack Vennes was indeed beloved by many, and as a pioneer in the field of gastroenterology, he had few peers.

During 38 years of practice, research and teaching at the Minneapolis VA and University of Minnesota, Dr. Vennes brought back GI innovations from Japan, helped to birth the practice of ERCP, and published more than 70 papers and 25 medical texts while earning a reputation as a beloved, caring and motivating mentor to dozens of fellows, trainees, nurses and peer physicians. He has been honored as one of 50 physicians who had the most impact in their specialty in the 20th century. In 1978 he received the Rudolph Schindler Award - the highest honor of the ASGE. Every year, Dr. Vennes, along with his notable team member at the Minneapolis VA from 1971-1986, are honored by the Jack A. Vennes, MD and Stephen E. Silvis MD Endowed Lecture at DDW. This year's lecturer was Dr. Bret T. Peterson of the Mayo Clinic in Rochester, MN. The first honored lecturer in 2007 was Dr. Michael L. Kochman of the University of Pennsylvania.

Dr. Vennes grew up on a dairy farm in Wheeler, Wisconsin and piloted torpedo planes in World War II. He received his Bachelor's degree from the University of Minnesota in 1947, followed by Medical School at the U of MN and a residency at the Minneapolis VA. Around 1970, he and Dr. Silvis introduced the technique of ERCP to the United States. He dedicated much of the next years to training other physicians in the procedure. It has been said that through the courses he developed and his publications, he did more to teach and develop ERCP than any other individual. He retired in 1993. In one of the many tributes to Dr. Vennes published after his death in January of 2008, the Dunn County News (Chippewa, WI) said, "His consummate patience, integrity and humility have served as an inspiration for many." Genii's CEO, Marcia Morris, has often credited her encounters with Drs. Vennes, Silvis and Robert Tucker while a graduate student at the University of Minnesota with lighting her passion for the specialty of GI which became the foundation of her career.

A new fund at the University of Minnesota has been announced: The Jack Vennes Endowed Gastroenterology Fund. Dr. Peter Cotton (Ingenuity News April 2012) will be the guest speaker at a dinner promoting the fund in Minneapolis on July 16, 2015.

Dr. Vennes 1924-2008
Top photo is from Cook Medical archives. Dr. Vennes at the VA Medical Center in Minneapolis. The technician in the center is Ms. Marsha Dreyer who went on to become highly noted for her own GI career.

INSIDE THIS ISSUE

Education Question

Q. What best practices can you suggest when using argon coagulation therapy?

A. First and always, argon coagulation is a non-contact therapy. Try to keep the distal probe tip at least 2 to 5 mm away from the tissue. This is made easier by the longer *gi4000* ArC Smart™ Linear™ beam but still requires care and correct technique on the part of the physician. One suggestion is to consider whether a tangential approach to the tissue might be preferred over a directly perpendicular approach. The ionized beam will 'bend' to follow the current path to the tissue.

Recall that argon coagulation is a monopolar electrosurgical method. The arc length will be influenced by the resistance in the complete circuit which includes the air gap as well as the patient tissue between the treatment site and the grounding pad. Patients vary in their resistance so the same power setting on one patient may not yield the same length of arc on another patient. Placing the grounding pad as close to the treatment site as possible can help to shorten the distance the current must travel to the grounding pad and therefore lessen the total resistance and increase the arc length.

When trying to increase the arc length, don't turn up the gas flow. Argon works by using voltage to ionize atoms of argon in a chain reaction. Once there is an adequate argon cloud present at the treatment site, adding more gas can simply dilute the ionized species and work against increasing the arc beam. With the gentle character of the *gi4000* ArC Smart™ Linear™ beam, slightly increasing the power setting by one or two watt increments will be more effective in making the arc longer. Increasing the gas flow can lead to overall greater distention and a greater risk of pneumatosis. A flow rate of 1 liter per minute is often used for gastroenterology procedures.

ASGE Technology Status Evaluation Report: Electrosurgical Generators, ASGE Technology Committee, Sarah A. Rodriquez, Committee Chair. 2013; Gastrointest Endosc 78(2) 197-208

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Morris, M. L. Electrosurgery in the Gastroenterology Suite: Principles, Practice, and Safety. Gastroenterology Nursing, 2006; 29(2), 126-134

The game changing Genii ***gi4000*** has been FDA cleared and available for sale for three years. Over 200 customers all across the United States are enjoying its ease of use, compact versatility and improved argon beam. Here are some of their comments:

"We are all pleased to be standardized to the Genii unit. It is completely state of the art." N.S., MD

"Things are going very well. We are using the Genii for everything. My partners seem to be happy with them and the nurses really like them." Dr. TB

"We thought the argon ignited more quickly and your probes are equivalent quality." Dr. MK

"*We love it!"* S.M., RN

"I believe the Genii Unit is good for both ESD and POEM procedures. And I hope many will realize it at the Master's course this weekend." K. Takizawa, MD

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- Too Expensive

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Wise Ida says:

"Whether you think you can, or think you can't, you're right."