

TEAM PLAYER

By Jennifer Gill Kissel
Photos by Terry Clark



This plastic surgeon goes to
great lengths to restore dignity
to the disfigured





“Cancer reconstruction surgery is some of my most challenging and rewarding work. We’re dealing with terrible illnesses, and we’re helping to restore people to their dignity.”

Nothing says teamwork like 180 men wearing greased lambskin lashed to their thighs and rowing a Greek warship under a midday Mediterranean sun. To volunteer for a duty once relegated to slaves, one is probably already a team player. If not, they’ll become one after hours of backbreaking labor on a ship where two-thirds of the rowers can’t even see the sea they’re battling, and where a slip of a sweaty hand could leave a man pinned helplessly beneath a heavy oar as the massive ship plows through the sea.

When Frederic Deleyiannis was chosen as one of an elite crew of oarsmen to row a reconstructed Greek trireme off the island of Poros in the summer of his 19th year, he was probably already a team player. That was 23 years ago, but teamwork is still in his nature.

That’s a good thing for his wife, Anna Maria Zapata, who recently gave birth to their second daughter, just 18 months after the first. Now a doctor at Children’s Hospital of Pittsburgh, Deleyiannis’s small office in the Reconstructive Surgery wing is dotted with photos of the lovely Leonor and Paloma (Spanish for dove), their Spanish and Greek heritage apparent in their olive skin and dark eyes and hair.

“Anna called me a few nights ago, around one in the morning,” Deleyiannis says. “I was working late, and she wanted to know when I was coming home, because the baby had thrown up in her hair and she hadn’t had a chance to shower.” He went home.

A surgeon with board certifications in both plastic/reconstructive and otolaryngological

(head and neck) surgery, Deleyiannis has privileges at CHP, UPMC Montefiore and UPMC Presbyterian. He’s also an associate professor at Pitt in both disciplines and has authored a book and scores of papers. His grueling schedule doesn’t allow much down time, but, as Zapata says, “Fred extends the day.”

His workdays don’t allow time to hit the rivers by daybreak, but Deleyiannis runs or works out on his rowing machine early each morning. Then he’s off to Oakland, where he spends his days in surgery or teaching and making rounds. Any spare time is spent with Zapata and the girls.

During a frigid week last December, Deleyiannis was busy making a little boy smile. Literally. Abdul Hakeem Hussein touched the hearts of Pittsburghers when the seven-year-old arrived from Iraq in 2006 after a blast from an American air strike tore apart the left side of his face. His injuries caused difficulty eating, drinking and speaking. One eye was left blind and milky white. The disfigurement made him a pariah among his own friends.

The nonprofit group No More Victims arranges for donated medical treatment in the United States for Iraqi children wounded in the war. Thanks to the teamwork of Deleyiannis, Dr. Tomra Stelko of the UPMC Eye and Ear Institute, and oculoclast Walter Tillman, who created a beautiful brown prosthetic eye to replace the ruined one, Abdul’s life is as near to normal as it can be in a war-torn country. He returned to Pittsburgh last December



for follow-up consultations. Deleyiannis plans to continue to use a special balloon to expand the boy’s skin and increase its flexibility, and his smile-ability.

The emotional nature of Abdul’s story made the surgical team heroes of sorts in local media coverage. But such accolades mean little to the soft-spoken and down-to-earth Deleyiannis. He works to restore his patients’ dignity and sense of self.

“About 50 percent of my work is with adults, and 50 percent with children,” he says. Much of his work at Children’s involves fixing lip and palate abnormalities, birthmarks such as port wine stains, and burns. Most of his adult practice, and one of his passions, is spent reconstructing the faces or necks of cancer patients after tumor removal. About once a week he does a surgery involving re-tissue transfer, or microvascular



Dr. Frederic Deleyiannis and his team of UPMC surgeons made headlines with their efforts to restore the face, and the smile, to a young Iraqi war victim.



(He received a varsity letter rowing crew at Penn and completed a master's in medical history while in med school.) By the time Deleyamnis completed his residency at the University of Pittsburgh in 2002, he had created an unusual combination of professional skills that, with hard work, dedication and a talented team at his side, could lead IPM/C to the top of the field in head and neck reconstructive surgery.

"Pittsburgh has a unique working relationship between plastic surgery and head and neck surgery. That's why I'm here. At a lot of institutions there are rivalries between disciplines, Deleyamnis points out. "My goal is to make reconstructive surgery of the head and neck a top-notch discipline here. I'd like to see Pitt known as the center of excellence for head and neck surgery."

"If we can break down interdisciplinary boundaries, we can provide better care to patients," he adds. "Everyone has something to offer." When he interviews hopeful young residents, Deleyamnis searches for the rare med student who is both well versed in the sciences and well rounded in the art of communicating. He wants them to understand and to care about people.

Dr. Pafal Ramnenti, a reconstructive surgeon in Washington, D.C., gained a new perspective while serving as a resident under Deleyamnis at Presby. "Early on I thought I would do high-end cosmetic surgery. Now I'm doing cancer reconstruction," Ramnenti says. "Fred had a huge impact on my whole education. He's very generous, and very committed to his patients. He's a compassionate surgeon. It's tempting to go into cosmetic surgery and work nine to five and have weekends off," Ramnenti notes, "but what Fred does is one of the lowest paying branches of the field. He goes in the middle of the night, on weekends. He's very dedicated."

Most medical residents in the United States spend 100 hours a week in the antiseptic operating rooms of hospitals that provide every modern advantage. The lucky ones, Ramnenti figures, also get what he got, the chance to learn with Deleyamnis in the poorest, most remote region of Guatemala, using only the instruments they can fit into their luggage, all the medical knowledge they can stuff under their surgical caps, and all the compassion their hearts can hold.

Since 2002, Deleyamnis has spent a week every year traveling with a team of other American doctors and nurses to a country where running water is a luxury, where two of every 1,000 children are born with deformities of the lips and palate, and where people are so poor they walk six hours or more over rough terrain with nothing but the clothes on their backs for a chance to see a doctor who might change their life.

Before the duties of motherhood called, Zapata twice joined her husband on these "truly amazing and eye-opening" ventures to Guatemala. "It's so heart-breaking," Zapata recalls. "The people there don't have clean water. Some of them are starving. Some only have rice water for dinner. And this is only two or three hours from the U.S!"

A Spanish teacher, Zapata and her friend and mentor, Joyce Bartholomew, lent their expertise as translators. (Her husband is proficient but not fluent in Spanish.) She also lent her compassion. "I felt I could connect with the people and bring some tenderness to the situation," she says. "They're very, very thankful for anything you do. Some need vitamins, some need surgery. For others, there's nothing you can give them. They just need someone to talk to."

So life changing was the experience that Zapata plans to return to Guatemala soon. When her daughters are old enough, she wants them to go along. "It's very special to be a part of such a group doing great deeds," she says. "It was a blessing to see Fred and the other doctors at work."

As volunteers for the non-profit group Children of the Americas (COTA), the medical professionals have one goal: to help as many people as possible. All services are provided free to the Guatemalan people. Hundreds learn via newspaper, radio and word of mouth of the doctors' visit. They line up each day to be seen. "The surgeries range from dental extraction to cleft palate surgeries to hysterectomies," says Deleyamnis. As a group, he estimates they have performed about 250 operations in six years.

Another plastic surgeon and a resident usually accompany Deleyamnis, who performs mostly cleft lip and palate surgeries and burn reconstruction. Because the Guatemalan hospitals are so poor, all they can really offer is space, which the surgeons gladly accept, Deleyamnis says. "We bring everything from our own antiseptics to antibiotics to instruments."

He says, "It's an eye-opener when you come back to the U.S. and see the amount of stuff we throw in the trash." Here, doctors use more than they need and everything gets thrown away after surgery. There, everything is washed and reused. "All you really need [to perform surgery] are gloves, a hook, enough antiseptic to clean a wound, a few sterile sheets, a knife and scissors, and you're good to go," says Deleyamnis.

Other IPM/C staff share his compassion. "The people at Children's are very generous about saving instruments and supplies for us to take along," he says.

Because live electrical wires snake across Guatemalan fields, the surgeons repair many burns. A Guatemalan worker might be chopping with a machete and hit a wire and get a horrible burn," he explains. Also, people build open cooking fires in their tiny, ill-ventilated homes. Children often fall into the fires or boiling water. Children born with cleft palate disfigurements have a double whammy, Deleyamnis says. They are stigmatized and shunned by others who believe they were "kicked in the face by the Devil," he says.

Because such disfiguration causes babies difficulty in feeding, many children become malnourished and anemic. "It's amazing how diminished they can look," Deleyamnis notes. "We might see a child who is 9 but looks 3." In such cases, the team will provide supplements so the child can become healthy enough to endure surgery the following year. In drastic cases, doctors try to bring the child to the U.S. for surgery.

During the past three years, Deleyamnis has used the Guatemalan work to help IPM/C researchers investigate how genetics play a part in the incidence of cleft lip and palates in families. "We've tried to better characterize a phenotype of what constitutes a cleft palate," he says. "Some things that might not be apparent to the naked eye can be detected with an ultrasound." He credits Dr. Mary Marazita in the Department of Genetics with leading the work. He believes they are the only doctors involved with COTA who use the trip for research purposes.

For Deleyamnis, the trek across remote Guatemalan terrain in a military bus surrounded by gun-toting soldiers is a far cry from his short jaunt to work in Oakland each day. But a photo hanging above his desk serves as an ever-present reminder of the bounties that are taken for granted in the U.S. The photo shows Deleyamnis performing surgery under the glow of a flashlight held aloft by his assistant after the Guatemalan village lost electrical power.

It's the type of teamwork approach that Deleyamnis brings to his life and his work, whether he's rowing a Greek warship or working to restore dignity to a young victim of war. ■



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