



# Urology of Virginia

**UROLOGY OF VIRGINIA,  
A COMMUNITY PRACTICE WITH A GLOBAL PRESENCE.**

# FORWARD

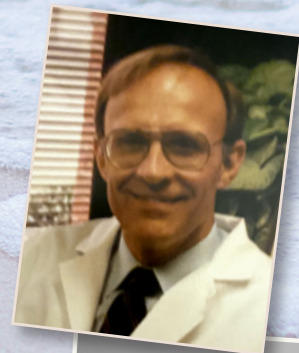
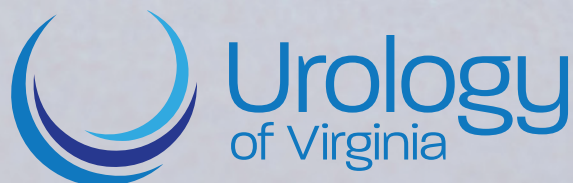
FROM PAUL F. SCHELLHAMMER, MD, FACS

“The only constant in life is change.” This statement aptly describes the rapid pace of medical progress over the last 100 years. Today we celebrate a facet of medicine that has not changed, namely the continuous and uninterrupted delivery of urologic care, initiated 100 years ago by a young urologist, Dr. Charles Devine Sr., in Norfolk, Va. He was intrigued by this new specialty using transurethral endoscopy to diagnose diseases of the bladder and prostate and employing an electrified loop to treat those diseases. Today, we can imagine his wonder then by comparing it to our wonder now as we have witnessed the transformation of urologic surgery by laparoscopic and robotic procedures now routinely practiced.

Dr. Devine Sr. always had such interesting stories about his specialty, which were commonly discussed around the dinner table, that he inspired his two sons, Charles Jr. and Patrick, to pursue medicine. Upon completing their urologic training, they returned to Norfolk in 1952 and then 1957 to join their father and establish the Devine Urologic Practice. The brothers bought homes next to one another, so their family and professional lives were centered on their urologic practice. As their practice grew, it expanded to include subspecialization, pioneering revolutionary treatments through innovation and research and fostering future generations of urologists through an unwavering commitment to medical education.

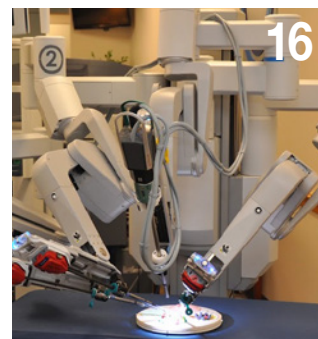
One hundred years later, the practice of a single urologist whose patient follow-up notes were filed on index cards has grown to a practice of 32 urologists, advanced practice providers, a research department, radiologic imaging, and dedicated physical therapy divisions and an ambulatory surgery center. The mantra of transparency, equal and fair division of labor and compensation, focus on education and self-improvement, and most of all, the effort to do what is best for the patient has been the glue of consistency that has accommodated change and translated change to progress. Now, it is with pride and humility that we applaud the achievements of Urology of Virginia and recognize the wisdom, innovation, and consistency of its founders, Dr. Charles Devine Sr., Dr. Charles Devine Jr., and Dr. Patrick Devine.

*Paul Schellhammer*



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# Jennifer Miles-Thomas, MD, FPMRS

## PRESIDENT OF UROLOGY OF VIRGINIA

This year marks 100 years that the physicians at Urology of Virginia have cared for the Hampton Roads community. We have been honored to offer exceptional, comprehensive care for our friends, our neighbors and our families.

As Hampton Roads has grown, so has our practice. From a single physician, Charles Devine, MD, in a single location in 1922 to nearly 60 physicians and advanced practice providers in five locations today, we have expanded and adapted our practice to meet the needs of our community.

Through our dedication to offer innovative care in our own region, our physicians have been able to change urologic care worldwide. In the 1950s, Urology of Virginia gained an international reputation for genitourinary reconstructive surgery, developing new genitourinary reconstruction techniques that are still used today.

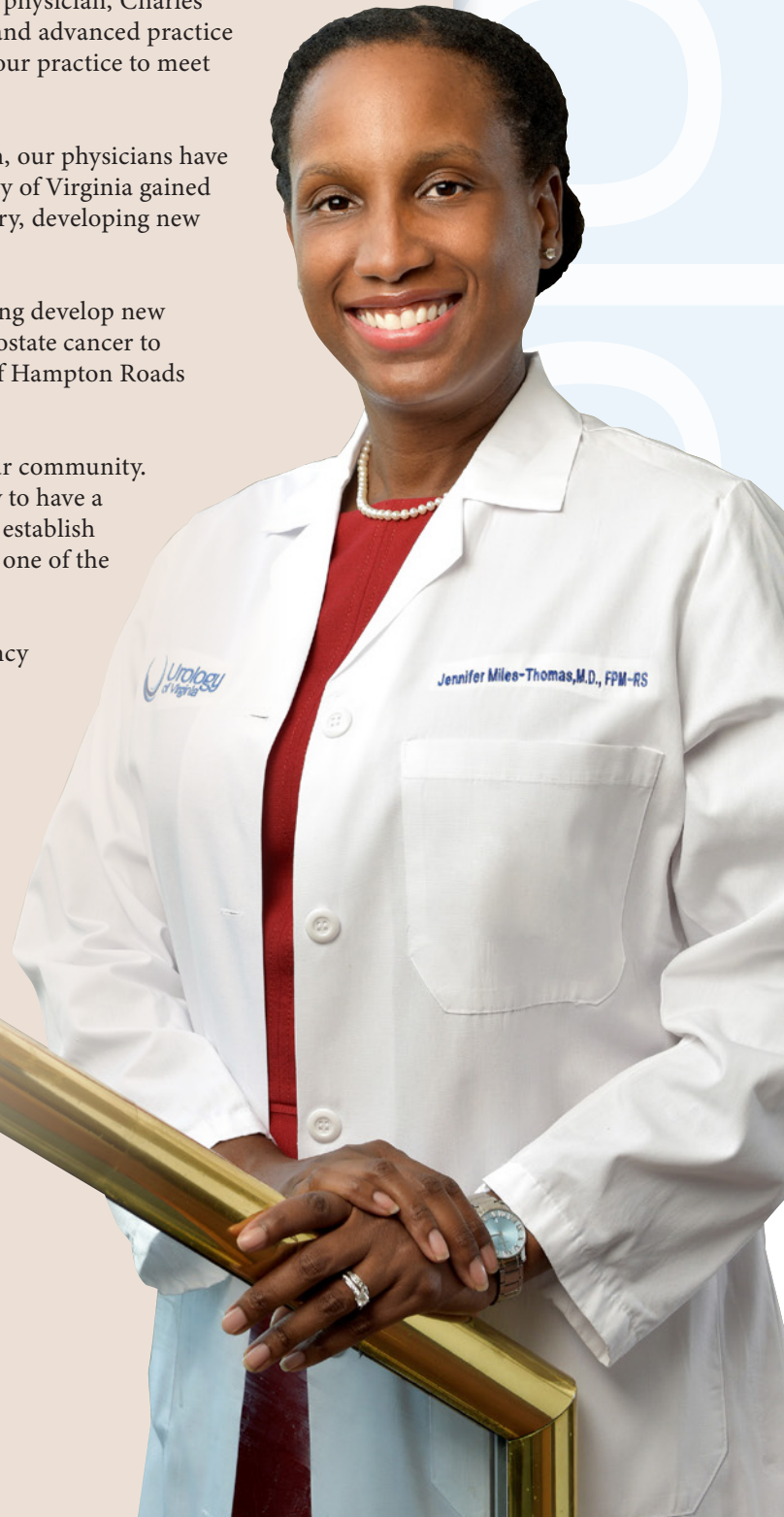
In our 100-year history, we have continued to be innovative, helping develop new medicines and surgical techniques for conditions ranging from prostate cancer to hypospadias. Because of this dedication to innovation, residents of Hampton Roads can get world-class care in their own backyard.

We also strive to train the next generation of urologists to serve our community. In 1965, we became one of the few private practices in the country to have a residency program. In the 1970s, we were instrumental in helping establish Eastern Virginia Medical School, serving as faculty and becoming one of the first established EVMS departments.

Our physicians still serve as faculty at EVMS and offer two residency spots per year, one through the American Urological Association and one through the Navy. We also offer fellowships in urinary reconstruction and endourology with several fellows currently in training. We have helped bring new, highly trained medical providers into the Hampton Roads area to offer the specialized care our patients need.

For two consecutive years, US News and World Report recognized Sentara Norfolk General and Urology of Virginia physicians as a top 50 urology program in the country. Our physicians continue to innovate in the areas of cancer care, general urology, reconstructive urology and minimally invasive surgery to bring the best quality treatments to Hampton Roads.

I would like to thank the community for allowing us to continue to serve you. It is a privilege, and we are honored. ☺



# History of the Practice

MAKING UROLOGY A FAMILY AFFAIR



Charles J. Devine, Sr., MD, FACS  
(1892-1980)

In 2022, Urology of Virginia celebrates its 100th anniversary of providing innovative and exemplary global urologic care. This distinction of providing continuous, uninterrupted cutting-edge urologic care for a century is shared by few other practices in the U.S. The driving force and founder of this urologic practice is Charles J. Devine Sr., MD, a Virginia native from the small coal mining town of Clifton Forge.

urologic training to naval surgeons. Dr. Devine Sr. was called to active duty and assigned as Chief of Urology at the Naval Hospital during World War II. Because the war created a shortage of physicians in the civilian community, Dr. Devine Sr. was allowed to see non-military patients in the evening following his Navy duties, thus helping to expand his reach in the area.

In 1946, Dr. Devine Sr. was released from active service and returned to full time practice in Norfolk. During his years of service, he belonged to all the recognized medical societies, including the Medical Society of Virginia, the American Medical Association, Tidewater Urological Society, Mid-Atlantic Section of the American Urological Association, the American College of Surgeons, the Southeastern Surgical Congress, and the Virginia Urological Society, where he presided as President in 1939.

Dr. Devine Sr. forged a world-renowned urological practice with his two sons, Drs. Charles Devine Jr. and Patrick Devine. Dr. Devine Sr. attended Washington and Lee University in Lexington, Va., before receiving his MD from the Medical College of Virginia in 1917. He interned at Norfolk Protestant Hospital, now Sentara Norfolk General Hospital, from 1917-1918 before joining the United States Army as a Medical Officer stationed at a hospital in Fort Oglethorpe, Ga. After his release from service, he returned to Norfolk to join Dr. D. Lee Hirschler in the practice of urology. Dr. Devine Sr. became one of the pioneers of urology in the Norfolk area during the decade after World War I, when medical specialization began. He served as Chief of Urology on the staffs of Norfolk General Hospital, Mt. Sinai Hospital, St. Vincent's (DePaul) Hospital, and King's Daughters Children's Clinic (now Children's Hospital of the King's Daughters). Dr. Devine Sr. was also President of the staffs of the Norfolk General Hospital and Mt. Sinai Hospital.

Dr. Devine Sr. established the Urology Department at Norfolk General in 1935 and that same year joined the Naval Reserve. An informal relationship was developed between Norfolk General and the Naval Hospital in Portsmouth to provide



Dr. Charles Devine, Sr. enjoying a holiday party with office staff.



Charles J. Devine, Jr., MD, FACS, FAAP

In 1952, Dr. Devine Sr. was joined in his practice by his older son, Charles Jr., and then in 1956 by his younger son, Patrick. Both sons had trained at prestigious urology programs, Charles Jr. at Johns Hopkins, the Cleveland Clinic, and the Philadelphia Naval Hospital, and Patrick at the University of Virginia. They had also served in the military. Charles Jr.

in the Navy and Patrick in the Army as airborne infantry. Both sons took an active interest in supporting the practice of urology at Portsmouth Naval Hospital, following in their father's footsteps. The three Devines continued to practice urology together.



Patrick C. Devine, MD, FACS, FAAP

Dr. Patrick Devine took on the role of residency director. One of the program's first trainees, Dr. William Tynes, completed a preceptorship in transplant surgery at the Peter Bent Brigham Hospital and later joined the practice.

Dr. Charles Devine Jr. focused his practice on the field of reconstructive surgery. In 1961 an innovative plastic surgeon, Dr. Charles Horton, began viewing these surgeries to correct penile and urethral inherited malformations. The two physicians started a collaboration to bring the best of both disciplines together, which led to countless innovations



### Growing the Practice and the Impact



Eugene F. Poutasse, MD, FACS

Dr. Eugene Poutasse, a pioneer in renal vascular surgery, performing on the first cadaver renal transplant in 1964, later joined the Devines in practice. With the addition of Dr. Poutasse, renal transplantation was brought to Norfolk. That same year, Dr. Joseph Fiveash, a Norfolk native, completed his residency at the University of Virginia and came back to Norfolk to join the new practice. The physicians came together and formed Devine-Poutasse-Fiveash Urology (DPFU) and are honored

today as our founding fathers.

With the success of DPFU came the establishment of the urology services department at Norfolk General Hospital in 1965. During that time, Dr. Pat Devine worked to establish a freestanding residency in urology and was authorized to do so by the Urology Residency Review Committee in 1966. It was one of the few community practices without an association with the medical school certified by the national organization. Together with other Norfolk physicians, a community medical school concept was eventually brought to life, with urology as a contributing force to its creation. In 1973, Eastern Virginia Medical School (EVMS) opened its doors to the first class of medical students, and DPFU assumed the responsibility of the medical school's sponsored urology training program. Dr. Charles Devine Jr. was appointed chair of the department, while



Joseph G. Fiveash, Jr., MD, FACS

in urologic reconstructive procedures. Urologic and plastic surgeons from around the world came to Norfolk to learn from the Devine/Horton partnership. Surgical journals and the national press published numerous affirmations of their surgical successes. In 1997, Dr. Charles Devine Jr. was awarded the Ramon Guiteras Award, the highest honor offered by the American Urologic Association, for outstanding contributions to the field of urology.

### Expanding the Field of Urology Through Subspecialization

A reconstructive surgical fellowship was founded at EVMS in 1975 to offer training at a more advanced level. This was followed by the formation of an international society known as Genitourinary Reconstructive Surgeons (GURS). During this time, Dr. Patrick Devine turned his attention to the repair of adult male urethral stricture caused by trauma and infection.



Charles J. Devine, Jr., MD, FACS, FAAP receiving AUA Ramon Guiteras Award for his contributions to reconstructive urology.

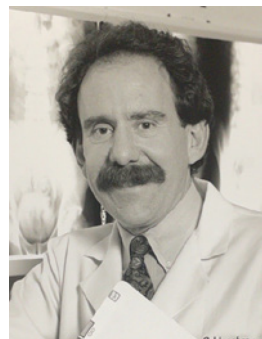
He lectured and published extensively on the subject and used his position as director of the residency program to teach his skills to the trainees in the residency and fellowship programs. From 1973 to 1974, he served as President of the mid-Atlantic section of the AUA.

Dr. Jack Stecker, Dr. Paul Schellhammer, and Dr. Boyd Winslow joined the group and expanded the subspecialty capabilities in male infertility, urologic oncology, and pediatric urology. In 1986, two graduates of the reconstructive fellowship, Dr. Gerald Jordan and Dr. Steven Schlossberg, joined the department. Dr. Schlossberg developed a program in female reconstructive urology and incontinence while Dr. Gerald Jordan began a career that brought many further innovations in the field of penile reconstructive surgery and erectile dysfunction.



Paul F. Schellhammer, MD, FACS

Dr. Edwin Robey, an EVMS resident, joined the practice in 1988, focusing on the new field of laparoscopic pelvic surgery to stage patients with prostate cancer by laparoscopic lymph node dissection. The technique was then extended to laparoscopic living renal donor surgery. In 1998, Dr. Michael Fabrizio, who had completed an



Steven Schlossberg, MD

endoscopic and minimally invasive surgery (MIS) fellowship at Johns Hopkins Hospital, joined the practice and expanded the field of MIS to include robotic radical prostatectomy. With laparoscopic, robotic, and minimally invasive surgery rapidly growing, an endourology fellowship was created under the direction of Dr. Fabrizio. Like the residency training program, the post-residency fellowship in reconstructive urology and endourology became part of the EVMS graduate surgical training program. In 1999, Dr. Kurt McCammon completed the reconstructive urology fellowship with an emphasis on female pelvic medicine. He joined the faculty and brought this newly formed fellowship of female pelvic medicine and reconstructive surgery to the department.

### Developing the Next Generation of Specialists

Dr. Charles Devine Jr. stepped down from his position as chairman of the Department of Urology in 1990. Dr. Paul Schellhammer, who had assumed the residency training program directorship from Dr. Patrick Devine several years earlier, was appointed as the new chairman. During this time, the world of urologic oncology was expanding exponentially. PSA testing, ultrasound-guided biopsy of the prostate, ultrasound-guided brachytherapy, nerve sparing radical prostatectomy, radical cystectomy with continent diversion or orthotopic bladder led to a greater number of surgical procedures. Urologic oncology



Gerald H. Jordan, MD, FACS, FAAP

expanded in 1994 to include Dr. Robert Given, who completed his urologic oncology fellowship at the University of Florida, Dr. Donald Lynch, who completed an oncology fellowship at Memorial Sloan Kettering Cancer Center, Dr. Michael Williams, who completed a urologic oncology fellowship at MD Anderson hospitals in 2011, and Dr. Francis Martin, who completed a fellowship at MD Anderson hospitals in 2010.

Dr. Schellhammer served as President of the Society of Urologic Oncology, the mid-Atlantic section of the AUA, and the national AUA. He served as a trustee and President of the American Board of Urology. In 2012 Urology of Virginia dedicated its cancer care program as the Dr. Paul F Schellhammer Cancer Center.

When Dr. Schellhammer stepped down in 2000, Dr. Gerald Jordan was named chair of the Department of Urology. Dr. Jordan specialized in adult and pediatric genitourinary reconstructive surgery. He was a graduate of the Naval Academy and received his medical degree from the University of Texas at San Antonio. He became a designated flight surgeon in the U.S. Air Force, completed his internship and residency at the Naval Regional Medical Center in Portsmouth and a fellowship in pediatric and adult reconstructive surgery at Eastern Virginia Medical School. Dr. Jordan was an innovative leader and became a pioneer in genitourinary reconstructive surgery, creating standards of care in place today. His work on conditions due to birth defects or trauma such as hypospadias, urethral stricture, and urethral distraction combined with his numerous contributions to urological literature and research changed how reconstructive surgery was performed worldwide. The contributions of Dr. Jordan, Dr. Pat Devine and Dr. Charles Devine Jr. were the driving force behind The Devine-Jordan Center for Reconstructive Surgery and Pelvic Health.

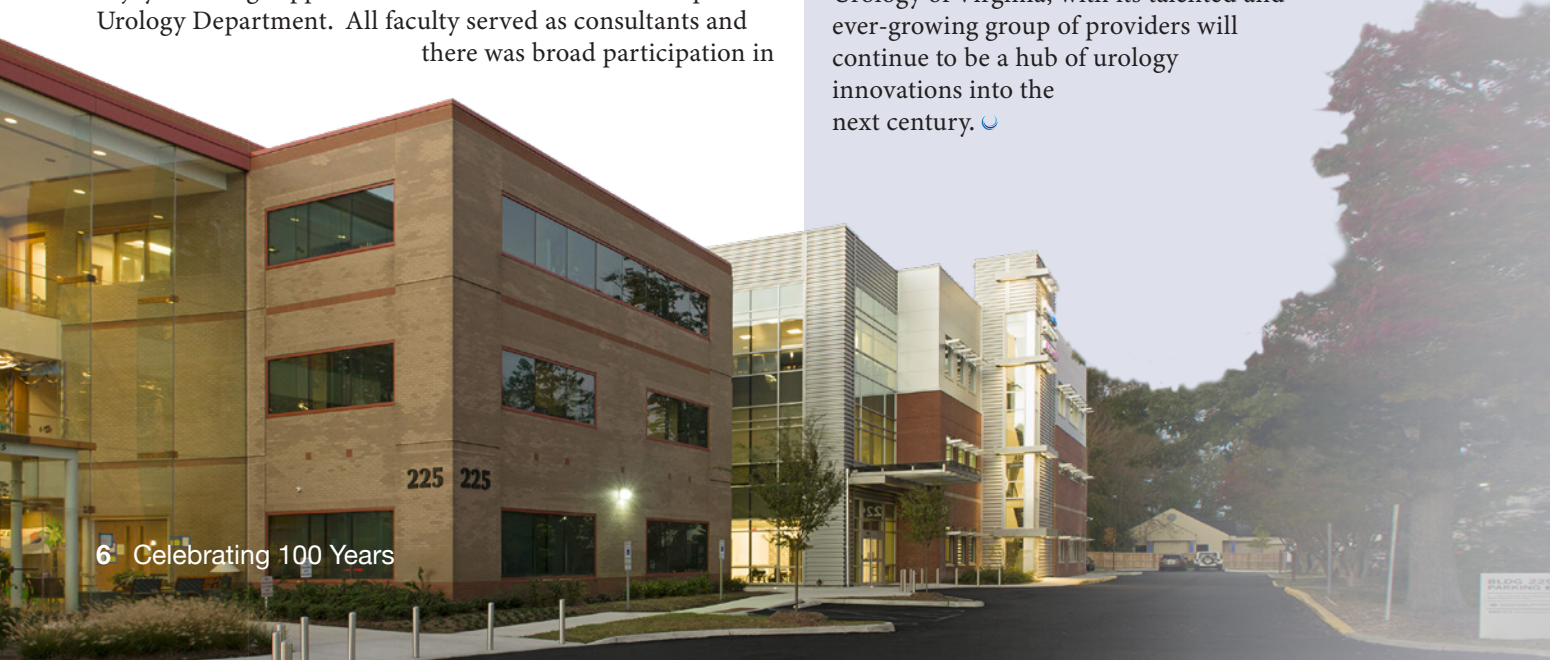
In 1970, the Navy Medical Department directed the establishment of a residency in urology at Portsmouth Naval Hospital and selected CDR Oran W. (Sonny) Chenault to lead it. Always a strong supporter of Navy Medicine, Dr. Devine Sr. was enthusiastic and from the beginning the Navy program enjoyed strong support from the Norfolk General Hospital Urology Department. All faculty served as consultants and there was broad participation in

conferences, meetings, and surgeries. The residency flourished under Dr. Donald Lynch and provided the Navy with two urologists per year. After training some 60 urologists it was discontinued in 2001 during a reduction in force by the Navy. Over the years, several former Navy residents and faculty members have joined the EVMS program. In 2002, a joint EVMS-Navy program was established, training one civilian and one Navy resident per year. This has eased a previous Navy-wide shortage of urologists. Portsmouth Naval Medical Center now hosts a faculty of six staff urologists, several of whom are graduates of the EVMS residency and fellowship programs. Dr. Donald Lynch, who had completed an oncology fellowship at MS KCC, served as chair of the Department of Urology and Residency Director of the Navy training program at Portsmouth Naval Hospital from 1981 to 1983. He subsequently entered practice at a clinic in Danville, Va., before returning to Urology of Virginia.

### Leaving Behind a Legacy

Upon his retirement in 1980, Dr. Charles Devine, Sr. had seen the urology program develop into a department with national and international acclaim in urologic training and several urology subspecialties. Dr. Charles Devine Sr.'s vision for a separate urology department has grown from a single physician practice in 1921 to a urologic organization recognized as one of the top 50 urology centers in the nation 100 years later. The department has matured into a vibrant, innovative specialty practice with more than 30 urologists with subspecialty training. There are also 26 Advanced Practice Providers and six physical therapists whose emphasis is on voiding dysfunction and female incontinence. Graduates of the residency program have taken leadership positions throughout training institutions worldwide and in multiple professional organizations.

Members of the practice have made and continue to make substantial contributions to urologic and surgical literature in research, technique, and educational texts. EVMS Urology continues to play an essential role in technical innovation, specialty leadership, education, and training for the medical students, residents and fellows. Urology of Virginia, with its talented and ever-growing group of providers will continue to be a hub of urology innovations into the next century. ☺







# Urology of Virginia, 100 Years Later

## *A Legacy of Innovation Informs the Latest Care Options*

Urology of Virginia continues to provide outstanding care to our patients. Our clinical care team consists of more than 30 Board certified urologists, most of whom are fellowship trained, nationally recognized, awarded and published. More importantly, they are dedicated to providing superior care and individualized attention to their patients. The team includes a specialty trained GU pathologist, physician assistants, nurse practitioners, RNs, x-ray and ultrasound technicians, and a vast array of other health care professionals.

Our practice continues to use the latest technology and research to offer innovative care. We serve as faculty at Eastern Virginia Medical School (EVMS) and offer two residency positions per year, one through the American Urological Association and one through the Navy. We also offer fellowships in urinary reconstruction and endourology, with several fellows currently in training. Globally renowned, the practice continues to grow to help meet the needs of all patients at six locations throughout Southeastern Virginia.



Urology of Virginia maintains strong relationships with all the regional health care systems. Our Urology Department at Sentara Norfolk General Hospital was ranked among the top 50 in the nation for 2020 and 2021.

The Clearfield Avenue campus opened its doors in October 2011. After an extensive renovation, the building was transformed into clinical office space. In 2015, we opened a connecting building, Clearfield II, a three-story medical facility offering outpatient diagnostic imaging, an ambulatory surgery center, and the Paul F. Schellhammer Cancer Center.

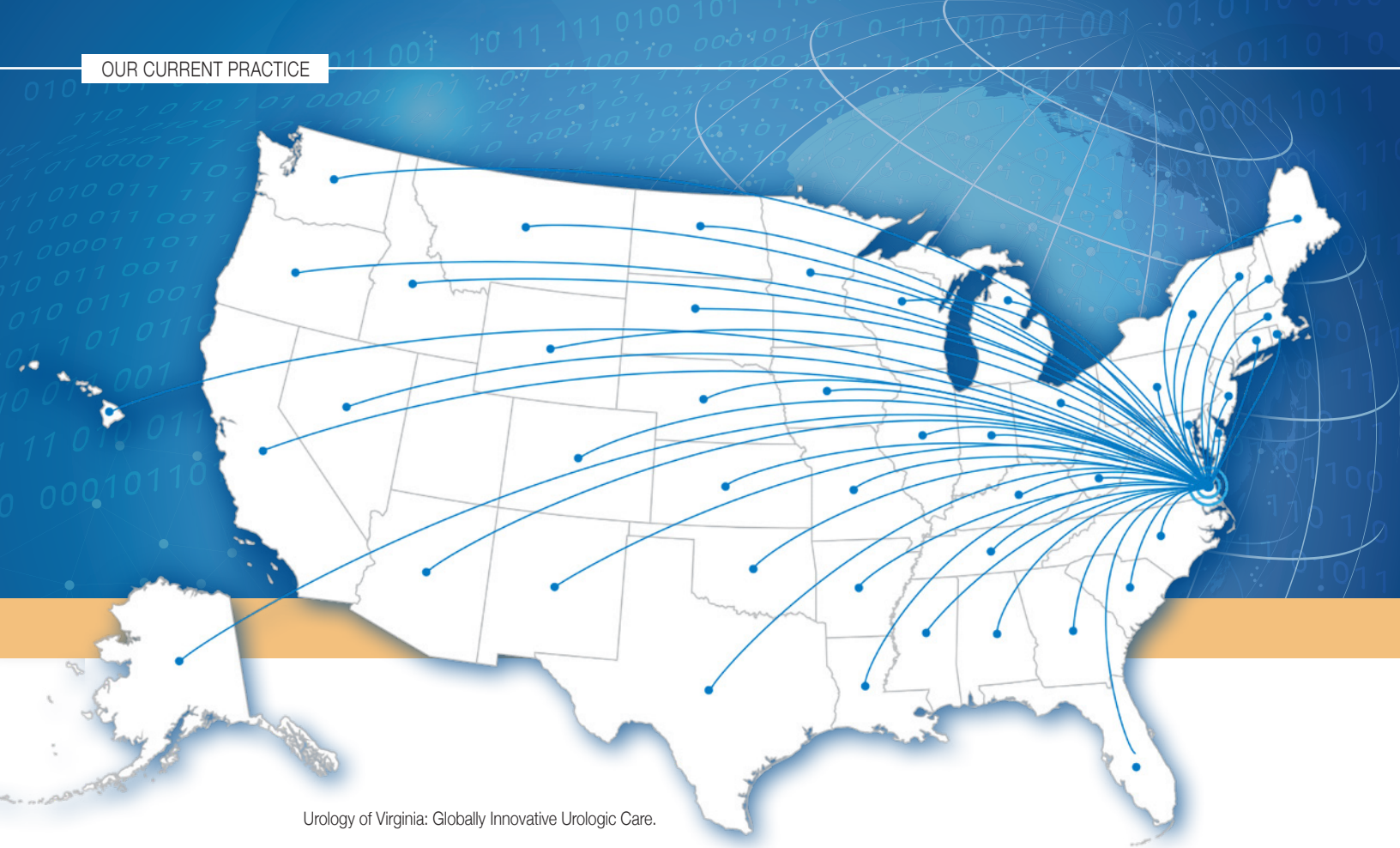


The Chesapeake Regional Ambulatory Surgery Center was created to offer more efficient and affordable care for patients in an outpatient setting. The surgery center provides the Hampton Roads area with state-of-the-art equipment, including robotic technology. Urology of Virginia also has multiple satellite locations around Hampton Roads to better serve our patients from all regions of Virginia and Northeastern North Carolina.

### **World-Renowned Physicians**

Urology of Virginia is home to numerous renowned physicians. Some of whom travel the world, (including Drs. McCammon, DeLong and Virasoro) providing urologic services to those in need and teaching their physicians to 'heal many'.

They also specialize in the treatment of benign prostate hyperplasia (BPH), reconstructive surgery, endourology,



Urology of Virginia: Globally Innovative Urologic Care.

and urologic cancer. In 2021, the American Urological Association (AUA) honored Dr. Paul Schellhammer, Dr. Kurt McCammon, Dr. Gregg Eure, and Dr. Michael Fabrizio by featuring them in their leadership film series for their contributions to the field of urology. Along with Dr. Edwin Robey, these providers have been instrumental in the growth and maintenance of our practice.

Dr. Eure practices general urology with an interest in treating enlarged prostate (BPH) using minimally invasive and laser techniques. He is a recognized international expert in using the GreenLight™ Laser Vaporization of the prostate and the Prostatic Urethral Lift or UroLift for BPH. Dr. Eure has had

the opportunity to teach and lecture in over thirty states and thirteen countries. He serves on an International Medical Educational Advisory Board and is involved with laser simulator training for urologists.

Dr. Eure has been an investigator in numerous clinical trials. He serves as the research chairman for the Urology of Virginia Research Department. Dr. Eure has authored many articles and book chapters and is an invited lecturer in his field of expertise.

Dr. McCammon joined Urology of Virginia in 1997 and was appointed Chairman of the Department of Urology at EVMS in 2011. He serves as director of the Reconstructive Fellowship Program. In 2013, the EVMS Board of Visitors appointed Dr. McCammon the Devine Chair in Genitourinary Reconstructive Surgery. He has broad academic interests, as evidenced by his positions within the residency and fellowship program at EVMS and his dedication to education.



Gregg R. Eure, MD, FACS discussing treatment options for BPH (benign prostatic hyperplasia) on local television.

Dr. McCammon is an innovative leader in the field of genitourinary reconstructive surgery, making notable contributions to urologic literature. He also participates in numerous national and international medical conferences and serves as a visiting professor at many centers throughout the world. He is a member of the AUA, the American College of Surgeons, the Society of Genitourinary Surgeons, International Volunteers in Urology (IVUmed) and Societe Internationale d'Urologie. Dr. McCammon is a Diplomate of the American Board of Urology. He travels with residents and fellows several times each year to Africa to conduct surgical and clinical teachings. He currently serves on the board of the national AUA.

Dr. Fabrizio specializes in urological laparoscopy for benign and malignant conditions. This includes surgery for prostate and kidney cancer, adrenal disorders, and complex kidney and ureteral stone surgery. With the support of his partners, he created the laparoscopic radical prostatectomy and robotic assisted prostatectomy program and the laparoscopic kidney donor program in Norfolk, Va. He also started a training fellowship in endourology and laparoscopy in 2003, which has received national recognition in Quality of Life Outcomes research for prostate cancer treatments. The fellowship has won awards for publications and has been cited by USA Today and Reuters News.

Dr. Fabrizio attended the Medical College of Virginia (today known as VCU School of Medicine) and completed residencies in surgery and urology at the Thomas Jefferson School of Medicine. He completed a fellowship in endourology at Johns Hopkins University. He has published many peer-reviewed articles and book chapters and lectured around the world on topics in endourology and outcomes. Local and national media have recognized Dr. Fabrizio among other transplant surgeons for performing a national kidney swap where numerous patients donated kidneys to recipients around the country. He was also involved in the FDA trials for the Zeus Robotic system and also oversees the endourology fellowship program.

Dr. Edwin Robey earned his medical degree at Wake Forest University's Bowman Gray School of Medicine in 1980 and served both his internship and residency in surgery at EVMS, where he was also recognized as Chief Resident of the Year. He enjoyed his rotations in neurology and urology but chose urology because he wanted to do surgery – and because he liked the local urologists. “I was lucky enough to get a call from Dr. Paul Schellhammer regarding a urology residency,” he says, and thus began his career with what was then known as Devine-Tidewater Urology, now Urology of Virginia, in 1980. During his military service, Dr. Robey served as a staff urologist at the 31st T.F.W. Hospital at Homestead AFB in Florida.



Urology of Virginia physicians honored on the 2015 and 2022 covers of Hampton Roads Physician magazine.

Dr. Robey initiated the laparoscopic renal donation program. “It was quite intense,” he remembers. “Because removing a kidney from a healthy patient is a major procedure – but it was tremendously rewarding.” He has pursued his interest in stone disease in recent years and has tailored his practice to caring for the most challenging cases, which he finds equally rewarding.

“Our ability to treat patients with stone disease has improved dramatically,” Dr. Robey says. “We used to have to make big, open incisions to get the small stones out of the ureter, but now, with a small telescope – a ureteroscope – we can take care of them without any incision at all. We go up the bladder, into the ureter toward the kidney, and using a monitor, use a laser to break up the stones.”

There’s another advance that Dr. Robey believes has dramatically improved the practice of medicine: the introduction of electronic medical records. It’s especially helpful during off hours

when he gets a call from a patient or family member because he has the ability to access a patient’s complete medical record at any time.

### Recently Retired Pioneers Who Shaped the Current Urology of Virginia Model of Care

Dr. Gerald Jordan focused his medical practice almost exclusively on adult and pediatric genitourinary reconstructive surgery. He received his medical degree from University of Texas Health Science Center - San Antonio before becoming a Designated Flight Surgeon in the U.S. Air Force. He completed





Victor M. Brugh, III, MD



Kaitlan D. Cobb, MD



Jessica M. DeLong, MD, FACS



Gregg R. Eure, MD, FACS



Michael D. Fabrizio, MD, FACS



Joshua P. Langston, MD



John D. Lasater, MD



Jefferson B. Lin, MD



John S. Liu, MD, FACS



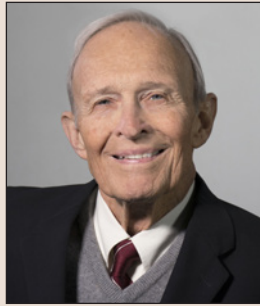
John B. Malcolm, MD



Edwin L. Robey, MD, FACS



Kevin W. Sanders, MD



Paul F. Schellhammer, MD, FACS



Roger E. Schultz, MD, FACS



Ilya J. Sobol, MD

his internship and urological residency at the Naval Regional Medical Center in Portsmouth, Va., and a fellowship in pediatric and adult reconstructive genitourinary surgery at EVMS. Dr. Jordan served as a professor in the Department of Urology of the EVMS and became Chairman of that Department. Additionally, he was the program director for the Devine Center for Genitourinary Reconstructive Surgery, which was renamed the Devine-Jordan Center for Genitourinary Reconstructive Surgery and Pelvic Health upon his retirement.

Dr. Donald Lynch received his medical degree from University of Virginia School of Medicine and completed a residency at U.S. Naval Hospital in San Diego, Ca. He completed his fellowship in urologic oncology at Memorial Sloan-Kettering Hospital. Dr. Lynch served as emeritus professor and Urology Department

Chairman at EVMS. Now retired, Dr. Lynch continues to lecture on urologic topics, cancer, stress, and clinical hypnosis.

For 46 years, Dr. Paul Schellhammer has helped elevate Urology of Virginia into a major research hub for urologic oncology. His particular expertise in prostate cancer has fueled clinical trials that have led to an explosion of effective therapies, many of which he also has used to successfully manage his own prostate cancer for 20 years.

Internationally recognized in his specialty, Dr. Schellhammer has held numerous leadership positions and been a steadfast presence at Urology of Virginia, still active in the practice as the 100th anniversary is celebrated. In 2012, the comprehensive oncology treatment and research center was dedicated to him. At EVMS, Dr. Schellhammer has guided four decades of



Robert W. Given, MD, FACS



Nathan P. Goldin, MD, FACS



Jason Joseph, MD



Douglas C. Kelly, MD



Peter O. Kwong, MD



Frances M. Martin, MD, FACS



Kurt A. McCammon, MD, FACS,  
FPMRS



Jennifer Miles-Thomas, MD,  
FPMRS



Akinwunmi Ojo-Carons, MD,  
FACS



William H. Rawls, MD, FACS



Raman Unnikrishnan, MD



Ramón Virasoro, MD



Lawrence R. Volz, MD, FACS



Michael B. Williams, MD



James D. Young, MD

students and founded the school's Virginia Prostate Center, an innovative translational research program. With patients from Urology of Virginia, the Center provided data to the FDA for approval of the first immunotherapy for advanced prostate cancer, Provenge, in 2010.

"The field exploded after that," Dr. Schellhammer says. "I could name five or six therapeutic interventions in which Urology of Virginia has since participated, each extending life six to 24 months—buying time until the next new treatment. Advances happen virtually every month."

He has openly shared his own experiences with the disease—diagnosed during a routine physical at age 60—to empathize with and inspire his patients. "One can live a very full,

"Serendipity and spontaneity can bring forth amazing possibilities."

-by Paul F. Schellhammer, MD, FACS

productive, and lengthy life, even if 'beating' or 'curing' this cancer isn't always possible," he notes. "You just have to be careful, keep it under control, keep chugging away, and have faith that small steps will add up to great gain."

Dr. Schellhammer has served as president of prestigious health organizations as the AUA, Society of Urologic Oncology, and the American Board of Urology.



Joshua P. Langston, MD discussing Men's Health issues and treatment options with local tv host.

A New York native, Dr. Schellhammer graduated from Weill Cornell Medical College and completed a general surgery residency at University Hospitals Cleveland. Planning to specialize in orthopedics, Dr. Schellhammer reconsidered during a yearlong deployment with the Air Force in the Vietnam War. Urology's mix of medical and surgical cases appealed to him more. He completed a urology residency at what was then Medical College of Virginia in Richmond. He completed a fellowship in urological oncology at Memorial Sloan Kettering Cancer Center. "I have told young physicians, 'Keep your mind open to possibilities that aren't in your original game plan,'" he relates. "Serendipity and spontaneity can bring forth amazing possibilities."

Dr. Schellhammer joined Urology of Virginia in 1974 and the EVMS faculty in 1978. He chaired the school's Department of Urology from 1989 to 2000. He has watched care for prostate cancer evolve from debilitating surgeries to targeted therapies and robotic operations with far fewer side effects and much faster recoveries. Through it all, Dr. Schellhammer has stressed collaboration and teamwork with his partners at Urology of Virginia, who represent multiple subspecialties, and EVMS physicians and researchers. "I've always been blessed with excellent associates," he says. "That includes the patients I have cared for. I call them 'participants' not 'survivors' because we go through diagnosis, therapy, and follow-up together. I am constantly motivated by their perseverance and heroism."

In 2012, he was awarded the Distinguished Contribution Award from the AUA and in 2019 the Hugh Hampton Young Award for his clinical studies in the treatment of prostate cancer. The

work he has done and the compassion he has shown reflect in what his colleagues say:

"In the time I knew Dr. Schellhammer, I was always impressed by his ability to multitask his many duties and goals while also taking a sincere and enthusiastic interest in others and encouraging everyone around him to their highest potential." –Chip Blackley

"During my medical school urology rotation, I had the pleasure to shadow Dr. Schellhammer in his clinic. He epitomized the adage, 'if you do what you love, you will never have to work a day in your life.' Dr. Schellhammer's passion, bedside manner, patience, and relationship with his patients would long serve as my gold standard" –Dr. Jennifer Bepple



### The Increasing Responsibility of APPs in Urology Practices

The role of Advanced Practice Providers (APPs) in urology has grown tremendously in recent years, a trend aimed at improving patient care and satisfaction amidst a growing shortage of specialists to treat an aging population.

APPs now serve in multiple subspecialties, including general urology, cancer care, reconstructive and pelvic health, inpatient care and men's health. Each APP works with assigned physicians on collaborative or

Ramón Virasoro, MD accepting the Dr. Mason Andrews Community Service Award given for significant contributions to education both in the Sentara hospitals and the community.



independent schedules to cover acute and chronic cases.

Highly-trained Nurse Practitioners (NPs) and Physician Assistants (PAs) can effectively handle many diagnoses that require chronic disease management. Some common examples include recurrent urinary tract infections, kidney stone management, benign prostatic hyperplasia, testosterone replacement, erectile dysfunction, pelvic organ prolapse, overactive bladder, and prostate cancer under active surveillance.

In general, APPs have more time for each appointment and deliver consistent quality care, emphasizing patient education. Supervising physicians are readily available to answer patients' questions or concerns and help guide management plans for more complex cases. The overall goal is to help patients become better stewards of their health and learn to manage their disease. Patients can often reduce their reliance on medication, and/or avoid or delay surgery through dietary and lifestyle adjustments. Increasingly, APPs are trained to perform procedures that range from simple to more complex.

Urology is a natural field for a significant APP presence due to its distinct subspecialties. In addition, more urologists are retiring than are completing training, especially in rural areas. That gap has created an increased demand and wait times for appointments at many offices. Easier access to appointments via APPs should help more patients address painful, frustrating, and embarrassing chronic problems such as pelvic organ prolapse, urinary incontinence and erectile dysfunction more quickly.



Roger E. Schultz, MD, FACS on local tv promoting prostate cancer awareness and the importance of early detection.

Women, in particular, have historically had to wait too long for appropriate medical care. Good communication, empathy and listening skills are critical to putting these patients at ease and treating their sensitive medical issues. Many APPs are members of the American Urological Association and attend regular meetings with supervising physicians to review cases, discuss disease management, and hear informational talks on the latest treatment options. The U.S. Bureau of Labor Statistics projects that by 2030, the growth rate for NPs and PAs positions will be greater than that for physicians in all medical specialties. Urology is well positioned to take advantage of this rising variety of providers. Teamwork and collaboration between APPs and physicians will be critical to our specialty's future and the patients who depend on us. 🌟



Drone footage of Urology of Virginia.



Charles J. Devine, Sr., MD, FACS  
(1892-1980)

# International Pioneers

## IN UROLOGIC RECONSTRUCTION

Urology of Virginia Doctors Continue the Legacy of Drs. Devine and Jordan

Charles Devine Sr., MD, FACS, was a urologic pioneer who predated formally organized urology. As part of his program to stay abreast of developments in the specialty and broaden his training, Dr. Devine spent several months in 1932 in Greenville, S.C., at the Crowell Clinic with Dr. Theodore M. Davis, a developer of transurethral electro-resection, learning transurethral resection techniques.

The procedure, which separated and distinguished the new field of urology, employed a new instrument known as the endoscope. The ability to use a lighted source with an attached lens into a closed body cavity opened up a new world for diagnosing and treating diseases of the bladder and prostate. The first urologic endoscope led the way for modern day endoscopic surgery whereby virtually every body cavity can be carefully inspected. It helped pioneer robotic surgery, also guided by superb illumination, and has revolutionized the field of surgery.

However, back in the early 1930s, urologists used endoscopy to distinguish themselves by treating prostatic obstruction by electro-resection of the prostate. This technique allowed them to avoid the abdominal incision traditionally performed by

general surgeons to remove an enlarged prostate. Though it was cutting edge, it was not an easy procedure to master. It not only required the endoscope with its light source and lens, but it also required an attachment that could conduct electricity for cutting tissue and controlling bleeding. This posed additional questions: How could you be an expert at such a procedure? The answer was practice! But how do you exercise this practice?

With those questions in mind, Dr. Devine visited the local slaughterhouse and procured pig and cow hearts that could be used for practice while he gained familiarity with how the electricity would interact with tissue. After countless practice runs, he was ready to operate. The story goes that the warehouse owner, upon learning from Dr. Devine that he did not need any further heart specimens because he had gained the necessary knowledge, stepped forward to be his first patient for transurethral resection of the prostate.

Dr. Devine introduced transurethral resection of the prostate (TURP) and bladder tumors (TURBT) and other related procedures to Norfolk General Hospital. Today, Dr. Devine's legacy of reconstructive urology lives on through the Devine-Jordan Center for Reconstructive Surgery at Urology of Virginia.

Dr. Devine and his son, Patrick Devine, MD, FACS, FAAP and Gerald Jordan, MD, FACS, FAAP pioneered many of the



# Devine - Jordan Center For Reconstructive Surgery and Pelvic Health

reconstructive surgical innovations, that today are the standards of care worldwide for conditions due to birth defects or trauma. Thanks to their work, Norfolk is hailed as a birthplace of urologic reconstruction.



Gerald H. Jordan, MD, FACS, FAAP

Today, the fellowship-trained urologists at Urology of Virginia continue the legacy of Drs. Devine and Dr. Jordan. They are leaders in genitourinary reconstructive surgery, making notable contributions to urologic literature, and participating in national and international medical conferences. They also serve as visiting professors at many centers worldwide and run one of the most highly regarded reconstructive

urology fellowships in the country.

The Devine-Jordan Center physicians care for patients from across the country and around the globe.

“We have one of the largest, most inclusive reconstruction centers in the country and address every aspect of both male and female reconstructive surgery,” says Kurt McCammon, MD. “Not many places offer the breadth of services that we do.”

The expert surgeons at Urology of Virginia can reconstruct almost any structure from the kidney down. They care

“We have one of the largest, most inclusive reconstruction centers in the country and address every aspect of both male and female reconstructive surgery... not many places offer the breadth of services that we do.”

-Kurt A. McCammon, MD, FACS, FPMRS

for a wide range of conditions, from urethral strictures to hypospadias, kidney cancer to erectile dysfunction. They also have a strong focus on cancer survivorship.

After treatment for urologic cancer, many patients can have issues with incontinence and erectile dysfunction. These conditions have a major impact on quality of life but can often be improved with reconstructive surgery. Urology of Virginia cancer patients can obtain both cancer treatment and reconstruction in one center.



Kurt A. McCammon, MD, FACS, FPMRS

It's just another way that Urology of Virginia continues to innovate urologic care. Thanks to the legacy of the Devine physicians and Dr. Jordan, patients in Hampton Roads and from across the country have access to safer, more effective surgeries to improve their quality of life. The physicians at Urology of Virginia remain on the leading edge of reconstructive treatments with robotic treatments and laparoscopic techniques that improve outcomes and offer a brighter future for patients. ☺

# A History of Advancing Surgical Technology

*Urology of Virginia* introduced robotic surgery to Hampton Roads

**U**rology of Virginia physicians, as clinical investigators, have been using robotic surgery since before it was FDA approved for general use. Thanks to their legacy of innovation, these urologists remain at the forefront of new robotic surgical techniques.

“We are known for our minimally invasive surgery,” says Michael Fabrizio, MD, FACS, who specializes in laparoscopic and robotic surgery at Urology of Virginia. “We were involved in the FDA trials for the ZEUS robotic surgical system, one of the first robotic surgery systems ever approved for laparoscopic surgery. We had a robot in Norfolk before anyone in the mid-Atlantic region and nearly the entire East Coast.”

The ZEUS system was a precursor to the Da Vinci robotic surgical system, the most widely used robotic system today. In those first trials, surgeons at Urology of Virginia performed radical prostatectomies (removing the entire prostate) using the highly specialized system, becoming one of the first programs in the country to offer that procedure. It had huge benefits over open surgeries that were being performed in other areas of the country. For instance, patients had smaller incisions, a lower risk for bleeding and infection, and a faster recovery time.

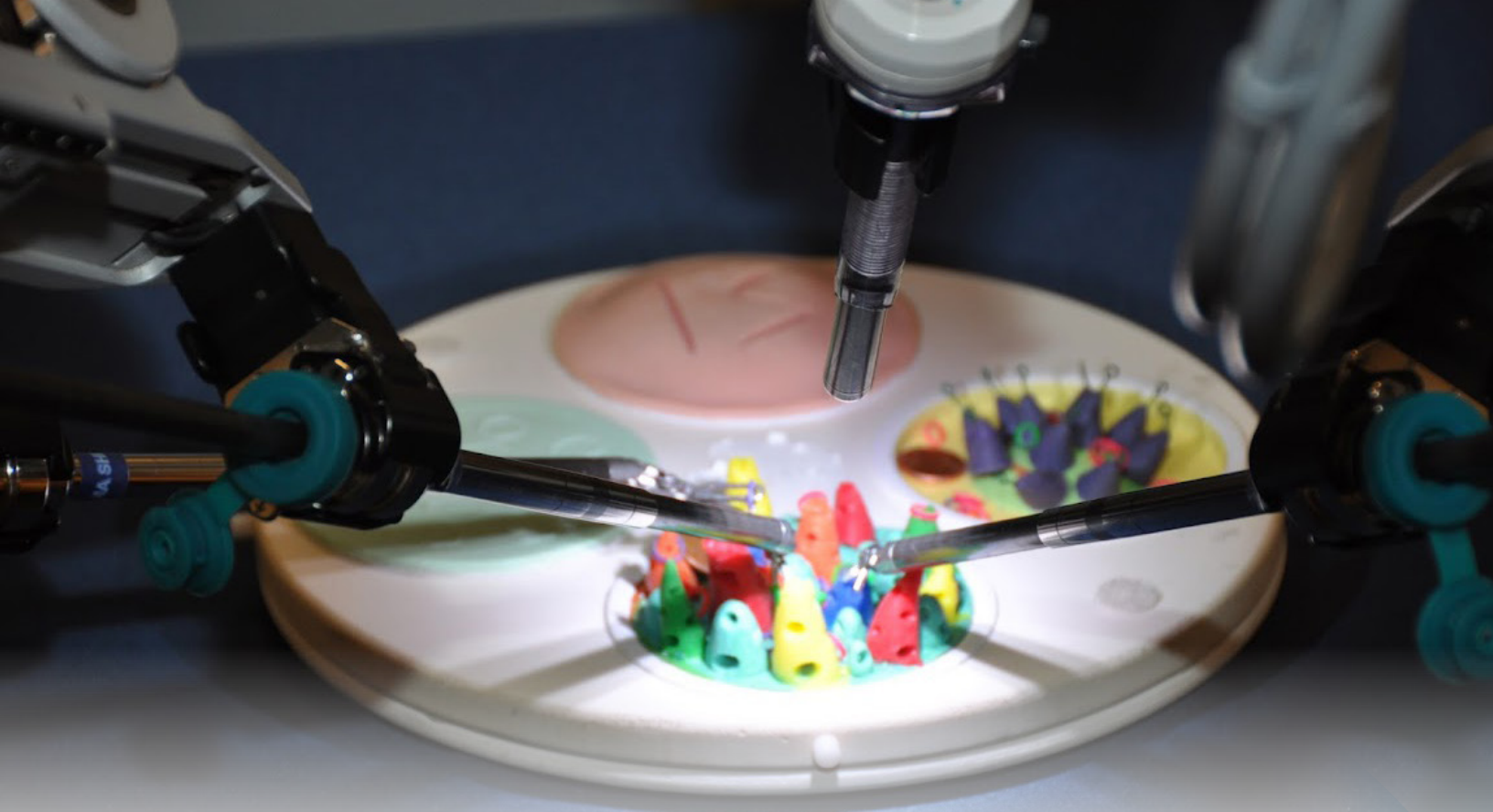
Soon, they expanded robotic surgeries, including partial nephrectomies (removing part of the kidney) and cystectomies (removing all or part of the bladder). Urology of Virginia surgeons taught other surgeons from all over the world how to use the new system to provide safe, high-quality care.

The early adoption of robotic-assisted surgeries is part of the practice’s history of innovation that started with Charles J. Devine, Jr., MD, FACS, FAAP and Patrick Devine, MD, FACS, FAAP and Gerald Jordan, MD, FACS, FAAP. These urologists developed groundbreaking surgical techniques that are still used today. Paul Schellhammer, MD, FACS, who joined the practice in 1974, continued the legacy of innovations and knew that robotic-assisted surgery could be the future of urology.



Michael D. Fabrizio, MD, FACS

“They were visionaries,” says Dr. Fabrizio. “They are why we



# Visionaries

are involved in so many FDA trials and why we adopted robotic surgery early.”

In the early 2000s, only Dr. Fabrizio could use the Da Vinci Robotic system, but now seven physicians regularly perform robotic-assisted surgeries. The list of procedures has expanded as well and now includes:

- Radical prostatectomy
- Partial and radical nephrectomy
- Partial and radical cystectomy
- Pelvic floor repair
- Removal of kidney obstructions

As the robotic surgery program developed, so did the telesurgery program. Dr. Fabrizio is a leading researcher in telesurgery options using the da Vinci robotic surgery system. He performed a radical prostatectomy in Berlin, Germany, from his office in Norfolk, Va., a procedure documented by the Discovery Health network.

He’s continued these unique projects, both performing telesurgeries and teaching surgeons from around the globe using telehealth technology. His interest in robotics also helped

introduce telerounding to the practice using the InTouch robot. This robot allows physicians to see patients in the hospital from remote locations. According to Dr. Fabrizio’s studies, telerounding led to cost savings for health systems. As the COVID-19 pandemic continues, telerounding, telesurgery and telemedicine have all been vital to continue care worldwide.



When it comes to robotics, Urology of Virginia has the most experience of any practice in the Hampton Roads region. Their extensive history using robotic and laparoscopic surgery helps patients access reliable care and current procedures. No matter what technology the next 100 years bring, you can be confident that Urology of Virginia will be ready to innovate and improve care for their patients. ☺

# Pathway to Better Women's Health

## HOW WOMEN CAN NAVIGATE THEIR CARE OPTIONS AT UROLOGY OF VIRGINIA

When many people think of urology, they frequently think about care for men. But expert physicians at Urology of Virginia care for both men and women with urologic cancers, urinary issues or sexual health problems.

The practice's focus on women's health began 20 years ago. Today, they offer holistic, multidisciplinary care with subspecialists that care for every woman's health issue, from urinary tract infections to incontinence.



Jennifer Miles-Thomas, MD, FPMRS

"We understand how women sacrifice for their families and their communities," says Jennifer Miles-Thomas, MD, FPMRS. "We want to increase their quality of life and make sure they know that their condition may not be life-threatening, but it's important."

The women's health specialists at Urology of Virginia believe that women shouldn't have to know

where the next restroom is, know the discomfort of Depends or experience pain during sex. All of these issues can be addressed at Urology of Virginia with comprehensive women's health services.

"We are really a one-stop-shop for women's health," says Jessica DeLong, MD, FACS "We have specialists who can care for all those issues."

At their office in Virginia Beach, highly trained specialists offer a variety of personalized treatments, using a pathway approach to efficiently guide patients to the most effective care for them. From 20-somethings with postpartum issues to 90-year-olds with pelvic muscle weakness, women of all ages can benefit from advanced, evidence-based care that follows the latest guidelines.



Jessica M. DeLong, MD, FACS

The pathway generally follows these stages:

### Physical Therapy and Behavioral Changes

Whether women face urinary issues like incontinence and overactive bladder or pain during sex, physical therapy may resolve their symptoms. Simple solutions, like changing how often or how they go to the bathroom and nutrition education, can all help.

But for many women, both urinary and sexual health problems are due to issues with the pelvic floor muscles. Strengthening or training these muscles may be enough to stop both incontinence and/or pain during sex. Urology of Virginia offers specialized physical therapy at the Pelvic Physical Therapy Center.

### Medications and Botox Injections

If physical therapy alone is not enough to treat these issues, patients move down the pathway of treatment to medicines and/or Botox injections. These are the types of treatments that are typically only available at urology practices, where highly subspecialized urologists have completed extra training.

Botox injections can be used to help stop nerve signals that cause urge incontinence, helping women go longer between trips to the bathroom. These injections provide months of relief and can be repeated as many times as needed.



Another common medicine used at Urology of Virginia is vaginal estrogen suppositories. These suppositories can help with such issues as pain during sex, uncomfortable vaginal dryness and even chronic urinary tract infections. Oral estrogen pills can also help manage uncomfortable symptoms of menopause, though they do have additional risks for some women. That's why Urology of Virginia physicians offer personalized care for each woman.



Kristin F. Austria, NP-C

### DiVa Laser Therapy

Hormone therapy isn't necessarily right for every woman. Many women don't want to take hormones but still want to enjoy their bodies. Unfortunately, many practices don't offer other treatments to care for sexual problems.

"Women's sexual health is often neglected," says Kristin Austria, NP-C. "We hear all the time about

men and Viagra, but we lack a focus in healthcare in women's sexual medicine."

Austria says that's one reason Urology of Virginia now offers DiVa Laser Therapy. This minimally invasive treatment can help rejuvenate vaginal tissues, reducing pain during sexual intercourse. It uses a laser to stimulate tissue growth, helping with issues like dryness or thin vaginal tissues.

### Minimally Invasive Surgery

If none of these less invasive approaches work to relieve women's urologic issues, Urology of Virginia offers minimally invasive and robotic surgery options. Their surgeons are specially trained in these procedures, which is why many OB/GYN physicians refer women to the practice for care.

"Because we are an academic, private practice, we have a lot of unique advantages for patients," says Dr. DeLong. "We can

participate in large volume clinical trials so we can stay on the leading edge of different technologies and treatments. That's not typical in private practice urology."

Urology of Virginia offers numerous minimally invasive surgeries to care for incontinence, including slings with mesh to hold up the bladder, slings with no mesh, slings that use biological material and vaginal hysterectomy for prolapse. These procedures help support the pelvic floor and hold the bladder and urethra in place.

Women have many options at Urology of Virginia, with a care pathway that keeps them moving toward a higher quality of life so they can enjoy their bodies as they age, just as men are encouraged to do.

"Women's health is very vital and important. We are very fortunate to have a Center of Excellence providing such care here in Hampton Roads. We have a very comprehensive program caring for women with urinary incontinence, overactive bladder, prolapse, atrophic vaginitis, post-menopausal issues, recurrent urinary tract infections, obstructive urinary symptoms, and other concurrent urological issues," says Dr Ojo-Carons.



Akinwunmi Ojo-Carons, MD, FACS

"Women can take control of their own bodies," says Dr. Miles-Thomas. "They can feel open and have honest conversations with our providers. Women's health is an expanding, innovative area of medicine where we will continue to grow." ☺

*The Women's Health team of Akin Ojo-Carons, MD, FACS, Jennifer Miles-Thomas, MD, FPMRS, Jessica DeLong, MD, FACS and Kristin Austria, NP-C, contributed to this article.*

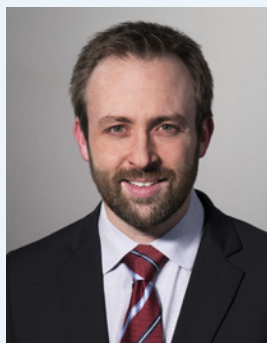


# CARE DESIGNED FOR MEN

MEN'S HEALTH VIRGINIA  
AIMS TO CONNECT MEN  
TO VITAL HEALTHCARE



One of the newest programs at Urology of Virginia, called Men's Health Virginia, aims to make it easier for men to get the healthcare they need.



Joshua P. Langston, MD

"We understand there are a lot of issues men face as they age and many are hesitant to come to the doctor," says Joshua Langston, MD, who provides men's healthcare at Urology of Virginia. "But the moment they have something related to quality of life like erectile or urinary issues, those are the kinds of things that motivate them to come to the doctor."

Dr. Langston says the men's health clinic can serve as a gateway to appropriate healthcare. But it all starts with treating the urological conditions patients present. Instead of providing temporary fixes, physicians provide care that can make long-term improvements to many aspects of a man's health.

## Personalized Treatment for Urinary Issues

It's not uncommon for men to experience issues with urinating as they age—but that doesn't mean men have to live with these issues.

"There are easy solutions out there for urinary problems," says Dr. Langston.

Urology of Virginia doctors see urinary problems such as:

- Benign prostate hyperplasia (enlarged prostate)
- Incontinence
- Voiding dysfunction
- Urinary tract infections

While these issues aren't life threatening, they do affect your health and quality of life. For instance, an enlarged prostate can cause men to urinate frequently, including in the middle of the

night. That means they don't get restful sleep, affecting mood and even heart health and weight.

But Men's Health Virginia offers a wide range of treatments to care for urinary issues, from medicines to behavioral therapy to minimally invasive surgery. Men can find some of the latest, most innovative treatments right here in Hampton Roads.

One of those treatments is Greenlight™ Laser Therapy for benign prostate hyperplasia. Dr. Langston is certified in this therapy and can remove overgrown prostate tissue with less bleeding and a faster recovery than many other surgical techniques. Removing excess tissue can make urinating easier, so the patient won't have to go as often. Gregg R. Eure, MD, FACS also brought the UroLify procedure to Urology of Virginia and has gained worldwide recognition for being the first surgeon to achieve the Center of Excellence designation in that procedure.

## Effective Care for Sexual Health Problems

While some men might feel comfortable opening up about urinary issues, it's much harder to open up about sexual health problems.

"Dr. Langston and I are both males and we're both subspecialized experts in male sexual medicine," says Victor M. Brugh, III, MD. "We understand what patients are going through and the embarrassment it can cause."

Dr. Brugh and Dr. Langston see a variety of men's sexual issues, including:

- Infertility
- Erectile dysfunction
- Anorgasmia (inability to have an orgasm)
- Low libido
- Premature or delayed ejaculation
- Low testosterone



Another advantage of visiting Men's Health Virginia is that their treatments are covered by health insurance. That means men can get testosterone replacement, medicines for erectile dysfunction and many other effective and evidence-based treatments at a much lower cost than other clinics that treat sexual issues. Men can also receive a referral to a sex counselor who can help couples with intimacy issues.

Dr. Brugh is also passionate about ensuring men are thoroughly evaluated and treated for infertility. Almost 10% of men of reproductive age face fertility issues in the United States but are not always advised about every available treatment option.

"When men come in to see us for infertility, we start with a full history, physical and lab testing," says Dr. Brugh. "We offer comprehensive treatment options, anything from hormonal therapy that can improve semen parameters to procedures like minimally invasive varicocele repair, microscopic vasectomy reversal and sperm retrieval."

These treatments for male factor infertility could save couples thousands of dollars by helping them avoid in-vitro fertilization.



Victor M. Brugh, III, MD

### Caring for Men's Overall Health

Many people don't realize that men's sexual health can actually be a barometer for their overall health. For instance, erectile dysfunction can be caused by heart problems like high blood pressure and may indicate an increased risk for a heart attack.

That's why, as part of the initial screening at Men's Health Virginia, doctors check cholesterol, blood pressure and run other blood tests. If any of those results are out of range or concerning, men are referred to other doctors who can help.

"We do have a relationship with cardiologists so we can refer them for preventive care," says Dr. Langston. "Once men have that

proof in hand that something might be going on with their health, hopefully we can convince them to care for those issues."

Dr. Langston hopes that their program can help men have better health outcomes and help them feel more comfortable going to the doctor's office.

"We are doing our best for the guys that come in," says Dr. Brugh. "They haven't seen anybody for years, so we have them get an overall check-up. We just want to help them have the best health they can."


Dr. Langston and Dr. Brugh are working to create a comfortable environment for men to talk about any health issues they have.

"Men won't talk to each other, but we hope they will come to the doctor and be open and honest," says Dr. Langston. "We spend our day being open to talk about things with men that are personal and private."



Gregg R. Eure, MD, FACS

Men's Health Virginia extends their dedication to men into the community by sponsoring events and free prostate cancer screenings each year. They also participate in the Men's Health Forum to help make information about men's health more available.

All of these efforts, in and outside of the office, are aimed at helping men have a better quality of life and improved long-term health outcomes. With care more specifically designed for men, physicians have an opportunity to change—and save—lives. 

*The Men's Health team of physicians includes Joshua Langston, MD, Victor M. Brugh, III, MD and Gregg Eure, MD, FACS.*



Erin Glace PT, MSPT, PRPC  
Director of Physical Therapy

## UROLOGY OF VIRGINIA

# Physical Therapy

**A**s a physical therapist working at our Urology of Virginia offices, I'm often faced with questions about what I do and where I work. While there is ever-increasing awareness of the importance of pelvic floor health, our work continues to educate patients about the expanding services that are beneficial to our patients at Urology of Virginia.

I am genuinely thankful for the forward-thinking physicians (Dr. Kurt McCammon and Dr. Steven Schlossberg), who initially decided that adding pelvic floor physical therapy to the list of services offered at Urology of Virginia was a good idea more than 20 years ago. When I started in 2001, we had two part time therapists and our caseload was primarily incontinence patients. We currently have five PTs and treat a multitude of urological diagnoses. We work with patients suffering from incontinence, OAB, dysfunctional voiding, IC/BPS and male and female pelvic pain. We also receive referrals from other local providers for pelvic floor dysfunction, including many bowel disorders, such as chronic constipation and dysfunctional defecation.

Our treatment options have grown as much as our staff and patient profile. In 2001, there were very few pelvic

PTs and fewer choices for professional organizations and continuing education. Today there are multiple professional organizations that provide support and professional education opportunities. We have specialist certifications, including being Board certified in Women's Health by the American Physical Therapy Association and Pelvic Rehabilitation Practitioner Certification (PRPC) from the Herman and Wallace Pelvic Rehabilitation Institute. Pelvic health PTs not only participate in our own professional organizations, but we are also increasingly involved in other medical organizations, such as the International Pelvic Pain Society. We promote strong partnerships between the many different disciplines that provide care for our patients, including urologists, gynecologists, GI and colorectal specialists, and mental health professionals. The role of PTs in the multidisciplinary approach to pelvic health is rapidly becoming a standard of care.

Thankfully, Urology of Virginia embraced PTs as part of the team many years ago. I have been fortunate to be part of the growth of our own PT department and to participate in many community education programs for our local providers. We have come a long way but remain active in our work to educate the public about pelvic floor dysfunction. Thankfully, the Urology of Virginia PT department will continue to lead the way in the Hampton Roads region. ☺





# ACHIEVEMENTS

## WITH SENTARA PARTNERSHIP

In 1997, seven urology practices merged to form what is now Urology of Virginia. The objective has always been to better serve the Southeastern Virginia area by laying the groundwork for collaborative advancements in new and evolving urological care. After a short period of employment with Sentara Healthcare, Urology of Virginia re-emerged as a private practice with a reenergized focus of providing top tier care to the patients. Our partnership with Sentara has led U.S. News & World Report to recognize Sentara Norfolk General Hospital in the “Best Hospitals” edition as a top 50 hospital in the country in Urology.



- The urology department helped contribute to the hospital becoming one of the fastest growing robotic surgery programs throughout Virginia, North Carolina, Maryland, and Washington, D.C., which led to the practice performing more robotic prostate surgeries than any other hospital on the east coast outside of Cornell Medical Center, New York Hospital.
- Sentara Norfolk General Hospital has become a national training center for Davinci robotic surgery, producing more Davinci-trained surgeons than any other group in the U.S.
- Urology of Virginia became an internationally recognized leader in the reconstructive urology field, providing two active fellowships that gained national and international exposure.
- In 2004, Sentara performed more living donor renal transplants than any other hospital in Virginia and is currently ranked as the 15th busiest program in the country.

- Urology of Virginia is involved in each new clinical trial regarding female urology relating to urinary incontinence and reconstruction, providing leaders in the field to serve as national proctors for the latest technologies.
- The Urology of Virginia research department runs multiple clinical trials yearly and supports an entire research staff.
- The residency program is highly regarded and stands in the 90th percentile for case volume.
- Urology of Virginia is one of the largest cryosurgical sites in the country and runs a Quality of Life database for prostate cancer. This has placed Sentara on the map for urological outcomes.

# Decades of Research

## TO IMPROVE UROLOGIC CARE

Urology of Virginia has a Long History of Innovation in Patient Care

For decades, patients in Hampton Roads have been able to receive ground-breaking urologic treatment years before the rest of the country, thanks to Urology of Virginia physician researchers.



Paul F. Schellhammer, MD, FACS

In the early days of the practice, an emphasis on participation in clinical trials led to the establishment of a clinical trials division and active participation in the Southwest Oncology Group (SWOG) National Clinical Trials Program. George Wright, PhD, Chairman of the Department of Microbiology at Eastern Virginia Medical School, and Paul F. Schellhammer, MD, FACS worked together for a decade

when they created the Virginia Prostate Center, a tissue and serum bank with NCI grant support.

In the late eighties and throughout the nineties, the practice became involved in industry sponsored or investigator initiated clinical trials. The department expanded quickly to support

“Research used to be done by universities only. Because Paul was so forward thinking, our group has been instrumental in a lot of the drugs and surgical procedures getting FDA approval.”

-Dr. Kurt McCammon

the demands of these clinical trials. Currently, the research department includes a director, a regulatory coordinator, four clinical research coordinators and three research assistants. By the early 2000s, the research focus shifted to predominantly industry sponsored diagnostic, therapeutic and device trials.

In 2013, the research department was renamed to the Paul F. Schellhammer Research Foundation to honor Dr. Schellhammer's legacy.



Kurt A. McCammon, MD, FACS, FPMRS

“Dr. Schellhammer truly started this before any other groups were doing it,” says Kurt A. McCammon, MD, FACS, FPMRS. “Research used to be done by universities only. Because Paul was so forward thinking, our group has been instrumental in a lot of the drugs and surgical procedures getting FDA approval.”

At Urology of Virginia, research studies form a vital component of our mission. These studies, referred to as clinical trials, are designed by physicians and researchers to investigate new medical therapies. Well-designed clinical trials offer the latest, most promising treatment options for urological conditions to our community.

The practice has been on the leading edge of many prostate cancer treatments, including Provenge, the first immunotherapy for prostate cancer, Casodex, a hormone therapy, and almost every other oral medication approved in the last 10 years. Patients in Hampton Roads received these medicines as part of FDA trials and helped get these treatments approved for men across the country.

Urology of Virginia surgeons have also participated in FDA trials for robotic surgery technology, including minimally invasive prostate, bladder, and kidney cancer treatments. They were the first in Hampton Roads and Virginia to use the da

Vinci robotic surgery system. They were also the first to use cryoablation for prostate cancer in Hampton Roads.

The practice was also one of only two sites developing a new high-definition ultrasound technology to image the prostate gland and detect cancerous lesions. Thanks to work performed



John F. Stecker, Jr., MD, FACS



Gregg R. Eure, MD, FACS


at Urology of Virginia under the leadership of Dr. Gregg Eure, the technology is now approved by both the FDA and the European Union. Urology of Virginia continues to offer clinical trials for almost all prostate cancer drugs, including hormone therapies and treatments for metastatic disease.

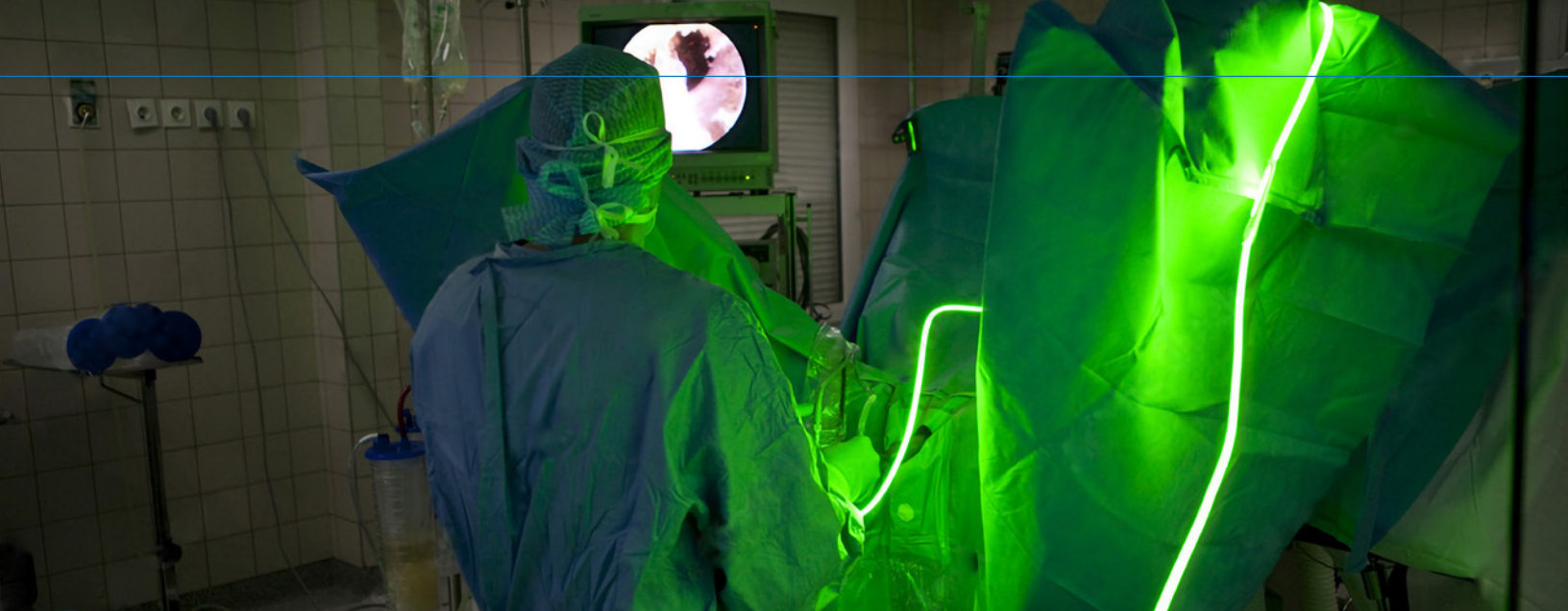
In the field of sexual health, Urology of Virginia physicians participated in clinical trials for Viagra, Cialis and Levitra. Their work helped men improve their quality of life and ability to connect with their partners.

None of these innovations are possible without the patients who choose to get involved. These patients experience countless benefits by participating in a research trial, such as having access to advanced medications or devices before they

become widely available. Clinical study procedures may be provided at no cost, and today's research can positively impact the future of medicine. Patients often express enthusiasm for contributing to medical science through our clinical trials.

The experienced investigators and certified clinical research coordinators at Urology of Virginia closely monitor participating patients during the study period. All clinical trials are conducted according to the principles of Good Clinical Practice (GCPs) as mandated by the FDA.

At any given time, Urology of Virginia offers multiple clinical trials for prostate cancer, bladder cancer, stone-related diseases, overactive bladder, incontinence, benign prostate hyperplasia and other urological conditions. The legacy of research continues, helping patients across Hampton Roads access lifesaving and life-improving treatments. 



Paul F. Schellhammer, MD, FACS

## A WORLDWIDE LEADER in Urologic Cancer Care

Urology of Virginia has Advanced Urologic Cancer Treatments for Decades

F. Schellhammer, MD, FACS led the way in advancing cancer treatment at the practice through innovative prostate cancer research.

Dr. Schellhammer has been a physician with the practice since 1974 and a faculty member of Eastern Virginia Medical School (EVMS) since 1978. His contributions to, and publications in, the field of urologic oncology are numerous, impacting patient care around the world. An expert in prostate cancer, he is often called upon to discuss current findings and treatment therapies. Working with George Wright, PhD, he forged a relationship to conduct cancer research in the microbiology laboratories at EVMS, creating the Virginia Prostate Center where lab-based research continues today.

“Dr. Schellhammer’s foresight is unmatched,” says Michael Williams, MD, a physician at the cancer center. “He and George Wright developed a tissue bank biorepository before there was ever a thought of what a tissue bank was. They collected blood and prostate tissues for research, so when the prostate-specific antigen test came out in the mid-1980s, they were able to quickly research 5-year outcomes.”

In the 1980s, Dr. Schellhammer became involved with NIH sponsored cooperative group cancer trials. These interventional drug trials allowed patients to receive investigational medications years before they were available elsewhere. Later in the decade, Urology of Virginia began participating in trials conducted by pharmaceutical and biodevice companies to bring new drugs and devices forward for approval by the FDA.

During the mid-2000s, treatments for prostate cancer exploded onto the



George L. Wright, PhD

“Our main focus is on a great patient outcomes through patient-centered care.”

-Dr. Michael B. Williams

scene as a result of clinical trials. Many of these drugs in trials during this time were later approved by the FDA and remain vital to the care of prostate cancer patients. Urology of Virginia participated in several pivotal trials that led to groundbreaking immunotherapies, like Provenge, being approved.

In 2012, the Paul F. Schellhammer Cancer Center was dedicated in Virginia Beach to honor Dr. Schellhammer's legacy. At this location, patients receive highly coordinated and innovative cancer care for prostate cancer, kidney cancer, bladder cancer, testicular cancer, adrenal cancer and penile cancers. The expert urologists at Urology of Virginia offer advanced surgical care using robotic and laparoscopic surgery, immunotherapy and oral cancer drugs. They also partner closely with Virginia Oncology Associates to provide chemotherapy and the EVMS Department of Radiation Oncology to offer radiation therapy.



Michael B. Williams, MD, MS

"Our main focus is on a great patient outcomes through patient-centered care," says Dr. Williams. "We are very focused on delivering that care in conjunction with partners in the community to seamlessly deliver care thanks to everyone's understanding of their role and the ability to communicate within our groups."

### Coordinated and Convenient Cancer Care

Dr. Schellhammer fought his own battle with prostate cancer and shared that experience with his patients, treating them like friends and family. Urology of Virginia cancer center physicians carry on his legacy of care and compassion.

Because cancer care can be confusing, Urology of Virginia offers a nurse navigator to all patients. A nurse navigator helps educate patients about their cancer, schedule appointments, organize transportation and guide them through the cancer treatment process. Nurse navigators are an invaluable resource for patients and a vital part of the compassionate care at Urology of Virginia.

The cancer center also uses a personalized care pathway for each patient. This pathway helps patients know what to expect and directs them through each stage of treatment, such as surgery, chemotherapy, radiation therapy and into survivorship. This type of coordinated care makes it easier for patients to understand their treatment and know what is coming next.



Robert W. Given, MD, FACS

Cancer care is also more convenient because patients can get all the care they need right here in Hampton Roads. There is no need to travel out of the region. Urology of Virginia physicians are sub-specialized, with multiple fellowship-trained physicians dedicated entirely to cancer care. These experts stay up-to-date on the latest surgical

and medical treatments, just like any large academic center in the country.

### Access to the Latest Treatments

Urology of Virginia also conducts research on the same level as academic centers. For more than 40 years, Urology of Virginia has participated in cancer research that has shaped today's treatment. Pharmaceutical and device companies seek the expertise of Urology of Virginia physicians when designing studies. Current physicians who trained under Dr. Schellhammer have carried on the legacy and continue to participate in clinical trials.

Patients in Hampton Roads benefit from this dedication to research and receive access to the latest treatments years before other areas of the country. For instance, Urology of Virginia offered Provenge, an immunotherapy for prostate cancer, in the late 1990's. But the therapy didn't receive FDA approval and become available in other areas until 2010. In 2003, Urology of Virginia was the first practice in the state offering robotic surgery for prostate cancer. Early access to these treatments can save more lives.

"The greatest asset is our patients. They make Urology of Virginia the best place to work. I have only been here 7 of the 100 years but I look forward to many more."

-Frances M. Martin, MD, FACS

The cancer center also maintains an extensive database that tracks treatment outcomes in cancer control and post-treatment quality of life. The Schellhammer Cancer Center physicians utilize this database to look at trends and outcomes to continuously improve treatment quality and to participate in collaborative research to better understand cancer behavior.



Frances M. Martin, MD, FACS

Urology of Virginia continues to provide lifesaving cancer care and research. From advanced robotic surgery to the latest immunotherapy drugs, patients can find the care they need for any type or stage of urologic cancer right here in Hampton Roads. ☺

*Paul F. Schellhammer Cancer Center Physicians, Dr. Michael B. Williams, Dr. Robert W. Given and Frances M. Martin, MD, FACS contributed to this article.*

# Training New Doctors to Care for Hampton Roads

For 56 years, Urology of Virginia has Offered a Residency Program for New Physicians



Kurt A. McCammon, MD, FACS, FPMRS

Before there was even a medical school in Norfolk, Urology of Virginia established a urology residency to train the next generation of physicians. Since 1965, they have trained more than 80 urologists to provide the latest, evidence-based care for patients with a wide range of conditions, from incontinence to cancer. This long history of medical education makes Urology of Virginia unique.

“There are not many private practice groups that run a residency,” says Kurt McCammon, MD, FACS, FPMRS. “We make it a focus of our group to train residents and fellows.”

Each year, two graduating medical students are chosen to train at Urology of Virginia. During their five years of training, they participate in research, care for patients, learn to perform advanced surgeries and have an opportunity to give back through mission trips around the world.

In addition to the residency, Urology of Virginia physicians teach medical students and physician assistant students from Eastern Virginia Medical School (EVMS). Each year, they also offer two advanced fellowships: one in reconstructive urology and one in endourology, laparoscopy, and robotic surgery. Graduates of these programs now care for patients all across the United States.

The practice’s dedication to medical education has had huge benefits for Hampton Roads. Each year, they attract some of the best new doctors to the area. Many of these physicians, including



Dr. McCammon, choose to stay because of their ability to teach and conduct research in a private practice setting.

“There’s a shortage of urologists nationwide,” says Dr. McCammon. “Training people allows us to draw new doctors into the area.”

Dr. McCammon says the residency and fellowship programs also force the physicians to stay up to date on the latest treatments and techniques.

“I remember in 1998 when I was graduating residency, there was not a textbook published in urology that didn’t have an article or chapter from EVMS,” he says. “We’ve always been on the forefront, thanks to the doctors who came before us.”

Staying up with the latest treatments has helped Urology of Virginia and their partners at Sentara Norfolk General Hospital be consistently ranked among the top 50 urology programs in the country, according to *U.S. News and World Report*.

The residency and fellowship programs have led to outstanding care and excellent physicians for the patients in Hampton Roads for decades. Each year, new doctors come to the area, increasing access and ensuring that all patients can get the expert urologic care they need. ☺

# Reflections

## FROM RESIDENTS

### **The wonder years from Robert Whitmore, MD**

Reflecting on the years spent as a Urology Resident, 1984 to 1987, I couldn't help but compare it to the coming of age show "The Wonder Years". A time of naivety, immaturity and wonder; as in, at times, "I wonder what I'm doing here!" Three years is a short period of time, but the impact on my life has been profound. Learning skills from true "giants" in the field of Urology, providing the tools necessary to have a successful and fulfilling career.

Memories persist of monthly Journal Club with Dr. Tynes (the articles not always perused but the Taste Unlimited sandwiches always enjoyed)! Monday morning Resident conference, Monday evening case presentation and weekly AUA update

### **From Ann Becker MD, EVMS Urology Class of 2006**

Growing up, my desire to become a physician rarely wavered, other than the fleeting thought when I was six years old that I wanted to be an artist or an architect, which my overly pragmatic physician father immediately redirected. My father held an esteemed position in our family's lineage. He was the first born son of many generations of first born sons before him, and he immigrated to the United States in the 1960s, in order to escape some of the intense patriarchy that he experienced in South Korea. I am one of four, and the only daughter in my family, and by Korean tradition, it was always the eldest son who was identified as the next family leader, with younger sons taking a secondary position and daughters eventually leaving their own families to "belong" to the family of their husbands. One of my most vivid memories as a teenager was an intense argument between my father and his father, who lived with us. My grandfather, our fiercely traditional Korean patriarch, didn't understand the relevance or importance of a young girl studying for school, and my progressive father quite oppositely believed that education was paramount to my ability to pursue whatever career I wanted. I suppose that looking back on my childhood, there were two consummately important things that I see so clearly now; that I was given a supportive environment to pursue whatever future I set my mind to, and that as the only daughter in a household with three brothers, I was never afraid to be in a roomful of boys.

At the onset of my first year as a medical student at EVMS in 1997, these two tenets were not at the forefront of my mind. If you had asked me then what the odds would be that I would go on to become a urologist, I would have told you that the

chance was approximately zero percent. My father, who had succumbed to cancer 3 years prior, was a psychiatrist. I thought that my destiny was in pediatrics or oncology or even psychiatry, and with this tucked in the back of my mind, I had no inkling that I would feel a calling toward a surgical career until midway through my third year, when I set foot for the first time into an operating room.

My roommate in medical school was one year ahead of me, and in her fourth year, she suggested that I look into the field of urology. Honestly, I thought that her suggestion was completely absurd. When she left for an away sub-internship, I housed a fourth year medical student who happened to be rotating in urology, and he was the second person in as many months who strongly suggested that I also consider urology. I took it as a sign. Early in my fourth year, I showed up for my elective urology rotation, still looking for my future specialty, and indeed I quickly realized that I had found it. I felt a sense of belonging, and the field of urology provided me with many of the things I was looking for in a career; urology would afford me the opportunity to be a surgeon performing an expansive range of surgical procedures, while still being able to develop and maintain longstanding patient relationships. The urology resident team taught me well and thoroughly encouraged me, but made it clear to me that if I were to forge ahead with a career in urology, that it would be an uphill climb into uncharted territory at EVMS. At the time, women comprised less than seven percent of practicing urologists and EVMS had not yet trained one.

We were a family, Residents and Attendings, always under the watchful eye and guidance of our Mentors. Learning not only clinical skills, but the emotional skills of caring, kindness and empathy. The privilege of which I will be forever grateful.

Never one to shy away from a challenge, I worked hard to distinguish myself, and not being sure of how a woman would be

perceived in the interview process, I applied to many programs across the country. When I interviewed, I was almost always the only female applicant amongst a sea of men. At one interview, I was asked by a prominent academic urologist (who ironically subspecialized in female urology) why a woman would ever want to go into the field of urology, and at another interview, I was interrogated about my position as president of the EVMS student chapter of the American Medical Women's Association, and why that association even needed to exist. After a slew of interviews, it became crystal clear to me that EVMS was where I wanted to train. I returned to Norfolk for my final interview with Dr. Gerald Jordan, and we discussed my experiences and intentions. As our interview wrapped up, he asked me if I had any additional questions, and I smiled and asked if they were prepared to potentially consider matching their first female resident. As luck would have it, they indeed were, and on Match Day in late 2000, I received the incredible news that I would become EVMS' first female resident. Three short years later in my PGY-4 year, I was thrilled to see that EVMS would match their second female resident, Dr. Jennifer Bepple, who would go on to become the first resident to have children during residency, and who has remained a close friend and colleague over nearly two decades.

### From Chip Blackley, MD

My first meaningful exposure to the specialty of urology came during my internship year of general surgery residency in Chattanooga, Tenn. in 1983. I decided to pursue urology after completing the requisite two years of general surgery. I worked closely with several urologists who served as early mentors, and I sought advice from them on urology training programs in the Southeast. The name that came up repeatedly in these exploratory conversations was the Devine group in Norfolk, Va.

Eastern Virginia Medical School was well established at this point, but most referred to the urology training program as Devine Urology since it had preceded the medical school by several decades. As I researched programs, I became aware of the national and international reputation of the Devine group in adult and pediatric reconstructive surgery and how it had become one of the first private practice groups in the country to establish a urology residency without a medical school.

After the application process and a two-week road trip to visit and interview with different programs, I was thrilled to get an offer from Norfolk as it was my top choice. It came as a phone call from Dr. Paul Schellhammer, the residency director and department head. I remember the conversation was cordial but brief as he seemed a bit busy. It would not be long before I learned just how many hats he wore and how easily and successfully he wore them. In the time I knew Dr. Schellhammer, I was always impressed by his ability to

I completed my urology residency training from 2001-2006 under the incredible leadership of Drs. Jordan and Lynch, and could not have asked for a more supportive and immensely cohesive and complete urological education. During my residency, EVMS was my home, and my attendings and co-residents were my family. To this day, 15 years later, I still hear the voices of my many mentors when I am in the operating room and I still call Lynn Vass, my urology residency mom, to check in.

Since my time at EVMS, it has been wonderful to watch the field of urology evolve, now with 22% of urologists under age 45 being female, and the percentage of female urology residents rising from just 5% in 1989 to nearly 34% in the most recent match. Only a decade before my decision to pursue a career in urology, the number of female gendered urologists in the US was less than 40 in total. At the time, I didn't conceive of the significance of my matching and training at EVMS, but as I reflect back to 20 years ago, I am so very grateful for the tutelage, education, camaraderie and support that I received in that roomful of boys, as I would not be the physician or person that I am today were it not for my time there.

multitask his many duties and goals while also taking a sincere and enthusiastic interest in others and encouraging everyone around him to their highest potential.

Within a week of our phone conversation and six months prior to completing my general surgery, I received a package in the mail. It contained a number of journal articles with highlights and handwritten notes by Dr. Schellhammer outlining my planned personal research project with surgical specimens already accumulating. This would be the project that would occupy my three years, along with some additional assignments. Dr. Schellhammer encouraged all residents to share his passion for clinical and basic science research. His early work established one of the first research departments at EVMS and ultimately the Schellhammer Urological Research Foundation, which continues to this day.

When I arrived in Norfolk in July 1985, the private practice group was called Devine Fiveash Urology or DFU. Dr. Eugene Poutasse had recently retired from the group after a long career. I was fortunate to get to work with Drs. Charles Devine, Pat Devine, and Joe Fiveash prior to their retirement a few years after the completion of my residency. The other members of DFU and EVMS faculty were Drs. Tynes, Stecker, Winslow, Jordan, and Schlossberg. This was the core group with whom residents worked daily and together they represented a broad breadth of clinical experience and extensive surgical volume. There was subspecialty emphasis in oncology as well as adult and pediatric reconstructive surgery. The Devine group's excellent reputation was obvious as we had patients from all over the country for



reconstructive procedures. There was ample surgical volume to support the residents, as well as a reconstructive fellow and a visiting Navy resident from Portsmouth.

Residents worked hard and expectations were high, but we were treated like family and always felt appreciated. The attendings all appeared to enjoy their teaching role and interpersonal relationships came naturally. We all knew each other's families and attended social gatherings together. There were holiday parties and journal clubs at the homes of attendings and we had an annual resident graduation gathering attended by all of the faculty and community urologists.

Residents were invited to attend local, state, and regional urology meetings and participation in presentations and publishing was strongly encouraged and expected. All chief residents attended and presented at the annual meeting of the AUA. The residency program was always well represented at regional and national meetings by faculty in a variety of subspecialties.

We had frequent visiting professor days, which provided a teaching and social event for residents and was a nice

break from clinical duties. I also remember frequent visiting residents and practicing urologists who came to observe reconstructive and other interesting surgical cases. These were good networking opportunities for residents and one contact I made led to my pediatric fellowship in London, England in 1987.

Though my three years as a urology resident in Norfolk represent barely a fraction of the 100-year legacy of Devine Urology, my 32-year career has been a reflection of the outstanding training and guidance I received during my time there. My clinical skills and judgement, as well as my interaction with patients and their families, working staff, and colleagues were all shaped to a large extent during my time as a resident in Norfolk.

One can only imagine the cumulative and far-reaching influence and effects that Devine Urology has had during a century of training students and residents, as well as the positive impact on the lives of countless patients, and in the field of urology itself. I feel very fortunate to be a small part of that impressive and enduring legacy.

### From Dr. Mayer Grob

In 1983 when I matriculated at Eastern Virginia Medical School I had never heard of Urology as a field or of the Devine Urology practice. By the time I finished medical school I had set course for a career which led me from EVMS to Memorial Sloan Kettering to the faculty at Downstate and now at VCU and the Richmond VAMC for the last 19 years. It has been incredibly fulfilling and I owe it all to the great faculty of the EVMS Urology department.

I thought I wanted to be an endocrinologist. That notion ended after my internal medicine rotation when I realized that rounding all day and thinking about the 10th thing on the differential when you already know what it is was not for me. I next had my surgery rotation at the Hampton VAMC. Suddenly I found doctors who had the same mindset that I did. Patients came in with problems and we focused on what brought them in and we did everything we could to take care of it. We worked to exhaustion but were enthusiastic about every day and what it might have in store. I then knew that I wanted to be a surgeon.

An experience I had with during my GYN-oncology rotation at Depaul Hospital opened my eyes to the field of Urology. Dr. Jack Drucker was called into assist with the repair of a ureteral injury. He was calm and reassuring to the GYN team who were naturally upset. He was so precise, you just knew the patient was going to be fine. To this day, when called into another room to assist with an iatrogenic urologic injury, I channel my inner Jack Drucker.

Encouraged by my roommate, Dr. John Pederson who was going into radiation oncology, I sought out Dr. Schellhammer for advice and I was hooked. It was readily apparent that some of the leaders of the field were right there at EVMS! Among them, the Devines (Dr. Charles as he was called to distinguish from Dr. Pat) and Paul Schellhammer. The urologists seemed to be the happiest doctors in the hospital. What could possibly have drawn all of these positive minded people to one field?

Next up was my fourth year rotation. Dr. Bob Whitmore was the chief. What a class act! He was so respectful of everyone he dealt with. The other residents were Shem (Chip) Blackley, Andy Glick and Larry Yore. They were all so competent, but yet so grounded. I wanted to be just like them.

I hit a snag along the way to getting into the field. Even then, Urology was quite competitive and I didn't match. EVMS Urology had never taken an EVMS graduate. Paul and Dr. Charles and the rest of the faculty, Boyd Winslow and Bill Tynes, Steve Schlossberg, Gerry Jordan. Jack Stecker and Ed Robey must have seen some promise for my future and they came up with a plan whereby I would devote two years to research and they would hold a spot open for me to go into Urology.

So in 1989, I embarked on a two year research rotation under the supervision of George Wright, PhD, one of the leaders of the relatively new field of tumor immunology. I had never done any basic science research but I really enjoyed my time in the lab. The lab staff was so encouraging, folks like Alice Konchuba and MaryLou Beckett. I learned all of my skills

from them, from running gels to immunohistochemistry. We dabbled in PCR while it was a nascent technology. It was so exciting thinking that we might be on the cusp of some new discovery. I learned how to cut paraffin blocks and stain slides. We were hot on the trail of the HER-2 neu or erb-B2 antigen, an oncogene that was over-expressed in breast cancer. My presentations were met with enthusiasm from other urologists who were looking into that area like Dr. Judd Moul still in the military at the time. We had several publications on PSA as well as PSMA in the *Journal of Urology* and *Urology* (the gold journal). The highlight was winning the basic science award at the mid-Atlantic AUA in Bermuda. I gained an appreciation for basic science research and even though I don't participate myself today, we have made it a core component of the residency at VCU, formerly known as MCV. I took some call and got to work with David Brenner and Gregg Eure and attend all of the Urology conferences. But my favorite time during those two years had to be Fridays at the old Ghent building when Dr. Schellhammer had his clinic hours. I tried to soak up as much of that knowledge and bedside manner as I could. I knew after that I would have to go into Oncology.

My wife Taryn Torre likes to tell the story about how we fell in love during a Schellhammer nephrectomy. Our hands touched on the inside of the patient's abdomen and sparks flew! She was a fourth year medical student when I was the chief resident. We've now been married 23 years with two daughters at UVA and one at William and Mary. Hoos win!

Three cases really stand out in my memory among all the surgeries I was involved in. We were doing a Prune Belly repair at the CHKD with Boyd Winslow on Christmas eve and the OR staff called the radio station to play our request. We were all singing Feliz Navidad at the top of our lungs. Another one happened on call one night. An unfortunate woman was giving birth and the OB team had to do a crash C-section. The baby was delivered through the bladder! Steve Schlossberg and I spent the next few hours trying to piece everything back together. When we were done, I was amazed it looked like a bladder again. A third memorable case was on call with Gerry Jordan. A schizophrenic man had amputated his penis with a radial saw. After spending the entire night reconstructing his anatomy, there was a call at the front desk of the operating room from the ER. A man had just amputated both of his testicles!

Other notable attendings were Don Lynch who joined the department during my time, Joe Konefal and Guillermo Mosquera. He had some great quotes. "You must have eyes on the ends of your fingers!" And "Now we are cooking with gas on the front burner."

My senior residents were Kenon Miller, Bradley Miller and Bruce Bengé. When I was chief I got to work with Scott Fabozzi and Thom Bui. What a great team we had!

Throughout my experience at EVMS from being a medical student interested in Urology to not matching and then starting my research years and then through the entire residency and even afterwards, Lynn Vass has been my cheerleader and support. Even now I can call her for help with something. I know every resident in the last 25 years feels the same way. Thanks Lynn! Some other memorable personalities from the Ghent office were Judy Zirckle and Lisa Parker. I loved the way Lisa answered the phone: "This is Lisa!"

Next stop after residency was the oncology fellowship at Memorial Sloan-Kettering where Paul trained under Willet Whitmore, recognized as the father of Urologic Oncology as a discipline. It seemed fitting for me to train there as well. It was an amazing experience working with the likes of Harry Herr, Joel Sheinfeld, and Bill Fair. Dr. Whitmore died shortly after my arrival there but I did get to attend some conferences with him. After fellowship, I spent five years at SUNY Downstate in Brooklyn under Richard Macchia and got my first taste of academic Urology as an attending. While at Downstate, I learned of the passing of Dr. Charles.

When an opening came up to move back to Virginia, I joined the faculty at MCV to be the chief of Urology at the McGuire VAMC in Richmond a position I still hold; along the way I was the program director for the VCU Urology Residency for 12 years. I have served as a member of the board of the mid-Atlantic section and as the program chair of the annual meeting. It was during my time on the Board that Harry Koo the President elect of the section approached me with an idea to start the Annual Paul Schellhammer Lecture at the mid-Atlantic meeting. Of course: why didn't I think of that! Together we helped push the idea to fruition.

My career has been based on paying it forward as I feel I was given an amazing opportunity. By not matching, I got to spend time in the lab which allowed me to have the research experience to be a good candidate for the fellowship at Sloan-Kettering. It also allowed my life to intersect with my future wife. Congratulations to the Devine practice of Urology and the faculty at EVMS. Here's to the next 100 years! ☺



# Urology Gives Back

## SURF

Schellhammer Urological Research Foundation

Our physicians make an impact on urology at a global level. In addition to a research department, Urology of Virginia also has an established research foundation that provides support to physicians for diagnostic testing and successful treatment strategies of the urogenital system with a focus on prostate cancer. The Virginia Prostate Center was founded by Dr. Paul Schellhammer and eventually broadened the scope of research to include other cancers and benign urological diseases. The name was changed to the Schellhammer Urological Research Foundation (SURF) to honor its founder, Paul Schellhammer, MD, FACS.

SURF is a 501(c)3 nonprofit organization that is nationally recognized for its commitment to new and innovative treatments in urology. It aims to redefine the standards of urological care in the community and beyond through its four areas of concentration: Patient Education, Patient Care, Humanitarian Medical Efforts, and Fostering Research. SURF offers education through monthly webinars on topics surrounding urology, helps promote a healthy lifestyle by addressing concerns regarding disease, and offers reading materials and nutrition consultation to patients. The foundation also assists Eastern Virginia Medical School (EVMS) residents and fellows who accompany physicians to areas of need, both domestically and internationally, to provide urological care. Fostering research is arguably the most critical role that SURF plays in the urological community. As a nonprofit, SURF relies on donations from the public to fund all research conducted. The clinical and basic science research in the field of prostate

cancer diagnosis and treatment has expanded with each passing year and will continue to do so. Some accomplishments include:

- Playing an instrumental role in developing the FDA-approved Provenge, a vaccine used for treating advanced prostate cancer. The vaccine was the first of its kind.
- Pioneering efforts in the arena of active surveillance and the application of cryotherapy.
- Restoring urinary continence after surgery.
- Training and teaching residents and physicians at home and abroad on Green Light Laser and reconstructive surgeries.

SURF partners with the Board certified physicians at Urology of Virginia to provide quality care to the many patients they serve every day. Our physicians make up the board of directors, many being recognized nationally. The current Executive Committee is:

**President—Kurt A. McCammon, MD, FACS, FPMRS**

**Vice-President—Paul F. Schellhammer, MD, FACS**

**Director—Robert W. Given, MD, FACS**

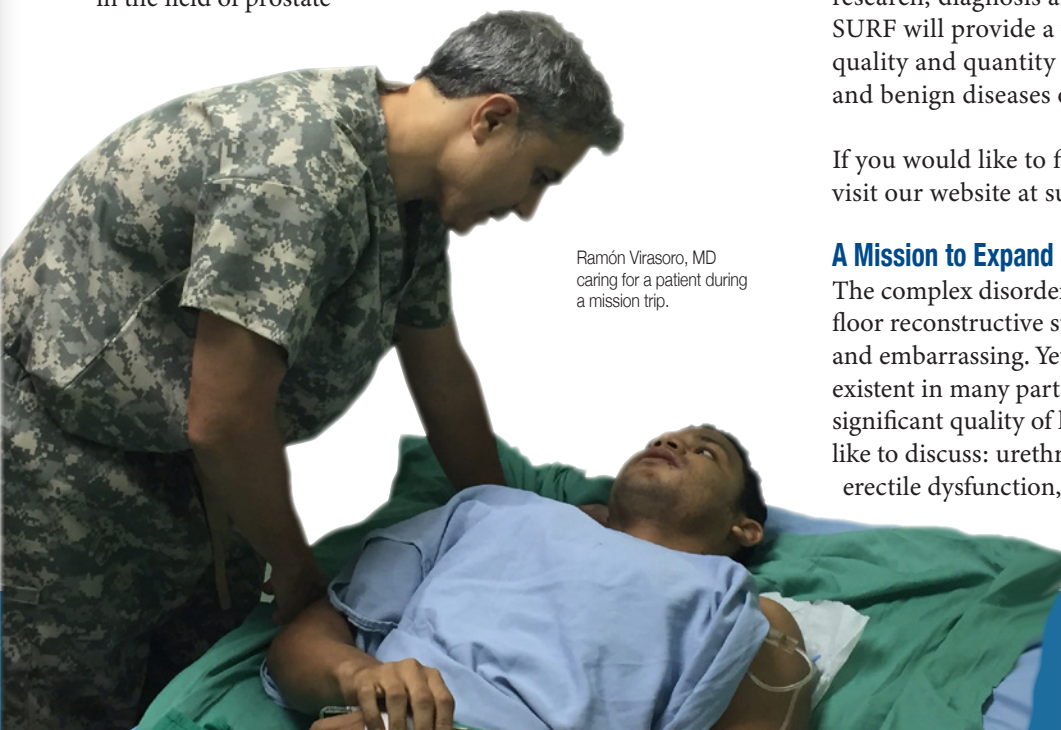
**Director—Michael B. Williams, MD**

The executive committee is responsible for the expansion in research, diagnosis and treatment of cancers. We hope that SURF will provide a wellspring of support for improving the quality and quantity of life for patients with urological cancer and benign diseases of the urinary system.

If you would like to find out more about the efforts of SURF, visit our website at [surf-1.org](http://surf-1.org).

### A Mission to Expand Specialized Genitourinary Procedure

The complex disorders that require genitourinary and pelvic floor reconstructive surgery are often highly disruptive, painful and embarrassing. Yet, access to specialists is limited or non-existent in many parts of the country and world. These are significant quality of life issues that most men and women don't like to discuss: urethra stricture disease, fistulas, incontinence, erectile dysfunction, hypospadias, Peyronie's disease, and vaginal prolapse, to name a few.



Ramón Virasoro, MD  
caring for a patient during  
a mission trip.



Ramón Virasoro, MD caring for a child during a Physicians For Peace trip.

Hampton Roads patients are fortunate to have access to five reconstructive urologists at the Devine-Jordan Center for Reconstructive Surgery and Pelvic Health, the largest such group in the United States. The advanced plastic surgery techniques pioneered by the center's founding physicians have transformed the lives of patients affected by birth defects, traumas, and various medical and surgical treatments. Working in a unique subspecialty of urology brings a certain responsibility to spread expertise to reach suffering children and adults around the globe while also aiding in training physicians, nurses, anesthesiologists, and technicians who can treat many others.

For six years, Drs. Ramon Virasoro and Jessica Delong have traveled to the Dominican Republic to provide sustainable urologic care with the nonprofit foundation Physicians for Peace. In 2016, they co-founded the first fellowship in the Caribbean for genitourinary reconstructive surgery. One fellow has graduated with another currently in training. The group has incorporated as a non-governmental organization (NGO), called Surgery and Anesthesia for Everyone, Inc., with a goal is to provide access to quality surgical and anesthetic care in low and middle income countries.

Working in partnership with an anesthesiologist in Argentina, the group aims to train enough specialists in the Dominican Republic over the next three years to cover its population's needs, with plans to extend into Bolivia and Argentina. They have formed a partnership with EVMS Global Health to provide unique educational exchanges and service opportunities for medical students, residents, and fellows at EVMS.

Since 2013, more than 200 patients from the Dominican Republic have been treated through mission trips scheduled at least twice a year. Their heartbreaking stories leave lasting marks on the physicians. Dr. Delong recalls a 52-year-old patient who worked in manual labor and had suffered from urethral stricture disease for over 35 years, which made him reliant on a catheter following a crush injury while working. She corrected his problem within 90 minutes, allowing him to go back to his job and support his family.

Each trip trains at least 10 residents and attending physicians, along with five or more anesthesia residents. In addition to training, they have also given didactic talks to audiences of 80-plus health care professions and have used telemedicine and online education programs to expand that impact further. Whether in urology or another field, physicians should do their best to bring advanced services to as many people as possible. The work is difficult, but it will surely bring joy.

The effort to make urology more accessible globally also extends to the International Volunteers in Urology (IVUmed). The nonprofit works to increase access to quality urological care, operating under the motto "Teach One, Reach Many." Over 25 years, the organization has served nearly 12,000 adults and children in low-resource areas of Africa, Asia, the Caribbean, and Latin America, with more than 8,050 surgeries completed. The medical and surgical care provided by IVUmed in 40 different countries is valued at close to \$62 million. Of equal importance, IVUmed's volunteer physicians and nurses have trained thousands of their foreign counterparts to fill critical gaps in reconstructive, female and pediatric urology, urologic oncology, and endourology services on a more permanent basis.

Many patients are young women with obstetric fistulae and men with urethral strictures. Proper treatment can help end years of pain, shame, unemployment, social ostracism and sometimes suicidal depression, offering a chance at a healthy and productive future.

Kurt A. McCammon, MD, FACS, FPMRS and mission staff performing a surgery.





Kurt A. McCammon, MD, FACS, FPMRS and IVU med team, Teach One, Reach Many.

“My first trip completely changed my life,” says Dr. Kurt McCammon, a Norfolk-based genitourinary reconstructive surgeon who has volunteered for 15 years. “These often are people who have been thrown out of their villages and are surviving in extreme poverty, and we can bring their hope back.”

A member of IVUmed’s Board of Directors for the past 10 years, Dr. McCammon has taken one- to two-week trips around the world, traveling most extensively in Africa and Mexico, but also Ecuador and Trinidad. Typically, he brings along residents and fellow from EVMS, part of IVUmed’s Resident Scholars program that has reached 197 doctors-in-training across the United States. Dr. McCammon’s wife, an emergency room physician, and their two now-grown sons also have volunteered.

IVUmed was founded in 1995 by Dr. Catherine deVries, a pediatric urologist and professor at the University of Utah School of Medicine. Through in-person education and joint research projects at host hospitals, the organization has trained 3,024 surgeons and 1,068 nurses to date. In addition, IVUmed offers regular workshops and a popular Virtual Visiting Professor program with interactive lectures, case presentations, consultations and Q&A sessions with top American urologists. In 2020 alone, 41 lectures drew in 990 participants worldwide.

Dr. McCammon currently serves as IVUmed’s Board Secretary after two terms as Chair. His first trip was to Nigeria, where he was horrified to see many cases of obstetric fistulae in very young mothers who had survived prolonged obstructive labor due to underdeveloped pelvises. Without proper medical care or access to a C-section, some girls waited for days for help with stillborn babies lodged in their birth canals, leading to significant ischemia from constriction of blood vessels. Once



Kurt A. McCammon, MD, FACS, FPMRS and team performing a reconstructive surgery.

the hole had developed between the vagina and rectum or bladder, many struggled with urinary or fecal incontinence, infertility, recurrent urinary tract infections, pain, and nerve damage and mobility issues.

“They’re just lost when we meet them,” Dr. McCammon relates. “They’re desperate. Yet they’re so resilient and strong and so grateful we can help.”

Meanwhile, men with urethral strictures frequently have lived with abdominal catheters for years and have lost their jobs.

“In most cases, we can easily fix their problem so they can void normally again,” Dr. McCammon notes. “At the same time, we’re teaching surgeons in their own countries how to ensure future patients avoid the same suffering.”

Sadly, the COVID-19 pandemic has canceled multiple IVUmed trips, including Dr. McCammon’s planned visit to Ethiopia.

“The first day I’m able, I’m out the door on another trip,” he says. “I feel so lucky to spend my vacation time doing what I love.”

Drs. DeLong, Rawls and Liu also participate on mission trips with IVUmed, Physicians for Peace and their churches. ☺



## *Urology of Virginia; Continuing Cutting-Edge Medicine with Robotic Procedures*

For 100 years, providers at Urology of Virginia have been innovators in their specialty, including mastering minimally-invasive procedures that have transformed patient experiences.

This fall, the practice marked another milestone: the state's first outpatient robotic radical prostatectomy done in a freestanding ambulatory surgery center (ASC), which allowed a cancer patient to go home virtually pain-free the same day.



Michael D. Fabrizio, MD, FACS

Michael D. Fabrizio, MD, FACS, a specialist in urological laparoscopy and an early adopter of robotic surgery, performed the three-hour operation at Chesapeake Regional Surgery Center in Virginia Beach. The practice became a partner in the joint venture in early 2021.

The ASC is a rare non-hospital location to house a da Vinci Surgical System, giving an increasing number of patients access to high-quality care at a significantly lower cost.

“We are lessening pain, blood loss and recovery times, while freeing up needed hospital beds for other patients,” Dr. Fabrizio notes. “Our goal is to change the paradigm of treatment protocols and health care expenses in our field.”

Since its 1922 founding, Urology of Virginia has grown to more than 50 providers, including 30 physicians representing all subspecialties. The practice has six locations in Hampton Roads, spanning from Virginia Beach to Williamsburg and west to Suffolk.

Urology of Virginia also operates the Devine-Jordan Center for Reconstructive Surgery and Pelvic Health, the Paul F. Schellhammer Cancer Center, and the Pelvic Physical Therapy Center, all in Virginia Beach.

Among the common conditions treated are benign prostatic hyperplasia, erectile dysfunction, hematuria, incontinence,

interstitial cystitis, kidney stones, low testosterone, prostatitis, recurrent urinary tract infections and urethral strictures.

The practice has added high-resolution imaging equipment, expanded telemedicine options, and built a reputation for developing new operative techniques, particularly in genitourinary reconstructive surgery and laparoscopic procedures such as donor nephrectomies. Physicians also serve as full-time faculty at Eastern Virginia Medical School.

For decades, Urology of Virginia providers have been heavily involved in clinical research in men's and women's health. Dr. Fabrizio, for example, participated in FDA trials for the ZEUS Robotic Surgical System more than 20 years ago.

The ASC, a facility shared with Chesapeake Regional Medical Center and neurosurgeons from the Jordan-Young Institute, will continue to bring advanced techniques to the region. Robotic surgery, for instance, is a promising possibility for ureteropelvic junction obstruction, pelvic prolapse and, on a more selective basis, small kidney cancers via partial nephrectomy.

Outpatient radical prostatectomy is now an option for many patients with localized prostate cancer, although those who are very elderly, obese or have certain co-morbidities, such as lung or cardiac conditions, are still better served in a hospital setting.

More than 50 percent of patients who qualify for definitive treatment of localized prostate cancer should qualify for surgery at the ASC, according to Dr. Fabrizio. He performs those procedures with a transversus abdominis plane (TAP) block.

“We have a great surgical team in place, and we hope these will quickly become routine as we continue to grow our outpatient program,” he says. “Moving into our second century, we're very excited about the future.” ☺

# LOOKING FORWARD TO THE NEXT 100 YEARS



Senior Staff and Providers come Together  
to Reflect on the Last 100 Years



As the anniversary of the practice approaches, a handful of long term staff members sat down for lunch together to reflect on their time spent at Urology of Virginia. The gathering was held to honor those who have been faithful staff members for 20 years or more, the longest being 41 years including, Barbara Moore, Barbara Napier, Brenda Hundley, Catherine Vaughan, Daphne Boykin, Gayle Muth, Debra Boyce, Denise Crosby, Erin Glace, Josephine Espinoza, Kimberly Ramsey, Leigh Ann Brand, Lynn Vass, Lynn Walls, Lynne Scolieri, Michelle Toney, Myla Glover, Sherrie Hamberg, Teresa Clark, Teresa Harrington.

Honoring these faithful, the hour was filled with laughs, stories and words of admiration for how far the practice has come over several decades. Every employee present had worked for the original practice before the merging of the seven offices. Everyone enjoyed sharing stories about their favorite moments and notable changes.



One topic of discussion centered around how technology has changed over the years. A story about how the doctors used to have to spread out the patient's paper charts at the end of clinic to document their appointment notes was told with laughs as they remembered how competitive the physicians were with their time to chart. Now, the physicians can sit next to each other while they chart from their individual computers. One

attendee remembers being the only lab technician drawing and processing everything from blood samples to urine samples in a small lab. Today, she works with a team of individuals in our very own lab with an on-site pathologist.

The highlight of the discussion revolved around the workplace culture that felt like a family. So much so that playing pranks on each other was a part of the daily routine at work. The most notable pranks were when Dr. Tynes put Vaseline on the door handles around the office and sometimes even on car doors, or when the staff would move a rubber rat that they named the Hague Rat around the office in an attempt to make whoever found it jump. Like any family, the relationships formed within the office extended into home life. From dinner at each other's houses to giving out nicknames that have stuck with them for years, the team remains important to each other and continue to be present in each other's lives whenever possible.

Other fun conversation topics were shared, including having famous patients come to the practice. From movie stars to comedians to musicians, all types have walked through the doors of Urology of Virginia to be treated by our renowned doctors. An employee told a story about how she was answering the phone at the reception desk when a musician called and, in a completely casual way, asked for an appointment. She recalls being professional on the phone and asking if she could put him on hold for a moment and, during the hold, screamed in excitement about who was on the phone before putting her professional demeanor back on to continue the conversation. That story opened the flood gates of everyone shouting their experiences with celebrities that they encountered while working. By the time everyone was done, it was interesting to reflect on the broad range of patients treated. For many of the team, they reflected that when celebrities became patients, it humanized them and showed that you would eventually need

urological care no matter who you are. The broad range of patients broke off into a conversation about holding dedicated clinic days to treat transgender patients. The doctors would clear their schedules to work with these patients and give them unbiased and compassionate care without the harsh judgment of others, given that it was not widely accepted yet. While they didn't perform the actual gender reassignment surgery, they were an integral part of a team of physicians who cared for the patient before and after the procedure. The team was made up of a psychiatrist, urologist, dermatologist, plastic surgeon, and gynecologist. The patient had to undergo rigorous evaluations before proceeding in the reassignment process. It was an interesting conversation to hear and brought insight into how far society and medical professionals have come regarding transgender people.



As the lunch wrapped up, everyone wrote down their most memorable moment and what they wanted to be remembered for after retirement. Here is what they said:

“Doctors recognized the need for pelvic floor physical therapy for urology patients... made the profession feel seen.” –Erin Glace, MSPT, PRPC, BCB-PMD, Director of Physical Therapy, with the practice for 21 years.

“Dr. McCammon completed his residency training here in 1997 and I was the coordinator. Fast forward to 2006, Dr. McCammon became the Residency Director and I am still the coordinator. I had to train myself to stop calling him Kurt and start calling him Dr. McCammon. It was funny! I know the Devines would be proud to see that our academics are thriving. It has been a privilege to work with world-renowned physicians.” –Lynn Vass, Residency Coordinator, with the practice for 41 years.



Early photos of staff.



A 1978 Doctor's Day celebration included three generations of Devines: Dr. Charles Devine, left; his son, Dr. Charles Devine Jr.; grandson Dr. Charles Devine III, then a medical student at Eastern Virginia Medical School; and son Dr. Patrick Devine.  
Staff file photo by JOHN H. SHEALY  
From the Blannic Barden Daughtrey Collection

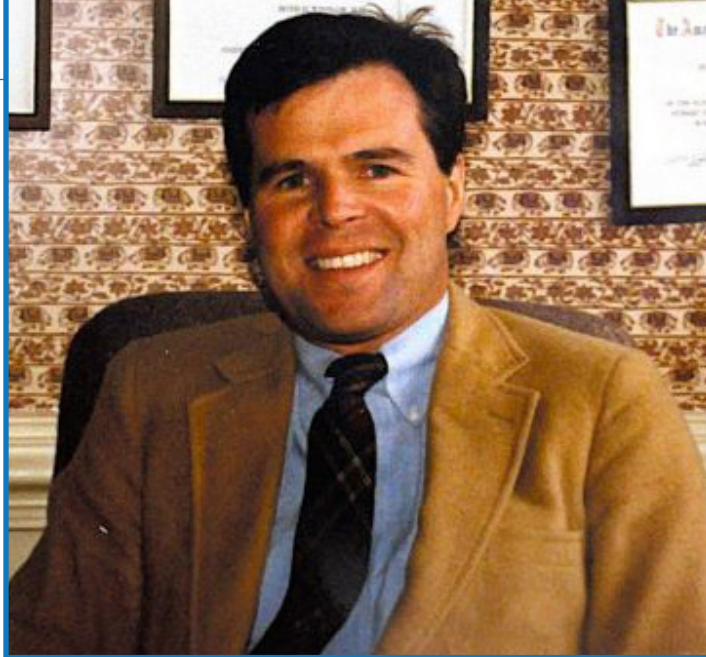
“I will never forget the funniest moment for me was when I went to grab my lunch one day and couldn't find it. It turns out Dr. Schellhammer had helped himself to it and didn't even realize it was mine! It was hilarious and we still talk about it now! I hope I'm remembered for being a dedicated and fair member of the staff for 40 years.” –Teresa Clark, with the practice for 40 years.

“When I think of Urology of Virginia, I think of how each doctor would teach me. They are all so knowledgeable and always willing to explain anything I would ask. I have learned so much from them. Turning 100 says a lot about the company and the doctors' impact. I often miss my job as a front desk employee, and I wish the best to Urology of Virginia and hope there will be another 100 years of service!” –Kathy Bell, Front Desk Employee, with the practice for 35 years.

“There are not many adults at my stage in life who can say that they have spent their entire adult working life with one company. I am fortunate enough to say I can. I have had the opportunity to watch talented physicians, ancillary providers, and staff grow in strength and diversity. They have found common ground in their commitment to serve and offer patients top-notch urological care. I believe that commitment has been present since the beginning and has been a touchstone from which the group has become what it is today. It takes many people from different backgrounds and a wide range of abilities to keep this large group running. I am truly grateful for opportunities - past, present and future, to offer my efforts of support to the commitment and growth of this company.” –Lynn Walls, Director of Facilities, with the practice for 41 years.

We brought some of our original doctors from the practice together via ZOOM to have a roundtable discussion on their thoughts about the centennial celebration. The distinguished and retired senior providers swapped stories about how they started in urology, how they came to work with the Devines, and how the practice has evolved into what it is now. Among so many memorable moments that were shared, tears sometimes flowed. The camaraderie between these physicians bled through the screen, and for a moment, it felt like no time had passed since they were all in practice. The inspirational, incredible, and funny





Boyd H. Winslow, MD, FACS, FAAP

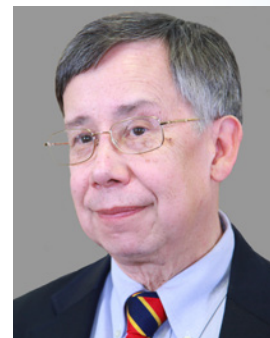
stories told helped remind everyone just how far this practice has come. It lent an appreciation for how the vision and culture was born and has flourished through the generations.

“I was in awe of meeting the Devines and their colleagues in plastic surgery, thrilled to hear them speak and to watch them perform their innovative hypospadias and stricture repairs. At the closing luncheon, I was sitting with Dr. Hardy Hendren when Dr. Charles walked by. Hardy grasped his arm and said, ‘Charlie, I want you to meet my Senior Resident in Urology. He’d like to come and work with you here in Norfolk.’ I was surprised by the bluntness of Hardy’s proposal. Dr. Devine responded with a gentlemanly, ‘Oh, we should talk further.’ And about six weeks later, I received a letter from Paul Schellhammer, who had by then taken over the mentorship of the residency program. He invited me back for a longer visit to explore Dr. Devine’s suggestion. My job interview does not give credit to the warmth and hospitality that embraced me in Norfolk. I was honored to receive an offer to join this esteemed organization and accepted it gladly. These were the halcyon days and a highlight of my career. I will always be grateful for the opportunity I was granted. You know, when you think

about how it ran along on such meager beginnings and is lasting a hundred years, it is an amazing phenomenon.” –Dr. Boyd Winslow, Pediatric Urology

“Growing up with Pat Devine and then playing golf together later on and when I was getting towards the end of my residency, I was contemplating a job in Florida and another job in Charlottesville. But I came back to Norfolk to practice urology with my old friend Pat Devine. Well into our practice together, we all went golfing. I hit a shot that was about two or three inches off the green on this little hillside and then Pat hit another shot that stopped maybe four or five inches away from my ball and the first thing that Pat said as we walked up was, ‘you know, you couldn’t cover those two balls with a scrotum.’ He was always thinking about something urological and we had a huge place in urology thanks to those three Devines. It was a real privilege to be practicing with all of you people.” –Dr. Joseph Fiveash.

“Looking back and realizing how technically skilled the folks in our group at that time were...it was great. We used to have these journal clubs at the Devines houses and it was like the whole universe of urology was there. I’m really glad I ended up here in Norfolk when it was time to join a group.” –Dr. Ed Robey



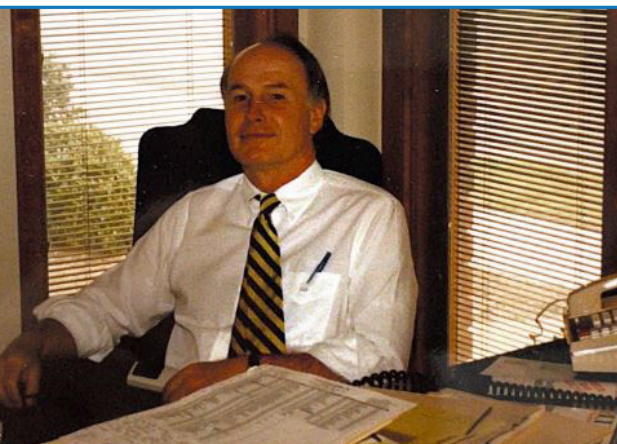
Miley W. Walker, MD Ret.

“As Charles Devine Jr. put it, ‘teaching a resident how to do a TURP is like teaching your 16-year-old child to drive utilizing the family Mercedes.’ By Chief year, I had my hands on the Stern-McCarthy Resectoscope more often. My ability to perform a TURP improved. Charles Devine Jr. always gave the resident who performed a TURP that resulted in 50 or more grams of resected tissue a bottle of scotch. For some reason, once I accomplished this feat, Dr. Charles decided I should have a bottle of Wild Turkey bourbon. I guess he thought I was a bit wild. I credit all in the group for their ability to teach me. Each

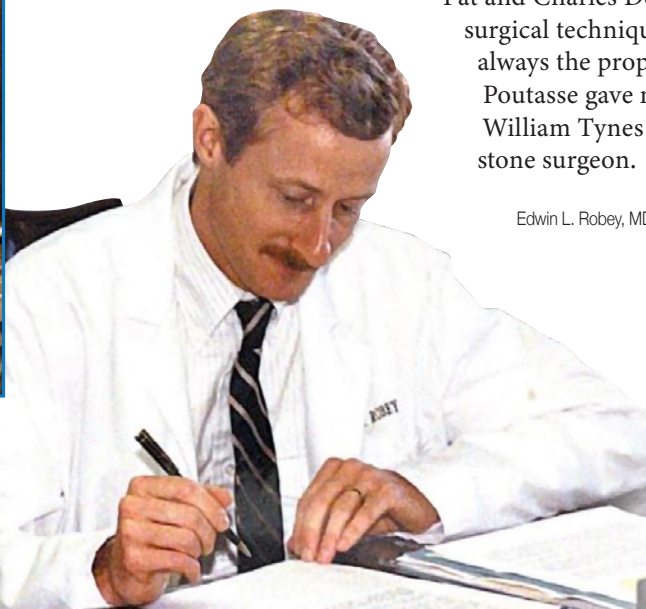
had their own aspects of the surgery that were slightly different and had something unique to teach.

Pat and Charles Devine instilled precise surgical technique. Joe Fiveash was always the proper gentleman. Eugene Poutasse gave me a sense of free spirit. William Tynes was always the best stone surgeon.

Edwin L. Robey, MD, FACS



Joseph G. Fiveash, Jr., MD, FACS



Jack Stecker made surgery look and feel easy.  
Paul Schellhammer was so personable to patients.”  
–Dr. Joseph Konefal

“During my application process, I requested a letter of recommendation from the chairman of surgery in New York. During the conversation, he asked me where I had applied and I told him several places, including Norfolk, Va. He stopped me at that point and told me that Norfolk would be the best place for me because of Dr. Eugene Poutasse. Dr. Poutasse was a nationally recognized urologist at that time. In 1970, I began training at Norfolk General Hospital under the direction of Dr. Pat Devine. The team of Urologists there were very able and sophisticated in their knowledge of urology. Three years later, I became Chief Resident and passed all the boards which qualified me to practice.” –Dr. Gil Mosquera

“EVMS Urology is the best program in the country. Combined with how much the practice is revered, I think that the founders would be amazed at where we are today.” –Dr. Donald Lynch

When looking back on the last 100 years of this practice and looking forward to the future, Urology of Virginia maintains and grows its international reputation in providing the best urologic care to the community. As we continue to pave the way for future generations of urologists, Dr. Kurt McCammon reflects on what it means to be a part of Urology of Virginia.

“I am so lucky to be at this practice,” Dr. McCammon says. “I never thought I would stay here when I came. When I started



(L-R) Dr. Charles Devine, Sr.; Dr. Eugene Poutasse; Dr. Charles Devine, Jr.

interviewing at other places, Dr. Jordan pulled me aside and said, ‘you’re not leaving Norfolk.’ I mean, it’s incredible. I don’t think the current Urology of Virginia can fully understand how lucky we are to be here. The practice was built on efficiency, accuracy and family. They were pioneers in urology and weren’t afraid of change. We truly are standing on the shoulders of giants.”

# Here’s to the next 100 years!



# MEET THE PHYSICIANS



Victor M. Brugh, III, MD



Kaitlan D. Cobb, MD



Jessica M. DeLong, MD,  
FACS



Gregg R. Eure, MD, FACS



Michael D. Fabrizio, MD,  
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## OUR MISSION

To help patients optimize urological health

## OUR VISION

To be a practice that innovates and excels in all aspects of urological care.

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