



and precision.

INCE OPENING ITS DOORS 11 YEARS AGO, EINSTEIN MEDICAL CENTER MONTGOMERY, NOW PART OF JEFFERSON HEALTH, HAS BECOME A DESTINATION FOR PATIENTS AND PHYSICIANS ALIKE.

Catherine Schermer, M.D., a board-certified general surgeon who joined the surgical team in 2015, has been a witness to the East Norriton-based hospital's rise to prominence. In fact, as the first female chief of surgery in the hospital's history, she has played a key role in its evolution.

"I want to make things better for our department, I want to be a leader for new incoming surgeons, and I want to help attract surgeons who can bring new procedures to the hospital," she says. "I also hope I can be a role model for other women. It's important to show girls, teens, and college-age women that they can do anything they set their minds to."

Dr. Schermer's interest in medicine began as a teenager, when she worked as a candy striper at Jefferson Abington Hospital (formerly Abington Memorial Hospital). Today she performs a wide range of surgeries—"anything from head to thigh," she says—such as gall-bladder and appendix removals, bowel-perforation procedures, and hernia repairs, among others.

"Surgery is the only aspect of medicine where you can go in and fix something quickly," says Dr. Schermer. "You can take out someone's [inflamed] appendix and, once they're out of surgery, they are 100 percent better."

Dr. Schermer specializes in robotic surgery, which she says has been particularly beneficial for patients in need of hernia repair. In 2010, when her career began, hernia repair was performed as an open procedure—meaning larger incisions, significant postsurgical pain, and longer recovery times.

"Robotic hernia surgery is one of the best things that could happen to patients, in part because of how it has helped resolve the narcotic crisis," she says. "Robotic surgery is a faster procedure, the patient has a quicker recovery, and there's minimal pain. We used to get calls every day from folks [who had open hernia surgery] requesting more narcotics. I don't think I have ever received that kind of phone call from a robotic hernia patient."

Dr. Schermer is in good company at the hospital. When she first started eight years ago, she was the only female general surgeon. She says they now have more female surgeons than ever, and she collaborates with many of them in the OR.

Among them is Laura T. Greco, M.D., a board-certified colorectal surgeon who operates at Einstein's Montgomery and Philadelphia hospitals. She performs everything from surgeries to treat cancer and chronic diverticulitis, to simpler procedures to address non-lifethreatening issues such as hemorrhoids.

"I get to help a wide variety of patients by focusing on one organ system," Dr. Greco says. "I've wanted to work in medicine since I was probably five years old, but in medical school I was convinced I wanted to do anything but surgery. When it came time to do my rotations, I did surgery first just to get it out of the way. It turned out to be the one I loved better than anything else."

Dr. Greco specializes in robotic and minimally invasive surgery. Not only can robotic-assisted surgery be more precise and gentler on the patient, but she says it's also gentler on her body.

"Surgery is a pretty physical job, even when you're doing it laparoscopically," she adds. "Robotics helps with aspects of surgery like retracting, which can really take its toll, so in some ways robotics can help with the longevity of surgeons."

Swathi S. Vanguri, M.D., a board-certified obstetrics and gynecology physician, performs the full scope of OB/GYN services—from routine OB visits and C-sections, to hysterectomies and endometriosis surgery. For many procedures, she utilizes either robotics or vNOTES, an advanced minimally invasive gynecologic procedure using the vagina as a surgical access route.

"My parents instilled the interest [in medicine] in me at a young age, so it was always a service I wanted to provide," she says. "During my OB/GYN rotation in medical school, something just clicked. I loved the connections I got to make with patients, and it felt amazing to make a difference in someone's life. It's the perfect mix of all my areas of interest. I cannot imagine doing anything else."

Dr. Vanguri greatly appreciates the camaraderie and teamwork among her fellow surgeons. During a phone interview, she detailed a recent text exchange with Dr. Schermer, in which she explained that a patient who needed endometriosis surgery also required hernia repair. The two surgeons agreed to collaborate and perform both procedures in tandem.

Dr. Vanguri is eager to take on the role of educator next year, when the hospital will start a minimally invasive gynecology fellowship. She believes such fellowships will further enhance the hospital's status of being "at the forefront" of surgical technology and techniques. As further proof, she cites the recent American Association of Gynecologic Laparoscopists conference, which she attended hoping to "pick up some things" to implement in her practice.

"I did learn some things [at the conference], but I also learned that we were already



Dr. Catherine Schermer



Dr. Laura Greco



Dr. Yarini Quezada



Dr. Swathi Vanguri

doing a lot of the things being discussed by leading experts from around the world," she says. "From our team model to the surgical techniques for providing minimally invasive surgery safely, we're already in a leading position."

Like Dr. Vanguri, Yarini Quezada, M.D., is a board-certified OB/GYN physician, though she has a subspecialty in female urology. As division director for female pelvic medicine and reconstructive surgery, Dr. Quezada provides surgical and nonsurgical relief to women who are dealing with issues that hinder their quality of life. The majority of her patients are postmenopausal women.

"They're retired, they enjoy spending time with friends and family, and they like going to bingo night at the retirement community," she says. "Unfortunately, they're not able to do those things because they're attached to a diaper. With a minimally invasive procedure, I can restore their function so they don't always feel like they have to go to the bathroom. Through pelvic floor therapy, bladder Botox, or sacral neuromodulation, they're able to have better control."

Dr. Quezada joined the surgical team last October after working in private practice in Nevada. That said, she was already quite familiar with the campus and some members of the surgical team. She completed her residency at Einstein after earning her medical degree from St. George's University School of Medicine.

"I see a lot of the same physicians who were here when I was training 10 years ago," she says. "That kind of retention speaks volumes about the culture. Considering my subspecialty, I work closely with urology and colorectal surgery, and I also collaborate with plastic surgery for some of the more involved surgeries. That kind of teamwork and camaraderie is hard to find."

All four surgeons share a deep sense of pride and belonging. They're also excited about the future, especially given the hospital's reputation as a place where surgeons want to come to expand their skills and grow their knowledge base.

"I feel very fortunate to be here," Dr. Schermer says. "We get to work in an amazing and beautiful building, the administration is willing to support us, and they're open to innovative ideas and initiatives."

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