

# Cardiothoracic Surgeon Dr. James Obney to be Featured on Close Up Radio

WINCHESTER, OHIO, UNITED STATES, June 27, 2024 /EINPresswire.com/ -- Dr. James Obney has spent his life preparing to run a medical system. As a practicing Cardiothoracic surgeon skilled in robotic surgery, he holds a Master of Jurisprudence in health care law, policy, and management from Texas A&M University School of Law, and served 17-years in the military. "I am passionate about learning, and am always learning something new," shares Dr. Obney.



"When I was an intern, my very first rotation was on Cardiothoracic surgery. On the first day of my internship, I was called to the operating room to help. That's when I first saw a human chest wide open with a beating heart—that's all it took and I've been hooked ever since. The most incredible experience I've ever had, and continue to have, is taking a living, beating human heart, stopping it, working on it, and then starting it back up again. It's all is pretty amazing and a very gratifying career," shares Dr. Obney. But it's just not the heart that interest me, I really enjoy lung surgery too, as there's a lot of anatomical dissection. Going back to medical school, gross anatomy was one of my favorite classes. So, as a Cardiothoracic surgeon, you're an anatomist, but you're know inside the abdomen as well as the chest. What I really love about my career is that it seems like every time I operate, it's like the first time as far as the wow factor goes," admits Dr. Obney. "While I'm more knowledgeable and skilled than I was 20 years ago, I still find operating exciting and fun."

Dr. Obney loves learning and operating so much, he is also trained as a robotic lung surgeon. "Operating robotically is a completely different technique, much less invasive than traditional surgery. With robotic surgery, the surgeon controls up to four different instruments while sitting at a computer console—you're not even standing next to the patient. As with Laparotomy, ports

are inserted into a patient's body cavity, which is advantageous to the patient because of the small incisions which always means less pain. These patients typically heal quicker, are in the hospital a shorter period of time, and return to normal full activity sooner. With traditionally surgery, surgeons are working with a large open body cavity. The incision itself is most painful for the patient as the surgeon is cutting through multiple layers of tissue to open the cavity," explains Dr. Obney.

His residency began at the Brooke Army Medical Center in Fort Sam Houston, San Antonio where he completed his degree in General Surgery. "I was fortunate to receive a health profession scholarship and was able to do all my surgical training Brooke Army Medical, which at the time was an Army-only facility, but now is a multi-force facility—a very big hospital," Dr. Obney explains. "I stayed on to complete a residency in Cardiothoracic surgery there, is a two-year program, and then I stayed as an attending surgeon for almost three years. After that, while on active duty, I was sent to work at the VA Hospital in Tampa, Florida."

In 1997, the U.S. Department of Defense launched TriCare to provide civilian healthcare benefits to Army military personnel, military retirees, and their dependents,. "Before TriCare, if you were a military beneficiary or retired, you would be transferred to one of seven specialty-care medical centers throughout the United States. In San Antonio, we have a 450+ bed hospital that served seven states. So any military beneficiary would get flown in and we'd figure out what they needed and they would receive that appropriate care."

Dr. Obney continues, "After TriCare, patients began to be treated locally, which left the hospital in San Antonio scrambling in terms of the number of cases we were handling. After like two or three years of Tricare, we were down to doing about 100 to 150 surgeries a year, but still had four full-time surgeons on board. Surgeons need to keep operating to maintain their skills—we can't be competent performing only 25 heart surgeries a year. So, the military came up with a plan to send surgeons to VA hospitals. Since my sister had recently moved to Tampa, Florida, I looked at the Tampa VA facility and saw that it was one of the busier cardiac surgery centers in the VA system. So I ended up going to the Tampa while I was still on active duty. Not too long after, I was called to go to Iraq in 2004. That's how I became a war surgeon."

Army medical specialists still have to go through a primary residency. "So, I did general surgery and then cardiothoracic residencies, as the Army required, to remain board certified in both general surgery and cardiothoracic surgery. In times of war, the Army needs surgeons for trauma. I wasn't performing heart surgery.

"During my time in Iraq, I was patching up injured soldiers, operating on 250 soldiers in six months. It was a lot. I was initially with a Forward Surgical Team that operated a big tent. The whole idea there is you do emergency life-saving surgeries and then once you stabilize the patient, you transfer them to a higher level of care, which would be a combat support hospital. Traditionally, forward surgical teams are on the forward edge of the battlefield advances. The Iraq War was a little different where we sent in planes to just bomb everything, and then set up

fixed locations. We were in northern Iraq where there wasn't nearly as much conflict there as there was, say, in Baghdad, but we were still busy. I operated just about every day. Later, I was asked to go to Mosul, a larger city in northern Iraq and it was almost like being in Detroit or Miami or Los Angeles—very busy. I worked in a combat support hospital and we took a lot of casualties. There, I performed mostly emergency life-saving surgeries, with a lot of traumatic amputations and gunshot wounds—a lot of soldiers were injured from IED blasts which required a lot of wound debris, a lot of traumatic amputations, and then a lot of abdominal surgeries for gunshot wounds. It was pretty busy," shares Dr. Obney.

But the hardest aspect of war isn't necessarily performing surgeries in unfamiliar, difficult conditions with limited resources. "In the States, I take care of a lot of older patients. Patients with lung cancer and heart disease tend to be in their 50s, 60s, and 70s or 80s. In Iraq, I was taking care of soldiers who were mostly 19- to 25-years-old. Everybody in the medical corps had at least one moment where the reality that soldiers are just young kids who haven't even started their their lives hit home emotionally. Kids were being torn apart physically with gruesome wounds, lost limbs, some were dying. I was there in my 40s, so I had lived a little. What I learned is that war really is a waste of young lives, such a emotional hard reality. At some point, I saw everybody break down," shares Dr. Obney.

He still found the operation quite impressive. "Which is one of the reasons why I want to go into hospital administration. Seeing all that the military is able to accomplish, I have exciting ideas how to transfer some of their successes to the private sector."

Which is why Dr. Obney pursued a Master of Jurisprudence degree. "I see a lot that can be improved and it's a challenge. Health insurance companies currently play a big role running the show. They determine what kind of fees will reimburse for what services. Physicians see allowed fees as independent of the amount of work required. So, for example, in Cardiothoracic surgery, salaries have gone down dramatically. In the late 80s and early 90s, heart surgeons were paid anywhere between \$15k to \$20k for a triple vessel or a triple bypass. Now these surgeons are lucky to receive \$1,100 for the same surgery—all while the cost of having these surgeries have not gone down; rather, they've gone up dramatically. When we seek medical help, we are definitely not going into our doctors who help us and we pay them. That system is gone, and what's happening, in my mind, is just out of control. So, this is an area that can be debated and addressed through administration. America, by far, offers the very best healthcare in the world in terms of the delivery. I'm still not sure I know how the system got this way, but I hope to help open the debate."

Close Up Radio will feature Dr. James Obney, Thoracic Surgeon in a four-part radio interview with Jim Masters on Monday, July 1st at 3pm Eastern and Monday, July 8th at 3pm Eastern. and with Doug Llewelyn on Monday, July 15th at 3pm Eastern and Monday, 22nd at 3pm Eastern

Listen to the show on [BlogTalkRadio](#)

If you have any questions for our guest, please call (347) 996-3389

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