

Dr Jack W. McAninch: A Journey of Excellence in Medicine and Urology

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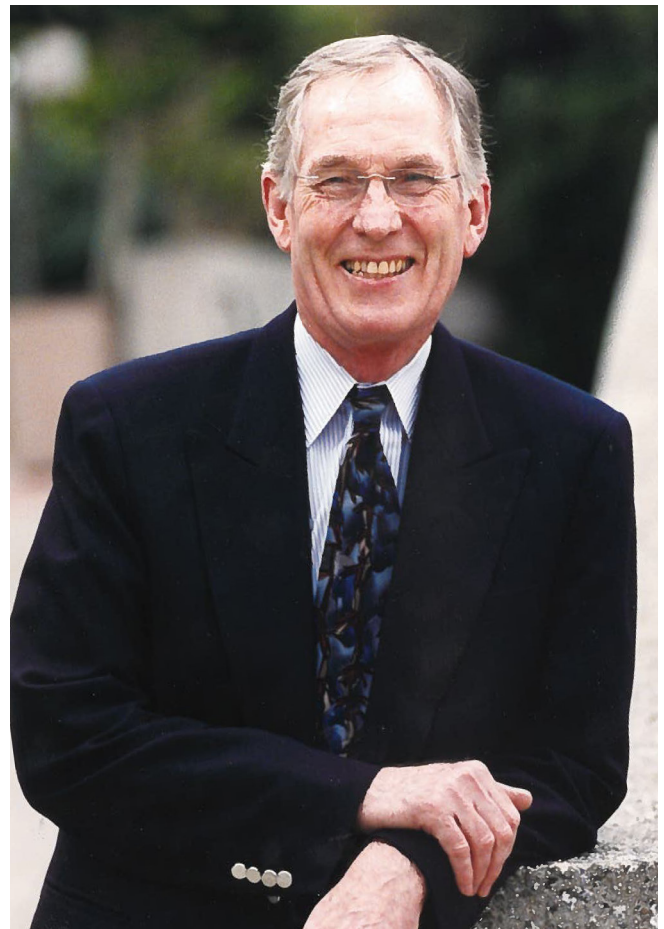
Jack Weldon McAninch was born in Merkel, Texas. His family, particularly his mother, encouraged him to pursue a college education. As barely 10% of his peers went on to higher education, this was a considerable step—and the start of a remarkable journey.

Working 7 days a week in the oil fields under the summer sun, he managed to save up enough money to enroll at Texas Tech University (TTU). He spent a summer at the College of Veterinary Research at Cornell University, which led to the University of Idaho and a master's degree in animal science. He graduated from TTU in 1958, earning a degree in animal husbandry from the University of Idaho. Additionally, he took foundation courses with medical students and had his first experience with human-related research projects, prompting a significant shift in his aspirations. In 1960, he enrolled in medicine at the University of Texas Medical Branch in Galveston.

In Galveston, he was forced to seek research opportunities to supplement his income, and he landed a position in the Department of Plastic Surgery, which he held throughout his studies.

After graduating from medical school in 1964, he decided to pursue a career in urology and to join the army, training at Letterman Army Hospital in San Francisco, where he completed a 1-year internship and a rigorous 4-year urology program. He spent 1965 at Fort Hood, Texas, specializing in general surgery, solidifying his knowledge in that field, before returning to Letterman to complete his urology residency in 1969. His tenure at Letterman laid the foundations for his interest in the acute management of trauma and genitourinary injuries, with the hospital receiving soldiers wounded in the Vietnam War.

After postings in Germany and California, he returned to Letterman Hospital as a faculty member in 1973. During this period, the hospital regularly hosted consultants from local universities and actively participated in the Medical Grand Rounds of the University of California, San Francisco (UCSF), forging a strong relationship between the institutions, and giving him



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the opportunity to collaborate with Dr Emil Tanagho, Chair at UCSF. In 1977, Dr Tanagho offered him the role of Chief of Urology at San Francisco General Hospital (SFGH), which would be pivotal in his career.

Dr McAninch's primary focus at SFGH was on urological trauma, which at the time was under the care of a highly esteemed and globally recognized team of trauma surgeons. His pledge was to personally oversee all urological trauma cases, day or night, emphasizing that under no circumstances should general surgeons handle these cases without expert urological consultation.

Needless to say, whenever the general surgeons reached out to him, he would always respond, forming a seamless relationship. Over time, he would not only be regarded as a urologist but also as a dedicated general surgeon, often stepping in to assist in the handling of general trauma cases when the need arose, fostering mutual respect and active cooperation.

At that time, a key aspect of trauma management was the treatment of kidney injuries. The primary diagnostic tool was the intravenous pyelogram (IVP), and the predominant approach to staging trauma cases was surgical exploration until 1979, when the hospital acquired its first CT scanner. SFGH was now emerging as a pioneering institution that defined the role of computed tomography in trauma management. This groundbreaking development significantly reduced the rate of nephrectomies from about 50% before 1977 to under 10%.

Remarkably, Dr McAninch was self-taught throughout this transformative process. His background in both general surgery and plastic surgery, and his experience in managing military trauma were vital in shaping his formidable expertise. His preferred area of focus became the management of renal trauma, establishing fundamental principles for the acute management of traumatic kidney injuries, encompassing early vascular control at the level of major vessels, and employing renal reconstruction techniques to preserve renal tissue. This pioneering approach led to a substantial decrease in the number of nephrectomies and the associated morbidity linked to such injuries.

To this day, the contributions of the urology service at SFGH remain the definitive reference in this field, with Dr McAninch rightfully acclaimed as a pioneer and the godfather of genitourinary trauma treatment. In parallel, his passion for reconstructive surgery naturally led to a focus on urethral reconstruction. He described numerous techniques, with the most iconic being the “McAninch flap,” a substantial contribution to the array of options available in urethral reconstruction to this day.

In 1989, after 13 years of essentially solo work at SFGH, Dr McAninch launched a 1-year fellowship program in trauma and reconstructive urology. The momentum was tremendous, with some 25 reconstructive urologists training under his guidance in San Francisco, with a substantial number of former fellows going on to establish their own fellowship programs, thereby creating new generations of reconstructive urologists. Consequently, the “McAninch Family Tree” now boasts well over 50 members.

Dr McAninch also played a decisive role in the 1989 inception of the Genitourinary Reconstructive Surgeons Society (GURS), a pioneering flagship for the advancement of reconstructive urology. What began as academic meetings with a dozen participants has evolved into a full-fledged society, hosting numerous congresses with hundreds in attendance. He maintained active involvement in the most prominent urology organizations, serving as President of AUA, GURS, SIU, and the American Board of Urology, and was a recipient of the American College of Surgeons Distinguished Service Award.

One of Dr McAninch’s most notable practices was the use of photography to document procedures. This became his hallmark, enriching his lectures with splendidly illustrated photographs. These images effectively conveyed each technique and stage of reconstructive procedures, leaving an indelible mark on all of us who had the privilege of training under his guidance.

Beyond his medical achievements, his influence as a teacher and mentor has shaped the careers and lives of countless urologists, ensuring his impact will be felt for many generations to come.

His enduring legacy is embodied in the annual fellowship dinner held during the AUA meeting. This tradition is cherished by his former fellows, who look forward to reuniting with him and hearing his words of wisdom. He once said “Being a mentor and training your residents and fellows is the greatest joy you may have. If they do the case, then you do the case.”