

**UW Medicine**  
DEPARTMENT OF SURGERY

**OVERVIEW**

**FELLOWSHIP PROGRAM**

**ADVANCED MINIMALLY INVASIVE SURGERY**

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Title:  
Fellowship Faculty

# FELLOWSHIP FACULTY

## FELLOWSHIP PROGRAM DIRECTOR



### **ANDREW S. WRIGHT, MD**

*Professor of Surgery*

Dr. Wright is the Program Director for our Advanced Minimally Invasive Surgery Fellowship as well as Director for the Center for Videoendoscopic Surgery and the Hernia Center at Northwest Hospital. He is an Professor, and the Director of Technical Skills Education for the Department of Surgery. Additionally he serves on the faculty for the UW's Institute for Simulation and Interprofessional Studies (ISIS).

Dr. Wright's work has been featured extensively in lectures, courses, peer-reviewed publications, invited articles, books, and oral presentations on topics ranging from computer-assisted psychotherapy and multiple probe radiofrequency ablation to the validity of leak pressure testing for bowel anastomosis quality. He also participated in the invention of a device that allows simultaneous multiple probe use during application of radiofrequency energy.

Dr. Wright belongs to numerous professional societies, sits on several committees, and chairs the Future Technologies Committee for the Society for Laparoendoscopic Surgery. He also serves on other institutional committees encompassing health and nutritional education, surgical education, and surgical and interventional simulation.

Dr. Wright received his medical degree from the University of Louisville School of Medicine, followed by a residency in general surgery and a fellowship in surgical oncology from the University of Wisconsin Medical School. He completed a fellowship in advanced minimally invasive surgery at the University of Washington

## Chief, Division of General Surgery



**BRANT K. OELSCHLAGER, MD**

*Professor of Surgery*

*Chief, Division of General Surgery, Department of Surgery*

*Byers Endowed Professor in Esophageal Research*

Dr. Oelschlager is Chief of the Division of General Surgery and Director of the Center for Esophageal and Gastric Surgery. He is the former Director of the Center for Videoendoscopic Surgery and the former Program Director for the Advanced Minimally Invasive Surgical Fellowship program having served in those positions for a number of years.

Widely published and recognized as a leader in minimally invasive surgery and foregut surgery, Dr. Oelschlager is an expert in esophageal diseases and surgical treatments, with an international reputation for his contributions to the research and treatment for GERD, paraesophageal hernia and other esophageal diseases. Nationally, he is an active member of SAGES and other surgical organizations where he volunteers his time, skill and leadership. Internationally, he has worked to establish a surgical training program in Ethiopia where he travels once or twice each year and volunteers his time to teach local surgeons.

Dr. Oelschlager earned his medical degree at University of North Carolina School of Medicine, followed by a residency in general surgery and a fellowship in advanced laparoscopic surgery at the University of Washington.

## Chair Department of Surgery



### **CARLOS A. PELLEGRINI, MD, FACS, FRCSI (Hon.)**

*The Henry N. Harkins Professor and Chair, Department Of Surgery*  
Chair of the Board, Institute for Simulation and Interprofessional Studies  
University Of Washington

Carlos A. Pellegrini received his M.D. in 1971 from the University of Rosario Medical School in Argentina. After training in general surgery in Argentina, he completed a second residency at the University of Chicago. In 1979 he was appointed to the faculty of the University of California San Francisco where he developed and directed a Center for GI motility.

In 1993 he became Chairman of the Department of Surgery at the University of Washington in Seattle. In 1996, in recognition for his role in strengthening clinical, teaching, and research programs of the Department he became the first holder of the Henry N. Harkins Endowed Chair, honoring the first Chairman of the Department of Surgery at the University of Washington.

Dr. Pellegrini is a world leader in minimally invasive gastrointestinal surgery and a pioneer in the development of videoendoscopy for the surgical treatment of gastroesophageal reflux disease and esophageal motility disorders, particularly achalasia. At UW he has developed the Center for Videoendoscopic Surgery, the Swallowing Center, now known as the Center for Esophageal and Gastric Surgery, and the Institute for Simulation and Interprofessional Studies (ISIS), a groundbreaking center for surgical training through simulation, innovative education for teams of care providers across specialties and development of state of the art curricula.

Dr. Pellegrini has dedicated himself to service in the top leadership positions in many surgical associations. He has been a major contributor in the area of medical education to the fundamental reform of residency work hours, having been a member of the RRC for Surgery, a member of the Accreditation Council for Graduate Medical Education (ACGME), and currently serving on the National Advisory Committee of the Robert Wood Johnson Foundation Clinical Scholars Program. He has been Director of the American Board of Surgery, Chair of the American College of Surgeons Board of Regents, Chair of the Digestive Disease Week Council, and President of the World Organization of Specialized Studies on Disease of the Esophagus (OESO). He is a former president of the American Surgical Association, and is former President of the American College of Surgeons.

Dr. Pellegrini serves on several editorial boards, and publishes regularly in the field of minimally invasive surgery for upper gastrointestinal diseases, esophageal cancer, and related areas, as well as the field of training and new technologies to educate the next generation of surgeons. His bibliography lists more than 400 articles, chapters, editorials, and books, as well as 11 surgical videos and movies.

## Bariatric Surgery



### **SAURABH KHANDELWAL, MD**

*Assistant Professor, Department of Surgery  
Director, Center for Bariatric Surgery*

Dr. Khandelwal is the Director of the University of Washington Medical Center's Bariatric Center. He has presented at many national societies and conferences and is actively involved in teaching. His research involves investigating skills acquisition in new surgical technologies with simulation and outcomes research for achalasia and bariatrics.

Dr. Khandelwal belongs to numerous professional societies, sits on committees for resident education and bariatrics for the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), and also serves on the institutional committee that oversees the use and adoption of technologies in the operating room.

Dr. Khandelwal received his medical degree from Rush Medical College, in Chicago, Illinois, followed by a residency in internal medicine and general surgery at Northwestern University in Chicago. He also completed a fellowship in advanced minimally invasive surgery at the University of Washington



### **MARCELO W. HINOJOSA, MD**

*Acting Assistant Professor, Department of Surgery*

Dr. Hinojosa is a member of the Bariatric and Hernia services of the UW Medical Center and Northwest Hospital respectively. His clinical interests include advanced minimally invasive gastrointestinal surgery, bariatric surgery, foregut surgery, solid organ surgery, and abdominal wall hernia surgery. Dr. Hinojosa's research interests include surgical outcomes, bariatric and metabolic surgery, and gastroesophageal reflux disease.

Dr. Hinojosa received his medical degree from the University of California, Irvine College of Medicine followed by residency in General Surgery at UC Irvine as well as a Research Fellowship in the Divisions of Gastrointestinal Surgery and Colon & Rectal Surgery. Subsequently Dr. Hinojosa completed a Fellowship in Advanced Minimally Invasive Surgery at the University of Washington.

## Laparoscopic Solid Organ Resections



### **DAVID R. BYRD, MD**

*Professor of Surgery  
Chief, Surgical Oncology Section  
Division of General Surgery*

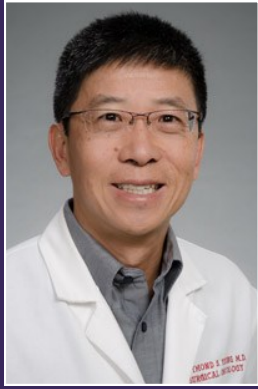
Dr. Byrd is a UW professor of surgery, the section chief of surgical oncology and the director of the Melanoma Center. He was the first surgeon to bring the sentinel lymph node biopsy technique to the Northwest. He is an expert in many surgical procedures, including the Whipple procedure used in pancreas cancer treatment.

Dr. Byrd's clinical interests include: Surgical oncology, endocrine neoplasms (thyroid, parathyroid, adrenal), gastrointestinal and pancreatic cancers, breast cancer, melanoma, molecular changes in pancreatic cancer and genetic and clinical studies on melanoma. His research interest include molecular changes in pancreatic cancer, genetic and clinical studies on melanoma, and lymphatic mapping in breast cancer and melanoma.

Dr. Byrd attended medical school at Tulane University followed by residency at the University of Washington. He completed his fellowship at the University of Texas, MD Anderson Cancer Center.



## Hepatobiliary



### **RAYMOND S.W. YEUNG, MD**

*Professor of Surgery*

Dr. Yeung is a UW professor of surgery and an adjunct professor of pathology. He oversees the Liver Tumor Clinic at UW Medical Center. His clinical focus is in hepatobiliary tumors and metastatic disease involving the liver. He performs surgery to remove or destroy tumors using liver resection (laparoscopic and open) and various forms of minimally invasive ablation (RFA). Other clinical activities include general surgical oncology. His academic interests involve basic research in tumor development and liver physiology. He is also a renowned expert in diseases related to tuberous sclerosis and lymphangioleiomyomatosis (LAM).

Clinical interests include Liver and bile duct tumors (benign and malignant) and minimally invasive image-guided therapy. Research Interests are cancer biology and metabolism; tuberous sclerosis; liver physiology; and image-guided therapy.

Dr. Yeung completed a Surgical oncology and molecular genetics fellowship at the Fox Chase Cancer Center in. He completed medical school and his residency at the University of Toronto.



### **JAMES O. PARK, MD**

*Associate Professor of Surgery*

Dr. Park is an Associate Professor of surgery. He was recruited to the UW after completion of his residency general surgical training at the University of Chicago and surgical oncology fellowship at Memorial Sloan-Kettering Cancer Center in New York and an oncology research fellowship at the University of Chicago. He completed medical school at the University of Pennsylvania.

His clinical practice is focused on the treatment of benign and malignant diseases of the liver, gall bladder, bile duct, pancreas and upper gastrointestinal tract. He is an active member of the UW Multidisciplinary Liver Tumor Clinic and the Seattle Cancer Care Alliance Pancreas Cancer Specialty Clinic. He also has a research lab which studies cancer-targeted imaging and treatment using nanotechnology.

Research interests include the application of nanotechnology for cancer-targeted imaging and treatment.



### **VENU PILLARISSETTY, MD**

*Assistant Professor of Surgery*

Dr. Pillarisetty's clinical interests include surgical oncology with a focus on the multidisciplinary management of neoplasms of the pancreas, liver, biliary tract, and upper gastrointestinal tract using both open and minimally invasive techniques. His research interests include basic and translational studies into the importance of immune dysregulation in facilitating the progression of pancreatic cancer, with a goal of developing novel immunotherapies.

Dr. Pillarisetty completed a postdoctoral immunology research fellowship and a surgical oncology Fellowship at Memorial Sloan-Kettering Cancer Center. Dr. Pillarisetty completed his general surgery residency at the University of Massachusetts, and received his medical degree from the Columbia University College of Physicians and Surgeons.

## Veterans' Administration Medical Center



### **ROGER P. TATUM, MD**

*Associate Professor, Department of Surgery,  
Chief Division of Veterans' Affairs*

Roger Tatum, MD is an Associate Professor of Surgery at the University of Washington. He is a Staff Surgeon at the VA Puget Sound Health Care System and Director, of the University of Washington's School of Medicine 3rd Year Student Clerkship in Surgery as well as a clinical instructor for surgery residents. Dr. Tatum is the Director of the UW Medical Center's Esophageal Motility Laboratory.

Dr. Tatum's professional and research interest include Esophageal Motility, Foregut Surgery, Minimally Invasive Surgery and Surgical Education. He is a member of numerous professional organizations and has received appointments in OESO (World Organization for Specialized Studies on Diseases of the Esophagus) Permanent Scientific Committee; the University of Washington School of Medicine Strategic Planning Advisory Committee and numerous other committees providing strategic direction to Medical Student and Resident Education.

Dr. Tatum received his medical degree from Northwestern University Medical School. He completed a Research Fellowship in Esophageal Motility with Drs. Raymond Joehl and Peter Kahrilas. He completed his residency training at Northwestern University in 2001.

## Laparoscopic Colorectal Surgery



### **ALESSANDRO FICHERA, MD**

*Professor of Surgery,  
Chief Gastro-Intestinal Section  
Division of General Surgery*

Dr. Fichera's clinical and research interest include: colon, rectal and anal cancer, inflammatory bowel disease, minimally invasive colorectal surgery, colorectal cancer prevention and pelvic floor disorders. Dr. Fichera is active participant and national principal investigator of several multi-center rectal cancer trials and he is member of several NCI's Clinical Trials Cooperative Groups.

Dr. Fichera received his medical degree from the Catholic University of Rome in Rome Italy and completed his general surgery residency program at the University of Chicago. He then completed a laparoscopic and a conventional colorectal surgery fellowship at Mount Sinai School of Medicine before accepting a faculty position at the University of Chicago. Dr. Fichera joined the University of Washington in 2012.

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Introduction

## FELLOWSHIP INTRODUCTION

The Advanced Minimally Invasive Surgery Fellowship Program at the University of Washington provides a unique opportunity to receive in-depth training and clinical experience in performing advanced foregut surgery procedures.

The University of Washington Fellowship program is one of the most established programs in the country, having started in 1994.

Our fellowship provides a rich experience, that focuses on clinical and research endeavors in the field of MIS. The fellows also participate in a broad range of procedures for diseases of the esophagus, stomach, biliary tract, pancreas, colon, adrenal, spleen, hernias, and obesity surgery.

We have a particular focus on esophageal diseases, antireflux, paraesophageal hernias, Heller myotomy, Nissen Fundoplication, diverticulectomy, and esophagectomy performed each year.

In addition, we provide experience and training in flexible endoscopy, and research opportunities in endoscopic surgery and NOTES research.

Our focused areas of research are in minimally invasive techniques, esophageal surgery, and surgical robotics. The University of Washington has an advanced surgical robot (Da Vinci) used for



both research and advanced laparoscopic operations..

We have two fellowship positions available each year, as one year appointments. These appointments can and have been extended for a second year for those individuals who would like to take advantage of any number of clinical and research opportunities available through our program that they feel cannot be accomplished in one year. The year is funded at a Resident 6 level salary with benefits.

The career path of our graduates have been split between academic and larger practices that allow the Fellows to be leaders in MIS in their community. Many of our previous fellows have gone on to academic positions as specialists in minimally invasive surgery, and many are currently directors of fellowship programs.

Each fellow performs approximately **300-400** MIS procedures, and produces three to four publications during their year with us.



Our program is well structured, while allowing for flexibility for our Fellows. The team approach we have developed over the years between the Attendings, Fellows and Residents has proven to be very effective.



The requirements for this fellowship position are a level of surgical maturity in an accredited training program that will permit the Fellow to participate effectively in the clinical, research, administrative, and educational goals of the Center.

**CVES** Center for Videoendoscopic Surgery  
UW Medicine

## UW FELLOWSHIP BENEFITS

- Senior Fellow appointment
- Acting Instructor faculty appointment and member of UW Physicians practice (U.S. Citizens)
- Time reserved for research activities
- R6 Salary
- Matching 403b (not-for-profit 401k equivalent)
- 3 Weeks of Vacation
- Laptop and Fellows office
- \$2,000 education budget per Fellow for conferences & training\*
- UW 10 public holidays
- No Call \*\*
- Weekends free (occasional Saturday OR)
- Many Fellowship Programs have a Chief Resident, but perform a minority of advanced laparoscopic cases. A Chief resident is not assigned to the Surgery O rotation, enabling our MIS Fellows to take full advantage of laparoscopic procedures .
- Opportunity to perform a high volume of diverse and advanced MIS procedures

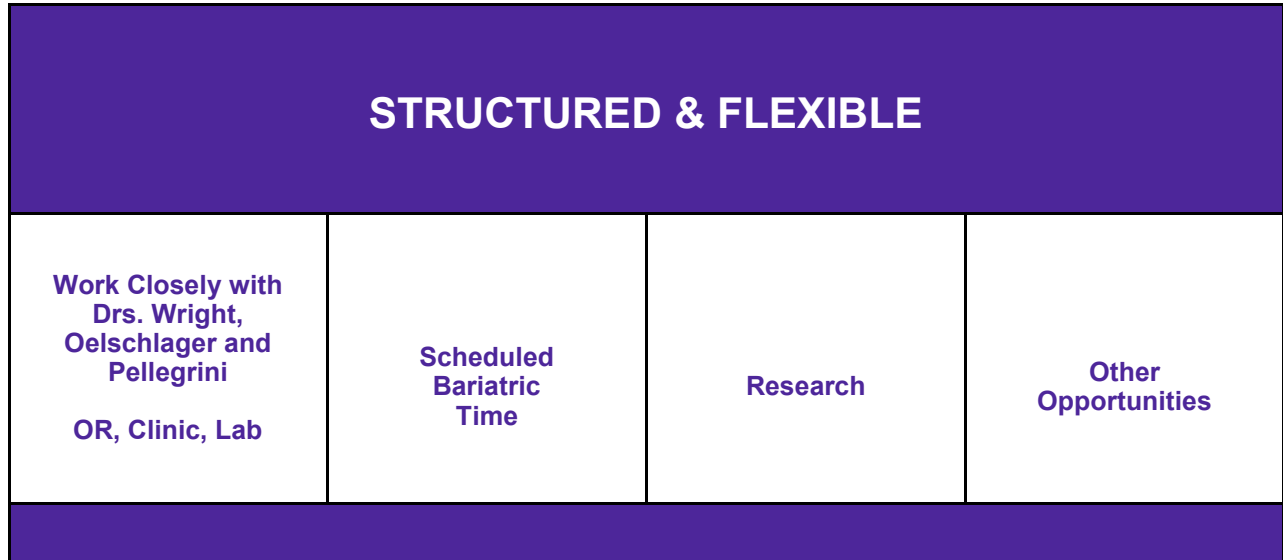


**UW Medicine**  
DEPARTMENT OF SURGERY

\* Based on availability of funds

\*\* Fellows are asked to cover for residents during several resident events (graduation dinner, etc.) during the year.

## HOW THE FELLOWSHIP WORKS



## TEAM STRUCTURE

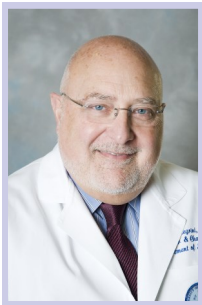


*Other Fellowship Programs have a Chief Resident, but perform a minority of advanced laparoscopic cases.*

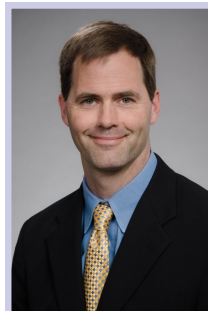


## RESEARCH TEAM

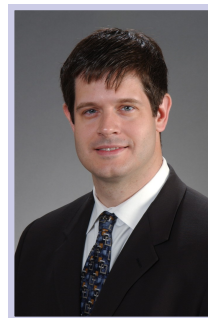
The University of Washington Fellows are provided dedicated research time. A weekly Center for Videoendoscopic Surgery (CVES) research meeting is held with key Fellowship faculty. Project updates and presentations are given with the opportunity for feedback and guidance from Fellowship faculty. The Fellows also present their advanced topics for the Fellowship curriculum.



Carlos Pellegrini  
Chair, Department  
of Surgery



Brant Oelschlagel  
Professor



Roger Tatum  
Associate Professor



Andrew Wright  
Associate Professor



Edgar Figueredo  
Assistant Professor



Saurabh Khandelwal  
Assistant Professor



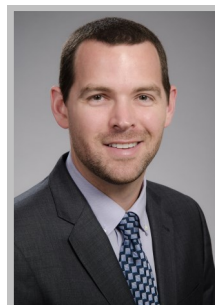
Rebecca Petersen  
Assistant Professor



Allison Porter  
Acting Instructor &  
Senior Fellow



Marcelo Hinojosa  
Assistant Professor



Joshua Mourot  
Acting Instructor  
& Senior Fellow



Rob Yates  
Acting Instructor & Senior  
Fellow



## MIS FELLOWSHIP CURRICULUM

The University of Washington MIS curriculum provides:

- Fellows with a guide to the study of Minimally Invasive Surgery and defines the essential areas of knowledge and technical skills that need to be mastered.
- An overview of the significant areas of focus within the discipline of minimally invasive surgery.
- Provide the UW Fellowship Director with a framework for instruction and evaluation of Fellows.

The formal MIS curriculum has been in effect for five years. The Fellows continue to contribute to the curriculum by presenting advanced topics related to the curriculum throughout the year.

At the conclusion of the Fellowship in Minimally Invasive Surgery, the Fellow should be able to provide comprehensive, state-of-the-art medical and surgical care to patients for conditions and diseases approachable through minimal access techniques. This will include the abilities to:

1. Investigate
2. Diagnose
3. Recommend appropriate treatment
4. Perform the operative procedures and provide the pre-, peri-, and post operative care

Each unit or sub-unit is organized into three sections:

### OBJECTIVES

Description of the topics the Fellow must understand and the specific knowledge to be acquired.

### CONTENT

Description of the specific areas of study necessary to achieve the unit objectives.

### CLINICAL SKILLS

A description of the clinical activities and technical skills that are to be mastered.



While there is general consensus that skill improves with more experience, the minimum number of procedures to attain competence in Minimally Invasive Surgery procedures remains unclear. Currently the Fellowship Council Accreditation Committee recommends 125 cases in advanced Minimally Invasive Surgery.



# FELLOWSHIP CURRICULUM UNITS

**UNIT 1 ADVANCED MINIMALLY INVASIVE SKILLS**

**UNIT 2 FOREGUT**

- Esophagus
- Esophageal Physiologic Monitoring

**UNIT 3 BARIATRICS, STOMACH, DUODENUM**

**UNIT 4 HINDGUT**

- Appendix
- Large Intestine and Rectum

**UNIT 5 ABDOMINAL WALL & RETROPERITONEUM**

**UNIT 6 SOLID ORGAN**

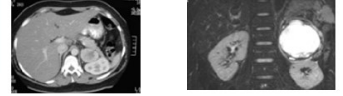
- Adrenal Gland
- Pancreas
- Kidney
- Spleen

**UNIT 7 HEPTOBILIARY SYSTEM**

- Liver
- Biliary Tree

**UNIT 8 MIDGUT**

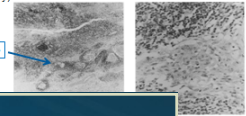
**Pheochromocytoma: localization**



**Appendix: Crohn's Disease of the Appendix**

**Diagnosis:** Rarely suspected at time of surgery but should be considered if history of appendicitis is atypical or prolonged. Usually diagnosed by histology following appendectomy-transmural inflammation, fibrosis, fissuring and noncaseating granulomata. 50% present with acute abdominal pain-indistinguishable from appendicitis, 25% present with right iliac fossa pain usually for 3 days to 3 weeks, the remainder present with chronic abdominal pain. Loose stools or weight loss is not present in isolated appendiceal disease. (Intraoperatively associated with ileal mesenteric lymphadenopathy)

Multiple noncaseating granulomas



**UNIT 1**

**ADVANCED LAPAROSCOPIC SKILLS**

**CLINICAL SKILLS**

Demonstrate the Following:

- 1) Laparoscopic exposure of all intra-abdominal areas, including use of retractors.
- 2) Proper tissue handling and two handed surgical technique
- 3) Intracorporeal and extracorporeal laparoscopic suturing
- 4) Endoscopic stapling
- 5) Intracorporeal anastomosis- linear and circular
- 6) Laparoscopic adhesiolysis
- 7) Laparoscopic running of bowel

**Adrenal mass: non-functioning**

- Incidentaloma
- 0.4 – 4.4% on CT-scans
- Non-functioning cortical adenomas: 36-94%
- Metastasis 2%



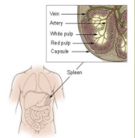
**Immunologic function**

**Red Pulp:**  
Mechanical filtration of red blood cells  
Reserve of monocytes

**White Pulp:**  
Active immune response through humoral and cell-mediated pathways

**Asplenia results in the following:**

- 1) Modest increases in circulating WBCs/Plts
- 2) Diminished responsiveness to some vaccines
- 3) Increased susceptibility to S. pneumoniae, meningococcus, H. influenzae type b, & protozoa
- 4) If planned splenectomy → give vaccinations at least 14 days before surgery



## CURRENT UW ADVANCED MIS FELLOWS 2014- 2015



### **Joshua M. Mourot, MD**

*Acting Instructor & Senior Fellow*

Advanced Minimally Invasive Surgery Fellowship  
Center for Videoendoscopic Surgery, University of Washington

Residency: University of Washington  
Medical School: University of Texas Medical Branch  
Post Graduate: Rice University, Ph.D. Candidate  
Undergraduate: University of Arkansas, B.S. Chemical Engineering



### **Allison J. Porter, MD**

*Acting Instructor & Senior Fellow*

Advanced Minimally Invasive Surgery Fellowship  
Center for Videoendoscopic Surgery, University of Washington

Residency: Virginia Mason Medical Center, General Surgery  
Medical School: University of Washington School of Medicine  
Undergraduate: Harvard University, B.A. Astronomy and Astrophysics



### **ROBERT YATES, MD**

*Acting Instructor & Senior Fellow*

Advanced Minimally Invasive Surgery Fellowship  
Center for Videoendoscopic Surgery, University of Washington

Residency: Vanderbilt University Medical Center, Resident in General Surgery  
Medical School: The Ohio State University College of Medicine  
Undergraduate: Miami University, Oxford Ohio, B.A. Psychology

## UNIVERSITY OF WASHINGTON PREVIOUS ADVANCED MIS FELLOWS

- **Katherine Moreno, MD 2013-2014**  
Current Position: General Surgeon  
Providence Everett, WA
- **Ellen Morrow, MD 2013-2014**  
Current Position: Assistant Professor, Department of Surgery  
University of Utah, Salt Lake City, UT
- **Elizabeth Warner, MD 2012-2013**  
Current Position: General Surgeon  
Springfield Clinic, Springfield, IL
- **Edward Auyang, MD, MSc 2011-2012**  
Current Position: Assistant Professor, Department of Surgery  
University of New Mexico, Albuquerque, NM
- **Marcelo Hinojosa, MD 2011-2012 \***  
Current Position: Assistant Professor, Department of Surgery  
University of Washington, Seattle, WA
- **Rebecca Petersen, MD, MSc 2009-2011 \***  
Current position: Assistant Professor, Department of Surgery,  
University of Washington, Seattle, WA
- **Eelco Wassenaar, MD, PhD, MSc 2009-2011 \***  
Current position: General Surgeon  
UMC Utrecht, Utrecht Netherlands
- **Yong Kwon, MD 2010-2011**  
Current Position: Minimally Invasive Bariatric & General Surgeon  
Roller Weight Loss & Advanced Surgery, Fayetteville, AK
- **Saurabh Khandelwal, MD 2008-2009 \***  
Current position: Assistant Professor, Department of Surgery,  
University of Washington, Seattle, WA
- **Saad Shebrain, MD 2008-2009**  
Current position: Assistant Professor' Director, Bioskills Program  
Michigan State University, Kalamazoo, MI
- **Ani Fleisig, MD 2007-2008**  
Current position: *Current position:* Director, Surgical Oncology  
Ventura County Medical Center, Ventura, CA
- **Sajida Ahad, MD 2006-2008**  
Current position: Assistant Professor, Department of Surgery,  
Southern Illinois University, Springfield, IL
- **Edgar Figueredo, MD 2005-2007 \***  
Current position: Assistant Professor, Department of Surgery,  
University of Washington; Director, Intensive Care Unit,

Veterans Affairs Puget Sound Health Care System (VAPHCS), Seattle, WA

- **Andrew Wright, MD 2005-2006 \***

Current position: Associate Professor , Department of Surgery,  
University of Washington, Seattle, WA

Previous fellows, page 2  
Previous fellows, page 2

- **Jedediah Kaufman, MD 2004-2005**

Current position: Laparoscopic and Gastrointestinal Surgery, General Surgeon  
Swedish Medical Center, Seattle, WA

- **Dave Lal, MD 2004-2005**

Current position: Assistant Professor of Surgery, Division of Surgery,  
Children's Hospital of Wisconsin, Medical College of Wisconsin, Milwaukee, WI.

- **Federico Cuenca-Abente, MD 2003-2004**

Current position: Assistant Professor,, Esophageal, Gastric and Small Bowel Surgery Center,  
Hospital de Gastroenterologia "Bonorino Udaondo", Sanatorio Mater Dei, Buenos Aires, Argentina

- **Todd Woltman, MD 2003-2004**

Current position: Private practice, South Sound Surgical Associates, Olympia, WA

- **J. Andrew Isch, MD 2002-2003**

Current position: Staff Surgeon, Division of General Surgery, St. Vincent Hospital and Health Network,  
Indianapolis, IN

- **Todd Kellogg, MD 2002-2003**

Current position: Associate Professor, Center for Minimally Invasive Surgery, University of Minnesota  
Department of Surgery, Minneapolis, MN.

- **Marco Barreca, MD 2001-2002**

Current position: Attending Surgeon,  
Community Hospital, Piombina, Italy.

- **Lily Chang, MD 2001-2002**

Current position: Associate Clinical Professor  
Virginia Mason Medical Center, Seattle, WA

- **Brant Oelschlager, MD 2000-2001 \***

Current position: Professor, Department of Surgery,  
University of Washington, Seattle, WA.

- **Dmitry Oleynikov, MD 2000-2001**

Current position: Professor, Department of Surgery; the Joseph and Richard Still Faculty Fellow In  
Medicine; Medical Director, Nebraska Medical Center Minimally Invasive Surgery Program, University of  
Nebraska Medical Center, Omaha, Nebraska.

- **Amjad Ali, MD 1999-2000**

Current position: Co-Director of Bariatric Surgery, Bariatric Surgical Center, Hamot Medical Center,  
Erie, Pennsylvania.

- **Pablo Omelanczuk, MD 1999-2000**

Current position: Surgeon in private and academic practice at The Hospital Italiano de Mendoza, Men

Previous fellows, page 3

- **Dieter Pohl, MD 1998-1999**  
Current position: Director, Video-Endoscopic Surgery; Staff Surgeon, Roger Williams Medical Center, Providence, Rhode Island.
- **Christina Richards, MD 1998-1999**  
Current position: Private practice of general and videoendoscopic surgery Jordan Valley, Salt Lake Regional, LDS hospitals, Salt Lake City, Utah.
- **Thomas Eubanks, DO 1997-1998**  
Current position: Private practice, Portland Surgical Specialists, Portland, Oregon.
- **Chia Chi Kao, MD 1996-1997**  
Current position: In the private practice of Plastic and Reconstructive Surgery with a special interest in MIS techniques, Torrance Memorial Medical Center, Torrance, California.
- **Fernando Casabella, MD 1996-1997**  
Current position: Medical Director, Sanatorio Moreno S.R.L.; Department of Surgery, Raphaela (Santa Fe), Argentina.
- **Santiago Horgan, MD 1995-1996**  
Current position: Professor of Surgery, Director of Minimally Invasive Surgery, Director of the Center for Treatment of Obesity, University of California San Diego, CA
- **Carlos Arreola-Risa, MD 1994-1995**  
Current position: Director, Emergency Department, Hospital San Jose (ITESM: Instituto Tecnológico y de Estudios Superiores de Monterrey), Monterrey, NL, Mexico.

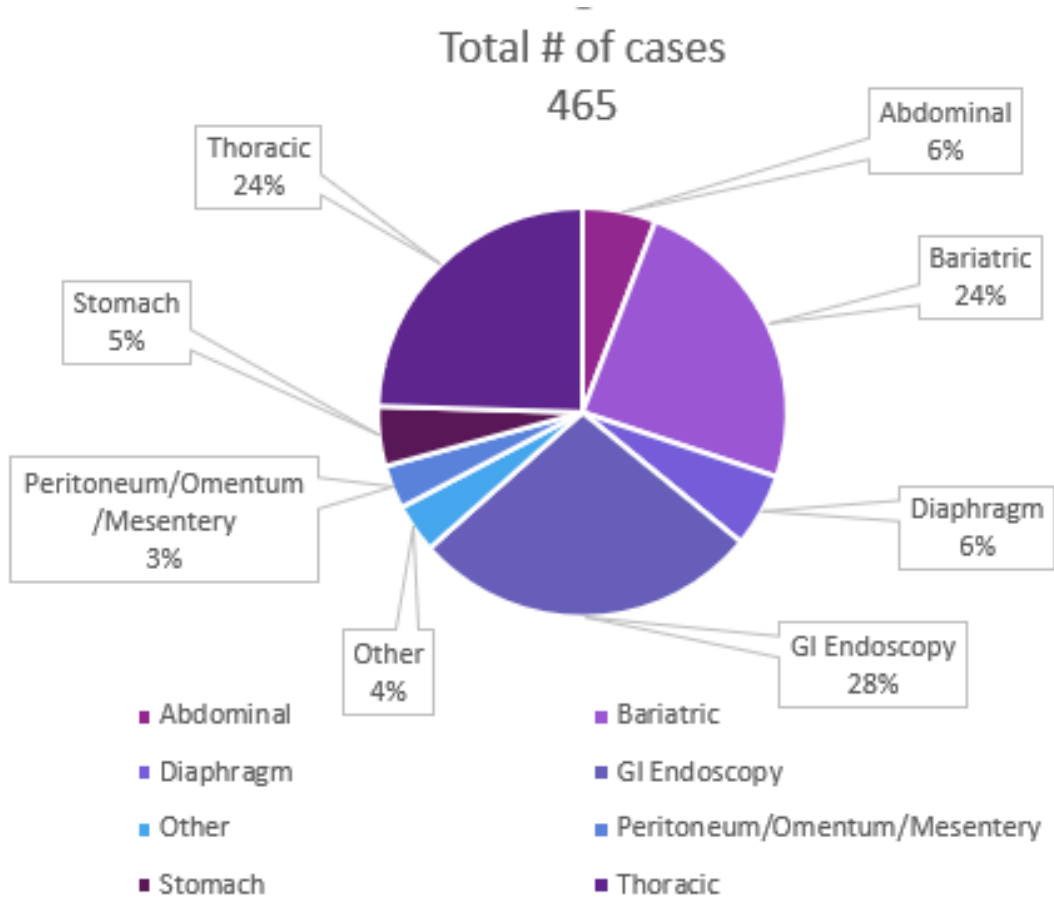
\* Previous UW Fellows on faculty at the UW Department of Surgery

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UW Case Log History

**FELLOWS PROCEDURE LOG DATA**

**2018-2019**

**Two Clinical Fellows performed 465 cases**



**Other consists of :**

<b>HPB Biliary</b>	<b>3</b>
<b>Jejunum/Ileum</b>	<b>4</b>
<b>Soft Tissue</b>	<b>2</b>
<b>Trauma</b>	<b>1</b>

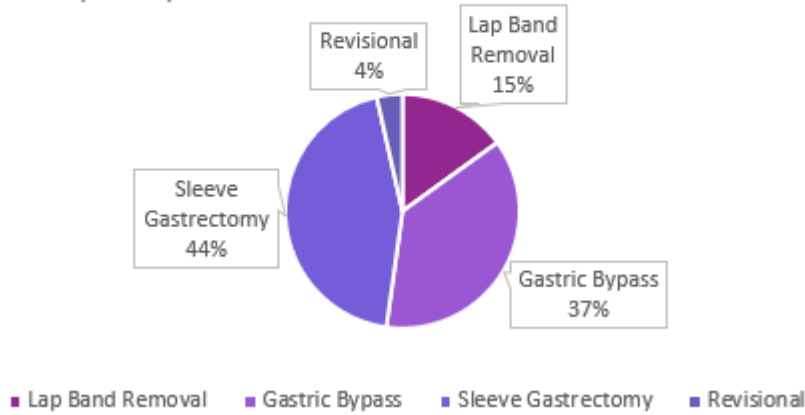


**FELLOWS PROCEDURE LOG DATA**

**2018-2019  
Major Sub-Categories**

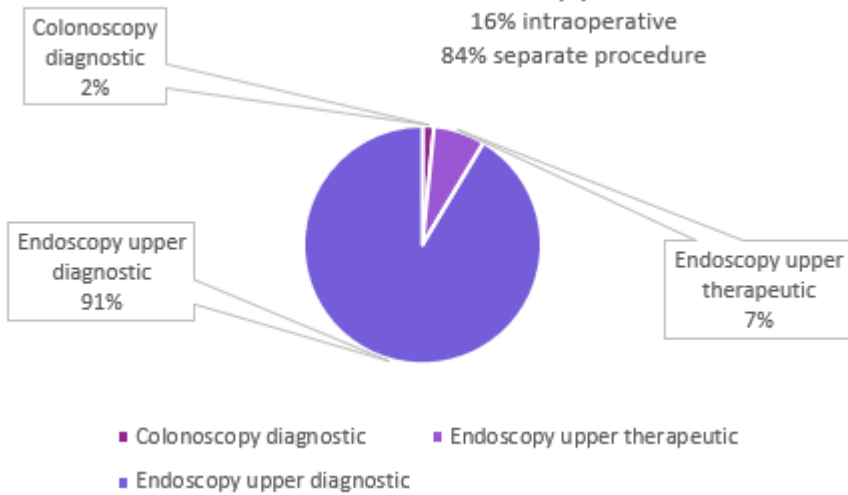
**Bariatric Total #113**

2 open  
111 laparoscopic



**GI Endoscopy Total #128**

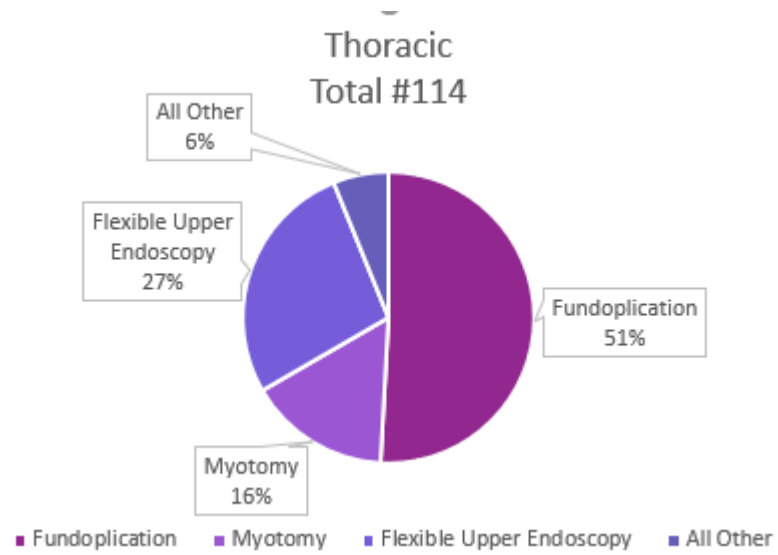
16% intraoperative  
84% separate procedure



## FELLOWS PROCEDURE LOG DATA

2018-2019

### Major Sub-Categories



## PREVIOUS FELLOW MIFS PROCEDURE LOG

We thought it would be of interest to our prospective Fellows to see the actual MIFS case log of the Fellows' (2018-2019) procedures.

Role	ProcDate	category	subcategory	subcat2	Type
Primary	8/25/2018	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	2/27/2019	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	8/28/2018	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	11/13/2018	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	11/16/2018	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	2/11/2019	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	2/11/2019	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	2/25/2019	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	4/30/2019	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Primary	5/14/2019	Abdominal Wall	Hernia inguinal	Repair with mesh	laparoscopic
Teach	8/13/2018	Abdominal Wall	Hernia inguinal	Repair with mesh	open
Primary	2/11/2019	Abdominal Wall	Hernia inguinal	Repair with mesh	open
Primary	2/20/2019	Abdominal Wall	Hernia inguinal	Repair without mesh	laparoscopic
Primary	2/20/2019	Abdominal Wall	Hernia inguinal	Repair without mesh	open
Primary	8/7/2018	Abdominal Wall	Hernia ventral	Repair with mesh	endoscopic
Primary	9/11/2018	Abdominal Wall	Hernia ventral	Repair with mesh	laparoscopic
Primary	2/27/2019	Abdominal Wall	Hernia ventral	Repair with mesh	laparoscopic
Primary	2/19/2019	Abdominal Wall	Hernia ventral	Repair with mesh	laparoscopic
Primary	11/26/2018	Abdominal Wall	Hernia ventral	Repair with mesh	open
Primary	11/27/2018	Abdominal Wall	Hernia ventral	Repair with mesh	open
Primary	2/20/2019	Abdominal Wall	Hernia ventral	Repair with mesh	open
Primary	3/5/2019	Abdominal Wall	Hernia ventral	Repair with mesh	open

(continued page 2)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	8/27/2018	Abdominal Wall	Hernia ventral	Repair with mesh	open
Primary	10/16/2018	Abdominal Wall	Hernia ventral	Repair with mesh	open
Primary	4/16/2019	Abdominal Wall	Hernia ventral	Repair with mesh	open
Primary	2/27/2019	Abdominal Wall	Hernia ventral	Repair without mesh	open
Primary	3/5/2019	Abdominal Wall	Hernia ventral	Repair without mesh	open
Primary	3/10/2019	Appendix	Appendectomy	n/a	laparoscopic
Primary	10/22/2018	Appendix	Appendectomy	n/a	laparoscopic
Teach	5/14/2019	Appendix	Appendectomy	n/a	laparoscopic
Teach	6/15/2019	Appendix	Appendectomy	n/a	laparoscopic
Primary	8/3/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	10/9/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	4/15/2019	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	4/22/2019	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	9/7/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	9/10/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	9/11/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	9/12/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	9/17/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	9/17/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	11/28/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	3/4/2019	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	3/5/2019	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	4/15/2019	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	5/7/2019	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic
Primary	5/22/2019	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	laparoscopic

(continued page 3)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	9/4/2018	Bariatric	Bariatric procedure revisional	Lap-Band Removal w/o Reconstruction	open
Primary	10/5/2018	Bariatric	Bariatric procedure revisional	Major	laparoscopic
Primary	7/9/2019	Bariatric	Bariatric procedure revisional	Major	laparoscopic
Primary	3/22/2019	Bariatric	Bariatric procedure revisional	Major	open
Primary	4/23/2019	Bariatric	Bariatric procedure revisional	Minor	laparoscopic
Primary	8/6/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	8/13/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	8/15/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	8/29/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	8/31/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	10/9/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	10/15/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	10/29/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	12/4/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	12/17/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	12/21/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	12/31/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	12/31/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	2/11/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	2/26/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	2/26/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	3/25/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	4/15/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	4/22/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	9/7/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	9/10/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	9/14/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	9/24/2018	Bariatric	Gastric bypass	n/a	laparoscopic

(continued page 4)

<b>Role</b>	<b>ProcDate</b>	<b>category</b>	<b>subcategory</b>	<b>subcat2</b>	<b>Type</b>
Primary	11/14/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	11/26/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	11/27/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	12/12/2018	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	1/7/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	3/4/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	3/5/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	5/22/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	6/3/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	6/3/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	6/4/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	6/10/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	6/12/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	6/21/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	6/24/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	7/1/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	7/15/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	7/15/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	7/24/2019	Bariatric	Gastric bypass	n/a	laparoscopic
Primary	8/6/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	8/10/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	8/13/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	8/31/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	10/10/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	10/10/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	10/15/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	10/19/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	10/29/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	12/17/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	12/21/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	12/31/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	2/8/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	2/8/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	2/25/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	2/25/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	3/25/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	4/23/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	9/11/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	9/12/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	9/12/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	9/26/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	9/26/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	11/5/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	11/5/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic

(continued page 5)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	11/14/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	11/16/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	11/28/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	11/30/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	11/30/2018	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	1/4/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	1/4/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	1/9/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	1/14/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	1/14/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	1/18/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	1/28/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	3/11/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	3/18/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	3/18/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	3/26/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	3/26/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	5/7/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	5/14/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	5/14/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	6/21/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	6/24/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
First	6/26/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	7/19/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Primary	7/19/2019	Bariatric	Sleeve gastrectomy	n/a	laparoscopic
Teach	1/28/2019	Colon-rectum	Colon resection biopsy or local resection without anastomosis	n/a	open
Primary	8/22/2018	Colon-rectum	Colon resection partial with reanastomosis	low anterior resection	laparoscopic
Primary	3/22/2019	Colon-rectum	Colon resection partial with reanastomosis	right hemicolectomy	open
Primary	8/22/2018	Colon-rectum	Colon resection partial with reanastomosis	sigmoid colectomy	laparoscopic
Primary	7/9/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	endoscopic
Primary	8/13/2018	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	10/30/2018	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	11/26/2018	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	11/27/2018	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	2/11/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	4/15/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	4/22/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	4/23/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	10/2/2018	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	4/19/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic

(continued page 6)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	5/21/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	6/11/2019	Diaphragm	Hiatal hernia repair no mesh	n/a	laparoscopic
Primary	10/16/2018	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	8/7/2018	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	8/21/2018	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	8/28/2018	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	10/16/2018	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	2/8/2019	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	4/9/2019	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	4/9/2019	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	4/16/2019	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	4/16/2019	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	6/25/2019	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	7/23/2019	Diaphragm	Hiatal hernia repair with mesh	n/a	laparoscopic
Primary	12/18/2018	Diaphragm	Repair diaphragm not hiatal hernia	n/a	laparoscopic
Primary	8/17/2018	Diaphragm	Repair diaphragm not hiatal hernia	n/a	laparoscopic
Primary	8/22/2018	GI Endoscopy	Colonoscopy diagnostic	Intraoperative	endoscopic
Primary	8/22/2018	GI Endoscopy	Colonoscopy diagnostic	Intraoperative	endoscopic
Primary	9/28/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	11/13/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	11/16/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	1/11/2019	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	1/22/2019	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	3/12/2019	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	4/15/2019	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	4/30/2019	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	9/10/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	9/14/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	9/24/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	10/2/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	10/5/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	10/8/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	10/16/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	10/19/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	10/26/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	11/14/2018	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	5/21/2019	GI Endoscopy	Endoscopy upper diagnostic	Intraoperative	endoscopic
Primary	8/8/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	8/8/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	8/8/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	9/5/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	9/5/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	9/5/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	9/5/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	9/5/2018	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic







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Role	ProcDate	category	subcategory	subcat2	Type
Primary	4/17/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	5/8/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	6/5/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	7/3/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	7/3/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	7/3/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	7/10/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	7/10/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	7/10/2019	GI Endoscopy	Endoscopy upper diagnostic	Separate procedure	endoscopic
Primary	2/20/2019	GI Endoscopy	Endoscopy upper diagnostic	With hemostatic procedure	endoscopic
Primary	9/26/2018	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	10/31/2018	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	11/14/2018	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	8/22/2018	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	9/19/2018	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	9/19/2018	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	10/10/2018	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	2/20/2019	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	2/20/2019	GI Endoscopy	Endoscopy upper therapeutic	With dilatation of stricture	endoscopic
Primary	6/15/2019	HPB - Biliary	Gallbladder	Cholecystectomy without cholangiogram	laparoscopic
Primary	6/15/2019	HPB - Biliary	Gallbladder	Cholecystectomy without cholangiogram	laparoscopic
Primary	6/23/2019	HPB - Biliary	Gallbladder	Cholecystectomy without cholangiogram	laparoscopic
Primary	4/11/2019	Jejunum/Ileum	Small bowel enterostomy closure (takedown)	n/a	open
Primary	8/28/2018	Jejunum/Ileum	Small bowel feeding tube	n/a	laparoscopic
Primary	8/10/2018	Jejunum/Ileum	Small bowel feeding tube	n/a	laparoscopic
Primary	12/14/2018	Jejunum/Ileum	Small bowel feeding tube	n/a	laparoscopic
Primary	1/2/2019	Peritoneum/ Omentum/ Mesentery	Diagnostic laparoscopy	n/a	laparoscopic
Primary	1/25/2019	Peritoneum/ Omentum/ Mesentery	Diagnostic laparoscopy	n/a	laparoscopic

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Role	ProcDate	category	subcategory	subcat2	Type
Teach	9/4/2018	Peritoneum/Omentum/ Mesentery	Diagnostic laparoscopy	n/a	laparoscopic
Primary	12/14/2018	Peritoneum/Omentum/ Mesentery	Diagnostic laparoscopy	n/a	laparoscopic
Primary	3/9/2019	Peritoneum/Omentum/ Mesentery	Internal hernia reduction/ repair	n/a	laparoscopic
Primary	12/21/2018	Peritoneum/Omentum/ Mesentery	Internal hernia reduction/ repair	n/a	laparoscopic
Primary	2/10/2019	Peritoneum/Omentum/ Mesentery	Internal hernia reduction/ repair	n/a	laparoscopic
Primary	4/9/2019	Peritoneum/Omentum/ Mesentery	Internal hernia reduction/ repair	n/a	laparoscopic
Primary	4/11/2019	Peritoneum/Omentum/ Mesentery	Internal hernia reduction/ repair	n/a	open
Primary	6/12/2019	Peritoneum/Omentum/ Mesentery	Internal hernia reduction/ repair	n/a	open
Primary	10/19/2018	Peritoneum/Omentum/ Mesentery	Lysis of adhesions	n/a	laparoscopic
Teach	1/13/2019	Peritoneum/Omentum/ Mesentery	Lysis of adhesions	n/a	laparoscopic
Primary	2/20/2019	Peritoneum/Omentum/ Mesentery	Lysis of adhesions	n/a	laparoscopic
Primary	3/5/2019	Peritoneum/Omentum/ Mesentery	Lysis of adhesions	n/a	laparoscopic
Primary	3/25/2019	Peritoneum/Omentum/ Mesentery	Lysis of adhesions	n/a	laparoscopic
Primary	9/14/2018	Peritoneum/Omentum/ Mesentery	Lysis of adhesions	n/a	laparoscopic
Primary	2/18/2019	Soft Tissue	Soft tissue biopsy or excision	n/a	open
Primary	2/1/2019	Soft Tissue	Soft tissue biopsy or excision	n/a	open
Primary	11/2/2018	Stomach	Diagnostic Laparoscopy	n/a	laparoscopic
Primary	2/1/2019	Stomach	Diagnostic Laparoscopy	n/a	laparoscopic
Primary	8/24/2018	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
Primary	8/24/2018	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
First	8/14/2018	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
Primary	10/2/2018	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic

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Role	ProcDate	category	subcategory	subcat2	Type
Primary	10/22/2018	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
Primary	12/4/2018	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
Primary	12/7/2018	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
Primary	2/1/2019	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
Primary	6/11/2019	Stomach	Gastric fundoplication	Gastric plication complete (Nissen)	laparoscopic
Primary	8/21/2018	Stomach	Gastric fundoplication	Gastric plication partial posterior (Toupet)	laparoscopic
Primary	10/2/2018	Stomach	Gastric fundoplication	Gastric plication partial posterior (Toupet)	laparoscopic
Primary	10/8/2018	Stomach	Gastric fundoplication	Gastric plication partial posterior (Toupet)	laparoscopic
Primary	7/2/2019	Stomach	Gastric resection with anastomosis	Gastric resection total with esophagojejunostomy	laparoscopic
Teach	1/13/2019	Stomach	Gastric resection with anastomosis	Gastric resection total with esophagojejunostomy	open
Primary	5/21/2019	Stomach	Gastric resection without anastomosis	Gastric resection or biopsy local	laparoscopic
Primary	5/31/2019	Stomach	Gastric resection without anastomosis	Gastric resection or biopsy local	laparoscopic
Primary	11/27/2018	Stomach	Gastric resection without anastomosis	Gastric resection without anastomosis wedge-type	laparoscopic
Primary	4/30/2019	Stomach	Gastric resection without anastomosis	Gastric resection without anastomosis wedge-type	laparoscopic
Primary	8/28/2018	Stomach	Gastrostomy	With prosthetic tube (G-tube)	endoscopic
Primary	3/4/2019	Stomach	Gastrostomy	With prosthetic tube (G-tube)	laparoscopic
Primary	8/13/2018	Thoracic	Diaphragm	Repair of Hernia	laparoscopic
Primary	9/7/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	9/7/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	9/28/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic

(Continued page 12)

<b>Role</b>	<b>ProcDate</b>	<b>category</b>	<b>subcategory</b>	<b>subcat2</b>	<b>Type</b>
Primary	10/16/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	11/13/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	11/16/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	1/15/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	1/28/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	1/29/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	3/5/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	3/8/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	4/19/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	4/30/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	5/31/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	7/26/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete	laparoscopic
Primary	10/30/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	11/2/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	11/6/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic

(Continued page 13)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	10/16/2018	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	11/13/2018	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	11/16/2018	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	1/15/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	1/28/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	1/29/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	3/5/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	3/8/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	4/19/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	4/30/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	5/31/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	7/26/2019	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete	laparoscopic
Primary	10/30/2018	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete with dia- phragm hernia repair	laparoscopic
Primary	11/2/2018	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete with dia- phragm hernia repair	laparoscopic
Primary	11/6/2018	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete with dia- phragm hernia repair	laparoscopic
Primary	11/26/2018	Thoracic	Esophagus	Esophageal Gastric Fundopli- cation complete with dia- phragm hernia repair	laparoscopic

(Continued page 14)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	1/4/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	1/11/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	1/15/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	1/18/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	1/22/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	3/12/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	3/22/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	3/29/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	4/9/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	4/19/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
First	8/14/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	8/24/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	10/16/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	10/19/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic



(Continued page 15)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	12/21/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	2/8/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	2/15/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	2/26/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	3/19/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	4/19/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	5/31/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	6/18/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	7/16/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	7/22/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication complete with diaphragm hernia repair	laparoscopic
Primary	11/6/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial	laparoscopic
Primary	2/5/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial	laparoscopic
Primary	3/26/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial	laparoscopic
Primary	4/26/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial	laparoscopic
Primary	9/10/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	9/18/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	9/18/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	9/25/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	11/2/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	11/27/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic

(Continued page 16)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	1/22/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	3/19/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	8/7/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	10/26/2018	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	2/25/2019	Thoracic	Esophagus	Esophageal Gastric Fundoplication partial with diaphragm hernia repair	laparoscopic
Primary	1/8/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	1/8/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	1/18/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	1/25/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	4/16/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	8/28/2018	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	10/8/2018	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	10/9/2018	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	10/22/2018	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	12/18/2018	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	2/1/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	2/25/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	2/26/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	6/25/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic

(Continued page 17)

Role	ProcDate	category	subcategory	subcat2	Type
Primary	7/2/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	7/30/2019	Thoracic	Esophagus	Esophageal myotomy with fundoplication partial or complete	laparoscopic
Primary	12/4/2018	Thoracic	Esophagus	Esophageal myotomy without fundoplication	laparoscopic
Primary	3/4/2019	Thoracic	Esophagus	Esophageal myotomy without fundoplication	laparoscopic
Primary	9/4/2018	Thoracic	Esophagus	Esophageal resection transhiatal	laparoscopic
Primary	12/14/2018	Thoracic	Esophagus	Esophageal resection transhiatal	open
Primary	10/5/2018	Thoracic	Esophagus	Esophageal resection transthoracic with neck anastomosis	open
Primary	10/19/2018	Thoracic	Esophagus	Esophageal resection transthoracic with neck anastomosis	open
Primary	10/30/2018	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/6/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/6/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/6/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/13/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/20/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/20/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/20/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	3/20/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	4/24/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	4/24/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	4/24/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	4/24/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic

(Continued page 18)

<b>Role</b>	<b>ProcDate</b>	<b>category</b>	<b>subcategory</b>	<b>subcat2</b>	<b>Type</b>
Primary	5/1/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	5/1/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	10/17/2018	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	10/17/2018	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	10/17/2018	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	10/17/2018	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	11/21/2018	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	2/13/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	2/27/2019	Thoracic	Esophagus	Flexible upper endoscopy diagnostic	endoscopic
Primary	10/10/2018	Thoracic	Esophagus	Flexible upper endoscopy with biopsy	endoscopic
Primary	10/17/2018	Thoracic	Esophagus	Flexible upper endoscopy with biopsy	endoscopic
Primary	10/17/2018	Thoracic	Esophagus	Flexible upper endoscopy with biopsy	endoscopic
Primary	11/21/2018	Thoracic	Esophagus	Flexible upper endoscopy with biopsy	endoscopic
Primary	11/21/2018	Thoracic	Esophagus	Flexible upper endoscopy with biopsy	endoscopic
Primary	2/20/2019	Thoracic	Esophagus	Flexible upper endoscopy with biopsy	endoscopic
Primary	10/17/2018	Thoracic	Esophagus	Flexible upper endoscopy with dilation of stricture	endoscopic
Primary	11/21/2018	Thoracic	Esophagus	Flexible upper endoscopy with dilation of stricture	endoscopic
Primary	11/21/2018	Thoracic	Esophagus	Flexible upper endoscopy with dilation of stricture	endoscopic
Primary	9/19/2018	Thoracic	Esophagus	Other	laparoscopic
Primary	2/12/2019	Thoracic	Esophagus	Other	laparoscopic
Primary	6/16/2019	Trauma	Abdominal	n/a	open

Insert Tab/Divider Here  
Title:  
University of Washington

# THE UNIVERSITY OF WASHINGTON



The University of Washington receives more federal research dollars than any other public university in the nation. In 2012 this amounted to more than \$1.47 billion (5,029 grants). Sixty-eight percent of these funds are from federal sources. The UW research budget consistently ranks among the top 5 in both public and private universities in the United States. Among public research institutions, the UW ranks 5th nationally in the number of faculty who receive top international and national awards and honors (2nd among public institutions).

The UW has approximately 53,000 students. The average high school GPA of incoming freshmen was 3.76, and the average SAT (math and critical reading) score was 1830. The UW is one of only four U.S. public institutions to make *The Times Higher Education*/Thomson Reuters World University Rankings top 25.

The UW is one of the top public universities in the nation in the number of students who have received premier national awards such as the Rhodes, Marshall, Truman, Fulbright and Goldwater scholarships and fellowships.

The UW operates four hospitals - UW Medical Center, Harborview Medical Center, Northwest Hospital and Valley Medical Center. Together these hospitals provide 23% of the charitable medical care in Washington State.

The University offers bachelor's master's and doctoral degrees through its 140 departments, organized into various colleges and schools.

- College of Architecture and Urban Planning
- *School of Medicine*
- College of Arts and Sciences
- School of Nursing
- Michael G. Foster School of Business
- College of Ocean and Fishery Sciences
- School of Dentistry
- School of Pharmacy
- College of Education
- Daniel J. Evans School of Public Affairs
- College of Engineering
- College of the Environment
- College of Forest Resources
- School of Law
- The Graduate School School of Public Health and Community Medicine
- Information School
- School of Social Work



The School of Drama's Professional Actor Training Program is consistently rated as one of the best in the nation by U.S. News & World Report.

The University of Washington library system is among the largest academic libraries in the United States, with holdings of more than 7.3 million volumes.

UW has been ranked by Reuters as the most innovative public university in the world.

The University of Washington has over a \$15 billion dollar impact on the state of Washington.





OFFICE OF MINORITY AFFAIRS & DIVERSITY  
**2019-2020 FACT SHEET**

**OUR PROGRAMS...**

- Create a welcoming university climate for students, faculty and staff.
- Develop and support university initiatives such as the UW Race & Equity Initiative.
- Broaden college access for over 25,000 students in 85 school districts, 179 schools and 19 two-year colleges throughout the state of Washington.
- Support the academic excellence and success of over 6,000 UW undergraduates.
- Award over \$275,000 annually in scholarships to undergraduates.
- Introduce 450 students to graduate and professional studies.
- Enhance faculty and staff diversity and diversity-related research.
- Graduate future leaders and mentors.
- Engage with alumni and diverse communities.

[uw.edu/omad](http://uw.edu/omad)



Office of Minority Affairs & Diversity  
 320 Mary Gates Hall; Box 352835  
 Seattle, WA 98195-2835 / 206.685.0518

**RICKEY HALL**

VICE PRESIDENT FOR MINORITY AFFAIRS & DIVERSITY/UNIVERSITY DIVERSITY OFFICER

For over 50 years, the Office of Minority Affairs & Diversity (OMA&D) has advanced diversity, equity and inclusion at the University of Washington, a campus that sits on tribal land. Through our programs and partnerships, we create pathways for diverse populations to access postsecondary opportunities, nurture and support their academic success, and cultivate a campus climate that enriches the educational experience for all. This legacy of work continues to drive excellence at the UW and together, we help the university work toward its vision for becoming a more just and equitable campus community.



*Learn more about us at [uw.edu/omad](http://uw.edu/omad)!*

**BY THE NUMBERS**

UNDERGRADUATE ENROLLMENT 2019 FALL QUARTER (SEATTLE CAMPUS)	
11,301/ 36.9%	CAUCASIAN
6,903/ 22.5%	ASIAN
4,736/ 15.5%	INTERNATIONAL
2,735/ 8.9%	LATINO/HISPANIC
1,970/ 6.4%	SOUTHEAST ASIAN
1,288/ 4.2%	AFRICAN AMERICAN
550/ 1.8%	FILIPINO
431/ 1.4%	NOT INDICATED
361/ 1.2%	HAWAIIAN/PACIFIC ISLANDER
356/ 1.2%	AMERICAN INDIAN/ALASKA NATIVE

URM* UNDERGRADUATE ENROLLMENT 2019 FALL QUARTER (SEATTLE CAMPUS)	
2,735/ 37.7%	LATINO/HISPANIC
1,970/ 27.1%	SOUTHEAST ASIAN <sup>^</sup>
1,288/ 17.7%	AFRICAN AMERICAN
550/ 7.6%	FILIPINO <sup>^</sup>
361/ 5.0%	HAWAIIAN/PACIFIC ISLANDER
356/ 4.9%	AMERICAN INDIAN/ ALASKA NATIVE

Percentages represent breakdown amongst URM student population.

LOW-INCOME, 1ST-GENERATION 2019 FALL QUARTER ENROLLMENT	
UNDERGRADS SERVED BY OMA&D'S EDUCATIONAL OPPORTUNITY PROGRAM	
3,163/ 51.3%	PELL GRANT ELIGIBLE
3,109/ 50.4%	HUSKY PROMISE ELIGIBLE
3,811/ 61.8%	FIRST-GENERATION
SEATTLE CAMPUS UNDERGRADUATES	
6,612/ 21.6%	PELL GRANT ELIGIBLE
6,253/ 20.4%	HUSKY PROMISE ELIGIBLE
8,972/ 29.3%	FIRST-GENERATION (w/ Int. Students)
7,932/ 25.9%	FIRST-GENERATION (w/o Int. Students)

OMA&D FUNDING SOURCES 2019 FISCAL YEAR/\$28.3 MILLION BUDGET	
12.4 M / 43.8%	GRANTS & CONTRACTS#
10.2 M / 36.1%	STATE FUNDS
3.0 M / 10.6%	GIFTS & DISCRETIONARY&
2.7 M / 9.5%	SELF-SUSTAINING

#Funding from various agencies including the U.S. Department of Education, National Science Foundation, National Institutes of Health and others. &Includes funding from private, corporate and foundation partners.

\*URM = Federally recognized underrepresented minority populations (African American, American Indian/Alaska Native, Hawaiian/Pacific Islander and Latino/Hispanic); <sup>^</sup>OMA&D also serves Filipino and Southeast Asian student populations.

## MILESTONES

OMA&D programs and events are recognizing some significant milestones in 2019-2020:

### 5TH ANNIVERSARY

wəlabʔaltx̣w - Intellectual House

### 10TH ANNIVERSARY

College Assistance Migrant Program

### 20TH ANNIVERSARY

Ronald E. McNair  
Post-Baccalaureate Program

### 25TH ANNIVERSARY

OMA&D Rome Study Abroad Program

### 40TH ANNIVERSARY

Health Sciences Center Minority  
Students Program

### 50TH ANNIVERSARY

Celebration - May 13, 2020



## PARTNER MILESTONES

### 20TH ANNIVERSARY

Costco Scholarship Fund /  
Costco Scholarship Breakfast

### 25TH ANNIVERSARY

Native American Advisory Board

### 25TH ANNIVERSARY

UWAA Multicultural Alumni  
Partnership Bridging the Gap Breakfast

### 50TH ANNIVERSARY

Graduate Opportunities Minority  
Achievement Program

SOURCES/CREDITS - Funding & Enrollment: OMA&D Fiscal & Assessment Units/Photography: (Front) Matt Hagen, Michael B. Maine. (Back) Naomi Ishisaka, Emile Pitre, Tara Brown Photography. Revised 10/11/19.

OFFICE OF MINORITY AFFAIRS & DIVERSITY  
UNIVERSITY of WASHINGTON

## COLLEGE ACCESS

OMA&D's college access programs expand pathways to postsecondary education for K-12 and two-year college students from underrepresented minority (URM), first-generation and low-income backgrounds across the state. The Multicultural Outreach & Recruitment (M.O.R.) team provides prospective URM students with resources and support to apply and gain admittance to the UW. Grant-funded programs such as TRIO Educational Talent Search, Math Science Upward Bound, Upward Bound, RISE UP/SKY GEAR UP and Washington MESA work directly with students and their families to inspire them to pursue and prepare for college, as well as explore career options. OMA&D is deepening its work in South King County this year with the addition of a new GEAR UP Achievers program, serving over 4,300 students in Renton, Kent, Auburn and Tukwila. The program focuses on strengthening pathways for students to study STEM fields.



GEAR UP Achievers students participate in the 2019 Early Engineering Institute.

## STUDENT SUCCESS

An array of programs help students make the most of their Husky Experience. Academic Counseling Services (ACS) provides advising, mentoring, peer mentoring opportunities, scholarships and financial aid counseling. Last year, ACS received 13,778 total student visits and 3,812 unique visits. Tutoring is available at the Instructional Center which serves approximately 2,000 students per year. Other programs support STEM and health sciences majors, as well as those who wish to conduct research or pursue doctoral studies. Our study abroad programs give students the opportunity to gain a global perspective. The Samuel E. Kelly Ethnic Cultural Center is a community center and theatre dedicated to student leadership development. wəlabʔaltx̣w-Intellectual House is a longhouse-style facility and gathering space that supports our American Indian and Alaska Native students.



New students are introduced to OMA&D resources and programs at Welcome Daze.

## INSTITUTIONAL TRANSFORMATION

Together, the Office for Faculty Advancement and OMA&D work with UW schools, colleges and campuses to recruit and retain excellent faculty and staff whose work enhances diversity and equal opportunity. We provide academic and administrative units with tools to conduct effective and inclusive searches for candidates, improve support and retention, and assist with long-range planning for positive change.



Tribal Liaison Lisaakiichaa Ross Braine with Kelly Distinguished Faculty Lecturer Stephanie Fryberg.

## SUPPORTING OMA&D

OMA&D advances its mission to support access and success through focused fundraising efforts. As a part of the Be Boundless campaign, OMA&D identified three priorities for philanthropy: Educational Opportunity Program (EOP) Scholarships, the Instructional Center and Phase II of wəlabʔaltx̣w-Intellectual House. This year, we will recognize the 50th anniversary of Celebration, our signature event to support diversity, on May 13, 2020. At Celebration, OMA&D raises funds for EOP Scholarships and honors the Charles E. Odegaard Award recipient.



Ximena Perez receives her EOP Scholarship medal from FEOP President Barbara Lord MacLean.



# UW SCHOOL OF MEDICINE

## UW AFFILIATED HOSPITALS & ENTITIES

- University of Washington Medical Center  
Montlake Campus  
Northwest Campus
- Harborview Medical Center
- University of Washington School of Medicine
- UW Medicine Neighborhood Clinics
- UW Physicians
- Puget Sound Veteran's Affairs Healthcare System
- Children's University Medical Group
- Seattle Cancer Care Alliance/Fred Hutchinson Cancer Research Center
- Valley Medical Center

UW Medicine owns or operates Harborview Medical Center, University of Washington Medical Center, Northwest Hospital & Medical Center, Valley Medical Center a network of seven UW Medicine Neighborhood Clinics that provide primary care, the UW School of Medicine, the physician practice UW Physicians and Airlift Northwest.

In addition, UW Medicine shares in the ownership and governance of Children's University Medical Group and Seattle Cancer Care Alliance, a partnership among UW Medicine, Fred Hutchinson Cancer Research Center and Seattle Children's.

Our physicians admit over 64,000 patients a year to UW Medical Center Montlake & Northwest, Valley Medical Center and Harborview Medical Center. Our clinics and emergency rooms have more than 1.7 million patient visits per year.

UW Medicine serves a diverse patient population and provided more than \$461 million in uncompensated care as measured by cost .

Harborview Medical Center has the only Level I adult and pediatric trauma center in the state. Harborview is highly regarded for its excellence in burn care, neurosurgery, rehabilitation medicine, and orthopedic care.

## LEADER IN BIOMEDICAL RESEARCH

The UW School of Medicine is second in the nation in total federal research grants with over \$727 million in total revenue according to US News and World Report.



Since 1990 five UW Faculty have won Nobel Prizes in medicine, more than any other institution during that time period. Overall UW Faculty have been awarded the Nobel Prize seven times. UW Medicine Faculty include 63 members of the National Academy of Medicine, Howard Hughes Medical Institute Investigators as well as 82 members of the National Academy of Sciences.

## INNOVATOR IN EDUCATION

Among the nation's 129 accredited medical schools, UW has been ranked by U.S. News & World Report as the top medical school for 23 years in training primary-care physicians. WWAMI, an acronym for Washington, Wyoming, Alaska, Montana and Idaho, is a benchmark model of community-based training of medical students and residents and of interstate collaboration in medical education.

## OUR PEOPLE

More than 27,000 employees contribute to the mission of UW Medicine. The School of Medicine has over 2,000 employed faculty members and more than 4,600 clinical faculty across the WWAMI program who teach medical students, residents and post-doctoral fellows. As well there are 4800 students and trainees.

UW Medicine has approximately 4,500 students and trainees across a broad range of undergraduate, professional, and post-graduate programs.

## UW Medicine

### DEPARTMENT OF SURGERY

The Department of Surgery has approximately 80 full-time attending and research faculty members, 60 residents, 42 fellows, 120 staff members and 167 clinical faculty (active & retired) members.

Staff and faculty are deployed across UW Medicine enterprise and locations:

- Health Sciences Building (HSB), adjacent to the University of Washington Medical Center Montlake (UWMC)
- Harborview Medical Center (HMC);
- University of Washington Medical Center Northwest (UWMCNW)
- Children's Hospital and Medical Center (CHMC)
- Puget Sound Veterans Affairs Health Care System (PSVAHCS)

The Department of Surgery's Divisions are:

- General Surgery
- Cardiothoracic
- Oncology
- Plastic and Reconstructive Surgery
- Transplantation
- Vascular
- Pediatric surgery
- Trauma and Burn

#### GENERAL SURGERY DIVISION

Dr. Brant K. Oelschlager heads the General Surgery Division. Surgeons within the General Surgery Division uphold a multi-faceted mission: to provide compassionate, superior patient care; to offer state-of-the-art technology for a broad spectrum of secondary and tertiary surgical procedures; to teach and mentor surgeons of the future in our resident and fellowship programs, and vigilantly translate clinical investigative findings for use in patient care.

The General Surgery Division is into sections:

- Surgical Oncology
- Emergency General Surgery
- Breast Surgery
- Colorectal Surgery
- HPB Surgery
- Esophageal & Gastric Disease



Our surgical expertise is divided into patient management categories that include esophageal and gastric diseases, breast cancer, liver tumor, pancreas, endocrine, melanoma, sarcoma, hernia, gastrointestinal tumors, colorectal surgery, swallowing disorders, and general surgery.

We have also developed a specialized focus in the field of laparoscopy, and provide expert consultation and education to the community for a variety of procedures.

#### CARDIOTHORACIC SURGERY DIVISION

The Cardiothoracic (CT) Division is headed by Dr. Michael Mulligan. Different aspects of surgical care are handled at three hospitals. Cardiothoracic surgery is primarily performed at UWMC and at VAPSHCS; pediatric cardiac surgery is done at CHMC; and some thoracic surgery is performed by general surgery residents at HMC.

This division is also responsible for cardiac transplantation, with over 80 heart transplants performed last year. UW Medicine's 1000th lung transplant was performed on July 7, 2019 by Dr. Michael Mulligan, the Division Chief.

The Division has a two-year Residency Program which provides intensive cardiothoracic training to individuals who have already completed a general surgery residency program. A third site of practice is located at the Veterans Affairs Puget Sound Health Care System (VAPSHCS) for thoracic and cardiac surgery.

#### PLASTIC & RECONSTRUCTIVE SURGERY DIVISION

The Plastic Division is headed by Dr. Nicholas Vedder. Each hospital treats different aspects of plastic surgical care. UWMC Montlake and Northwest is primarily involved in breast, and trunk surgery.

Clinical care at HMC includes maxillofacial trauma, hand trauma, injuries to lower extremities and the trunk, burns, and microsurgery. The practice at PSVAHCS is very broad in nature. Activities at CHMC include congenital anomalies of the head and neck and other aspects of pediatric plastic surgery.

#### TRANSPLANTATION SURGERY DIVISION

The Transplantation Division is headed by Dr. Jorge Reyes and is based at UWMC. This division is responsible for abdominal organ transplantation, including the kidney, liver, and pancreas. The program is a multidisciplinary one, working very closely with other departments such as Nursing, Dietary Service, Financial Services, and several divisions within the Department of Medicine.

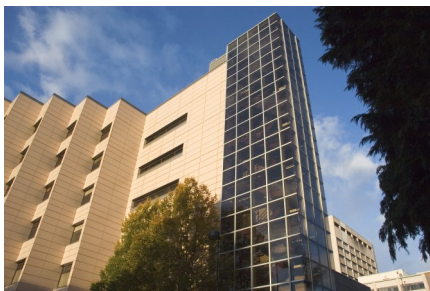
#### PEDIATRIC SURGERY DIVISION

Dr. John Waldhausen heads the Pediatric Division which is based at Seattle Children's Hospital. This division manages all aspects of surgical pediatric care including general & thoracic surgery, cardiovascular surgery, neurosurgery, oral & maxillofacial surgery, ophthalmology, otolaryngology, plastic & reconstructive surgery, and urology.

### **TRAUMA BURN & CRITICAL CARE DIVISION**

Dr. Ronald V. Maier is surgeon-in-chief and the Division Chief. The Division encompasses Critical Care, Burn and Trauma and is located at Harborview Medical Center. Harborview is a comprehensive healthcare facility dedicated to providing specialized care for a broad spectrum of patients from throughout the Pacific Northwest.

### **TRAUMA SECTION**



Dr. Eileen Bulger is Chief of the Trauma Section based at HMC. The section is actively involved in research, teaching, and patient care of trauma victims. The HMC Northwest Regional Trauma Center is accredited by the American College of Surgeons Committee on Trauma as a Level I trauma center because of the round-the-clock multisystem trauma care provided.

### **BURN SECTION**

The Burns Section is headed by Dr. Tam Pham and is based at HMC. It is now one of the largest centers in the world. With a 40-bed capacity, patients from the entire Pacific Northwest and Alaska are treated. About 450 severely burned patients are admitted each year to the Burn Center and over 3,000 outpatient visits are made for burn injuries.

### **VASCULAR SURGERY DIVISION**

The Vascular Surgery Section is headed by Dr. Benjamin Starnes. Research and clinical activities are conducted at UWMC, HMC, and the VAPSHCS. The section has a Visitor Program, a four-day introduction to a variety of practical applications of noninvasive vascular techniques offered to other medical facilities throughout the country. In addition, there is a full service Vascular Diagnostic Service which uses advanced noninvasive ultrasound equipment to locate blockages in the vascular system. This Service is internationally recognized for its research, development, and clinical application of ultrasound technology.



### **DIVISION OF VETERANS ADMINISTRATION PUGET SOUND HEALTHCARE SYSTEM**

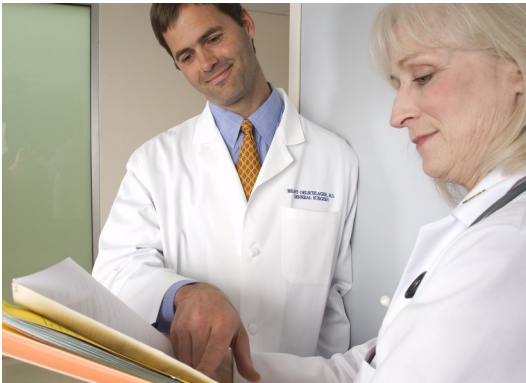
The Veteran's Affairs Puget Sound Health Care System is the major tertiary referral center of the VA Health Care System for one of the largest geographic areas in the United States, including Washington, Alaska, Idaho, and parts of Oregon. The Surgical Service at VA Puget Sound is thoroughly integrated with the Department of Surgery at all levels – faculty, residents, and students. Residents and students gain experience from rotations at the Seattle VA at all stages of their training.

## SURGERY CENTERS RESEARCH — TRAINING — CLINIC

The UW Medicine Department of Surgery has several research, training, clinic centers which are of particular interest to our Fellows:

- **Center for Esophageal & Gastric Surgery (CEGS)**
- **Surgical Outcomes Research Center (SORCE)**
- **WWAMI Institute for Simulation in Healthcare (WISH)**

### THE CENTER FOR ESOPHAGEAL & GASTRIC SURGERY



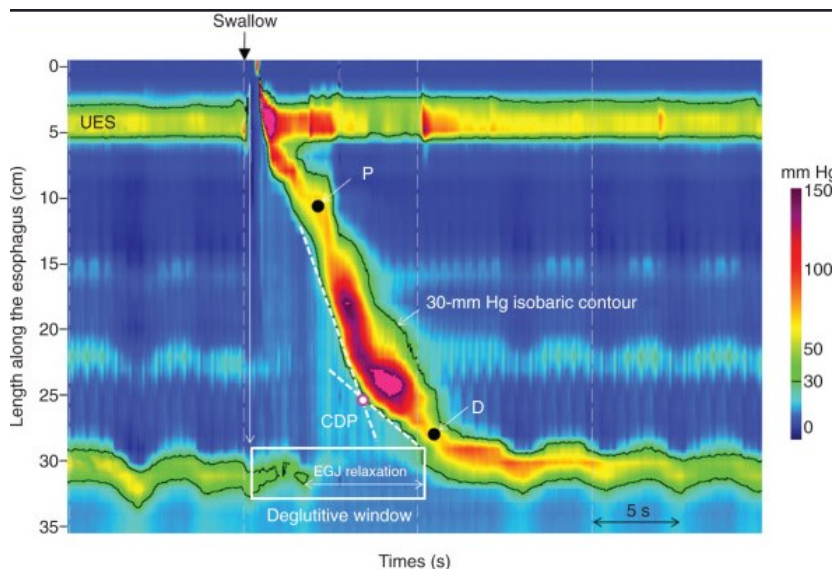
The Center for Esophageal & Gastric Surgery is a multi-disciplinary specialty clinic for the diagnosis and treatment of diseases of the esophagus and stomach.

As an advanced academic center, the Center provides state-of-the-art technology combined with the latest surgical techniques in medical treatment.

CEGS specializes in the evaluation of those who suffer from symptoms related to gastroesophageal reflux disease, GERD, esophageal and gastric cancer, achalasia, and those suffering from other esophageal and swallowing disorders.

The focus is on the upper gastrointestinal (GI) tract, in particular on its motility and sphincter function.

CEGS has a state-of-the-art, dedicated Esophageal Motility laboratory. Tests are performed to evaluate the function of the alimentary tract with an emphasis on the esophagus, biliary tract, and anorectal region.





# UW Medicine

SURGICAL OUTCOMES RESEARCH CENTER

# SORCE

## WWAMI INSTITUTE FOR SIMULATION IN HEALTHCARE

The WWAMI Institute for Simulation in Healthcare (WISH) is the University of Washington's premiere simulation training facility for healthcare education. WISH strives to improve the quality of healthcare education through technology, providing learners with a safe training environment where they can learn and practice their skills before ever using them on a patient. WISH connects over 30 departments and programs throughout UW Medicine, School of Medicine, School of Nursing, School of Pharmacy, and Physician Assistant Training Program (MEDEX).



The primary impact of WISH is upon the State of Washington and the greater WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region.

Through its research, education and innovation efforts, along with publication of results, WISH has a strong influence and potential



impact upon providers and patients in a global fashion.

### SURGICAL OUTCOMES RESEARCH CENTER (SORCE)

SORCE is a multidisciplinary research center established by the Department of Surgery at the University of Washington.

SORCE encourages and supports the use of outcomes research to improve the quality of surgical care at the local, regional and national level.

SORCE is available for surgical investigators and other healthcare stakeholders interested in evaluating surgical effectiveness, emerging technology, patient-centered outcomes, surgical epidemiology and quality improvement interventions

SORCE has expertise in research design and study methodology including the full "toolbox" of outcomes research techniques:

- Use of secondary data sources.
- Meta-analysis.
- Modeled cost/decision analyses.
- Quality of life/functional outcomes.
- Survey design/qualitative research.
- Patient-centered outcomes study development.

SORCE is involved in the promotion of "translational outcomes research" by linking quality improvement initiatives with emerging evidence regarding processes. The result is optimal surgical outcomes.

**UW Medicine**  
DEPARTMENT OF SURGERY

Insert Tab/Divider Here  
Title:  
Seattle & Environs

# SEATTLE & THE PACIFIC NORTHWEST

Ignore the reports about rain in Seattle. It does rain, but the truth is that Seattle has an average of 36 inches of rain a year—less than Washington, D.C., New York, Atlanta, and Boston.

That leaves plenty of rain-free days to enjoy the extraordinary natural beauty of the Pacific Northwest. Seattle is surrounded by mountain ranges in the east and west with beautiful lakes...and the majestic Puget Sound.



*“It was something in the disposition of the landscape, the shifting lights and colours of the city. Something. It was hard to nail it, but this something was a mysterious gift that Seattle made...”*

*Charles Johnson,  
PhD  
UW Professor of  
English*

Seattle’s population is 730,400 and the greater metropolitan area population of nearly 4 million (three county area).

Seattle has been ranked the most literate city. Everybody reads here. The Seattle Public Library system has the highest percentage of library card-holders per capita in the country...and the home of amazon.com.

Seattle has the highest percentage of college graduates of any major U.S. city. 60% of adults residents have at a bachelors degree or higher.

## SEATTLE FUN FACTS

- Home of the Super Bowl XLVIII Champion Seattle Seahawks and The 12th Man.
- The “Wave”, a ubiquitous sight at sporting events around the globe, was invented by UW cheerleader Rob Weller at a UW vs. Stanford University football game in 1981.

- Seattle is the birthplace of Grunge music. Home to Nirvana, Pearl Jam, Soundgarden, The Gits as well as Indie Rockers Modest Mouse and Death Cab for Cutie. Rapper Sir-Mix-A-Lot and Garfield High School Alum Quincy Jones among countless others across genres are natives or are significantly associated with the city.
- Seattle is home to the original Skid Row (now called Yesler Way).
- Seattle was the first American city to put police on bicycles.
- Seattle’s houseboat population is the country’s largest at almost 500.
- Seattle’s Harbor Island is the largest man-made island in the nation.
- The *Farmer’s Market at Pike Place Market* is the longest continuously operating farmer’s market in the US (1907). It is one of the major tourist attractions in Seattle.



- Seattle’s total land area? 53,718 acres of which 6,189 acres are parks and open areas, 11.5% of Seattle’s total land mass.
- The “Happy Face” first appeared in Seattle. (no, Forrest Gump did not invent it!)
- The University of Washington Health Sciences/Medical Center complex, is the 5th largest office building in the U.S. in square footage.
- Seattle is the birthplace of Jimi Hendrix and final resting place of Bruce Lee.



# WASHINGTON STATE

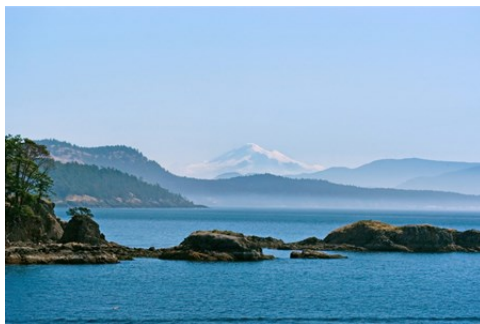


*“The mountains rise up to 14,000 feet above the sea.*

*There are magnificent, rain-drenched forests, treeless desert lands, glacial lakes, some 3,000 kinds of native plants and hundreds of islands in Puget Sound: an enveloping landscape ...*

*Charles Johnson, PhD, UW Professor of English*

- The State of Washington is one of only [seven states](#) that does not levy a personal income tax.
- The [Washington State Ferry System](#) is the largest in the country and the third largest in the world, carrying over 25 million passengers annually. In the next couple of years our ferry system will employ electric hybrid vessels.
- Floating Bridges? Washington State has four of the ten longest in the world as well as the oldest one:
  1. Evergreen Point (SR 520)
  2. I-90 Eastbound between Seattle & Mercer Island (oldest in the world 1940)
  3. Hood Canal Floating Bridge



5. I-90 Westbound between Seattle &
  6. Mercer Island.
- United Airlines was originally owned by the Boeing Airplane Company.
  - Everett, Washington is the site of the world's largest building by volume, Boeing's 747 assembly plant.
  - Washington state produces more [apples](#) and [raspberries](#) than any other state in the union.
  - Washington state has more [glaciers](#) than the other 47 contiguous states combined. There are more than 60 named glaciers in

the [Olympic National Park](#) alone.

- Washington state is home to three National Parks:
  - Mount Rainier
  - North Cascades
  - Olympic
- Volcanoes! The major ones are:
  - Mount Baker
  - Glacier Peak
  - Mount Rainier
  - Mount St. Helens
  - Mount Adams
- The northeast face of Mount St. Helens exploded outward, destroying a large part of the top of the volcano on May 18, 1980.



## PUGET SOUND

The term "Puget Sound" is used not just for the body of water but also the general region centered on the sound, including the [Seattle metropolitan area](#), home to about 3.4 million people.



Puget Sound extends approximately 100 miles (160 km) from Deception Pass in the north to Olympia, Washington in the south. Its average depth is 205 feet (62 m) and its maximum depth,



