

SURGERY Synopsis



CHAIR'S MESSAGE



[Douglas E. Wood,](#)
MD, FACS, FRCSEd

*The Henry N. Harkins
Professor and Chair*

What do we mean when we talk about “community?” We understand the definition, “a feeling of fellowship with others as a result of sharing common attitudes, interests, and goals.” But what do we mean when we use this term in the context of our department and training programs? Community comes in many sizes and is organized around different aspects of human behavior and need. There are communities begun by physical proximity (neighborhoods, towns); religious affiliation; professions; workplace and many other configurations.

The Community we want to focus on in this issue of *Surgery Synopsis*, is our department. What makes our department a community? I have pondered this question a great deal. In

my view, community goes far beyond transactional interactions, and is instead based on respect, trust, and a sense of shared mission. We all benefit when our relationships develop that extend beyond our professional transactions. We’re together in more than clinical or business interchanges. We do things for each other that go “above and beyond” day-to-day transactions. We care about each other, in the workplace, but also beyond the workplace. We lean in to support each other, professionally AND personally.

How have we built a community that cares for its individual members? We have done it together over time; it starts with respect and assuring that everyone has a voice. We have set up many avenues for communicating between and among our groups: faculty, trainees, and staff. We are working to “flatten the hierarchy,” trying to build a culture of a surgical family with psychological safety where we are all valued and feel safe to speak. These communication efforts take thought, participation, and dogged perseverance. And sometimes they just take “showing up.” The unofficial off-the-clock conversations are often those that build community the most; those that occur when we get to know each other in a hallway conversation or a department function or group social event. I love the energy that we put into understanding each other and I believe this is a lot of the

foundation towards creating the department community that we share and enjoy.

And, importantly, this is a mission-driven Department. Our community has the enormous privilege of working together to help other people live better and live longer. That is a pretty strong “shared interest” that connects us to each other. We all come to academic medicine for a reason: whether we focus mainly on the clinical, teaching or research mission—or also importantly, the business processes that support these activities. Our mission and actions in pursuit of that mission are paramount to bonding our community. We’re proud to belong to a department with its clinical firsts and renowned expertise, its research breakthroughs and our top-ranked training programs. I am proud when I hear about another research award or a former resident who has taken on a leadership role in their community, or as we reach a clinical milestone such as transplanting our 500th heart.

Some of our departmental functions are intentional in providing opportunity for Department members to enjoy and burnish the community during the Schilling Symposium and Harkins Symposium/Strauss Lecture; and along with our families at our summer event; in our holiday party and other occasions as well. The occasions make ever more solid our sense of community.

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While we are one department that is its own distinct community, we are also a big department that presents challenges to a single identity. We're not a single community, but rather a collection of many identities that share the same mission. Some of us are pediatric surgeons, others experts in IT. Some are first year residents, and others are emeritus professors. Some are based at the VA Puget Sound, others at Harborview, and still others at UW Medicine - Northwest. These professional parts of our intersectionality can tend to divide us up into separate groups of the people we most identify with and work closely with. (Has anyone noticed the vascular surgeons sitting together at Grand Rounds, or the trauma surgeons sharing a table at a function, or the education staff hanging out together, or all the interns sitting together at the department graduation events?) We can celebrate the strength of these groups or smaller communities within our bigger department. All of these intersecting identities contribute to the diversity of our department and our community is stronger when we are also feeling comfortable and safe outside of our own team. While these groups could be seen as a barrier, I choose to see them as contributing to the health and vibrancy of our Department Community.

Growing and maintaining a healthy community is worth it, but not always easy. COVID and remote work have made challenges to maintaining and growing our sense of Community. I know from various reports (both faculty and staff) there are silver linings to partially remote/partially on-site work. Staff, for instance, report that actually they have gotten to know and appreciate more people in our department due to remote work and the ease of connection via Zoom

or Teams. Faculty are appreciative of the ability to attend some meetings remotely—allowing for time to get their kids ready for school, or to avoid trips across Seattle during rush hour. Nonetheless, being virtual creates a challenge to have those spur-of-the-moment hallway conversations with a colleague that fuel our trust and camaraderie. We are figuring it out and will persevere.

As I end this column, I want to say personally to all of you: I am privileged to know you all. When I have needed to feel a connection to our Community, it is there. I had a tragedy in my own life late last year and I benefited from many of you reaching out and offering a listening ear or “how can I help?” To one and all—I appreciate each of you. Thank you for being part of this Department and this Community.

I hope you will read the entire *Surgery Synopsis* edition. Community comes to life in these pages. We learn about our new faculty, learn about one particular faculty member in more depth in our section #GettingToKnow-DoS—this issue focusing on Dr. Lorrie Langdale from our VA General Surgery practice. New research awards, papers published, honors and awards that have been granted and so much more are reflected in this issue of *Surgery Synopsis*. I think you will truly enjoy reading this issue of *Surgery Synopsis*, especially as you reflect on our Department Community.

Sincerely,

Douglas E. Wood, MD,
FACS, FRCSEd
The Henry N. Harkins Professor & Chair
UW Department of Surgery



Department of Surgery Community Voices



Roger Tatum, MD
Professor & Chief
Division of VA Puget Sound
Health Care System

What does community mean to you?

Community, in the context of my professional career, is an ever-expanding Venn diagram whose individual circles are of varying sizes and includes a very diverse group of individuals with whom I can always find at least one, if not many, things in common. Examples of these individual circles include, on the smaller side, my colleagues in the General Surgery Section at the VA Puget Sound Health Care System (VAPSHCS), together with the residents on our service; other VA service chiefs, and the Center for Esophageal and Gastric Surgery (CEGS) research group; on the larger side, examples include all of the surgery service line staff at the VAPSHCS and the Department of Surgery faculty and residents. There is overlap between all of these groups, both large and small.

Where do you find community across the Department of Surgery?

Truly just about everywhere. We all have more than a few things in common, regardless of our backgrounds or specific roles, and share many values that are inherent in the overall purpose that we serve. Thus, whether it is Grand Rounds, one of the annual symposia, resident

education sessions, or other department functions, I feel a strong sense of belonging and common purpose.

How do you and/or your team stay connected and build community whether working in person or remotely?

While in many ways the pandemic made connection more difficult, the widespread adoption of virtual meetings did actually make communication more frequent and sometimes more in-depth, involving and including more individuals on a regular basis—both a blessing and a curse, of course. Emphasizing the importance of two-way communication has been an important means of accomplishing community building. Recognizing that a short meeting, either face-to-face or virtual, can be in many cases more effective and more satisfying than a longer one is helpful from a leadership standpoint in fostering more quality participation, in my opinion.

I've probably made stronger and more regular connections with others in the department during the last three years than I was ever able to in the 10+ years before.



Megan Sherman
Associate Director of
Educational Programs &
Operational Development

What does community mean to you?

To me, community is more of a sense of belonging to something bigger than oneself. I think it can take many forms, bonding through shared experiences, affinities, or goals—but at the end of the day, I think it comes down to sharing or contributing a part of oneself to the larger group.

Where do you find community across the Department of Surgery?

I find community in various ways across the Department! I think most obviously, it's a sense of belonging amongst the amazing and talented people I have the privilege of working with every day, but it's in the mission too. To some extent, I think we're all here because we believe in the bigger mission—to improve the health of the public. How we contribute to that might look different for each of us—it could be through training the next generation of surgical leaders, or delivering the highest quality care, or advocating for inclusivity and representation—whatever our contribution to those efforts may be, we're a part of something bigger, a larger goal.

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Department of Surgery – Community Voices

How do you and/or your team stay connected and build community whether working in person or remotely?

I think this has been something that’s been a real challenge over the past few years. On the one hand, the [WWAMI Institute for Simulation in Healthcare \(WISH\)](#) has always worked across multiple locations so we were used to not having everyone together in the same place at the same time, but in March 2020, all of a sudden the mechanisms we’d been using to build and keep a sense of social community despite working across multiple locations (e.g., team lunches, retreats, happy hours) were no longer possible. For a while, I think we let them slide, or deprioritized them with everything else going on, thinking eventually we’d finally get back to “normal” and all would be fine. In reality, I think it forced us to look for alternative ways to build community and foster connections. I hate to admit it, but I think everyone getting pushed into learning Zoom/Teams at the same time strengthened our ability to connect across locations. Whereas before, for a staff meeting we’d struggle to find a time when everyone could be at one place so we’d have 10 people in the room with a single conference line and five other solos calling in (and inevitably those five solos were often “forgotten” on the call). It was a total mess. Then with COVID, all of a sudden we had everyone in their own little box and you can see/hear everyone, we didn’t need to wait two weeks to find a time when everyone could meet together at a single location—it’s really changed the way we’re able to work across the team. People are more accessible to each other; I’ve been

able to connect one-on-one via Zoom more than I ever have before— and not just with our immediate team! I’ve probably made stronger and more regular connections with others in the department during the last three years than I was ever able to in the 10+ years before.



Emily Armstead, PA-C
Physician Assistant–Certified
Division of Transplant Surgery

What does community mean to you?

To me, community is a group with whom I share common interests and goals, rely upon for support, and enjoy spending time with.

Where do you find community across the Department of Surgery?

Within my transplant team.

How do you and/or your team stay connected and build community whether working in person or remotely?

We go to the coffee shop as a team (and occasionally make the trip to Saint Bread!), celebrate each other’s birthdays and accomplishments, and schedule happy hours together after work.



Sarah Slonim
Assistant to the Chair

What does community mean to you?

Being part of a community means being part of a group that interacts regularly with a sense of mutual purpose, and where people feel they belong and are cared for.

Where do you find community across the Department of Surgery?

I find community in my mentor (Judith Rapp), my team (Susan Marx, Doug Wood, Desiree Vera, and Jessica Nguyen), the friend who makes sure that I go for a walk (Linh Phan), Program Core, and the many other faculty and administrative professionals I work alongside to accomplish the mission of the department.

How do you and/or your team stay connected and build community whether working in person or remotely?

Everyone on my team is busy, but we take time to say hello and check in on how each person is doing when we can. We express support for things that are going well and empathy for things that aren’t. We may even share interesting tidbits about our lives outside work now and then. I also enjoy bringing cookies and brownies baked by my partner to share with folks at work!

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Department of Surgery – Community Voices



Jake Hemingway, MD
Assistant Professor
Division of Vascular Surgery

What does community mean to you?

For me, community invokes a sense of belonging to a group of people who share a common bond or unspoken understanding of one another's experiences, goals, and values, which allows for a more immediate and deeper connection.

Where do you find community across the Department of Surgery?

With everyone—my partners in Vascular Surgery, the support staff, the OR staff, the residents. These deeper bonds are the result of our common goal of providing excellent care to our patients – which ultimately brings everyone together.

How do you and/or your team stay connected and build community whether working in person or remotely?

Continued interest in one another's lives and interests, values, struggles, etc., demonstrates a level of commitment and humanity that shows you each care about one another beyond the surface.



Alex Ruiz
Project Manager
Surgical Outcomes Research Center (SORCE)

What does community mean to you?

Community to me is a sense of belonging amongst like-minded people, and challenging each other in a positive way. I am part of the [SORCE](#) team in the Department of Surgery (DoS) and have had the great opportunity to work with highly motivated and passionate people that care to improve the quality of our patient care at the University of Washington Medical Center (UWMC) and nationwide; clinicians that are laser focused on patient-reported outcomes and how to improve their quality of care.

Where do you find community across the Department of Surgery?

As part of our research team, I find community with maintaining and building new connections and relationships with other specialties or clinical teams in our UW network. Helping start a new study or project, we get to introduce new research trials and ideas to others and build ideas together to integrate into their clinical flow. Working with students, MAs, nurses, PAs, research coordinators, study sponsors, PIs...the list goes on! We collaborate with a huge network of professionals. I love being a part of the process and working with other individuals driven by

research. We get to collaborate with teams at UW Medical Center, both Montlake and Northwest campuses, and also at Harborview Medical Center. Our growth has become vast with surgery research, and I am eager to see the new relationships and research trials we build.

How do you and/or your team stay connected and build community whether working in person or remotely?

With COVID impacting our ability to work in person and our office dynamic, we quickly adapted to other means to keep our workflow, but also our connections with our teams. Various remote work tools allowed us to transition to a hybrid work style. Zoom of course was vital for us to continue strong communication, but also a personal connection to our teams across the US. For SORCE, we work with many surgery specialties in the UW network, as well as with hospital sites across the US for our research trials. We get to interact with hospitals across the nation to join our research group and help them manage their trials remotely. We worked together during COVID's impact to adapt and find ways to troubleshoot research problems. We even set challenges to recruit the most, or have the most data entered! We kept our team engaged and supported—this improved our relationships with our national collaborators and reinforced our research group structure. Our research professionals were able to collaborate easier and open up to future growth. Adapting to hybrid work may have shifted how we interact with our community, but we adapted and were able to be a stronger team.

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Department of Surgery – Community Voices



Tamar Solomon, PA–C
Physician Assistant–Certified
Division of General Surgery

What does community mean to you?

For me, community is a team based on mutual respect, where the common goal is to support one another, both professionally and personally.

Where do you find community across the DoS?

I've been in the Department for almost 14 years, but only joined the hepatopancreatobiliary (HPB) team a bit over three years ago. I instantly felt a strong sense of community within this section. The surgeons are truly invested in my professional development, taking time to go through cases and many hours reviewing scans with me. This ultimately made me feel like an important part of the team. It builds you up and not only translates into becoming a better, more proficient clinician; but also allows one to provide the same support to others.

Beyond the surgeons, I've also come to truly depend on our administrative and support staff within the General Surgery Division (GSD) and in the Surgical Specialties Clinic. It has been a difficult time for everyone with a lot of turnover and burnout in the past three years, which really highlights how essential they are to this community. Last but definitely not least, my fellow GSD APPs and surgical

residents are what make the days fun and that much more enjoyable. From calling up Nancy Unger (colorectal ARNP) to help me with a monster wound vac, to just getting a cup of coffee to talk through a difficult day with a resident—it's truly a team effort. Overall, I have felt an immense amount of camaraderie—celebrating professional achievements and personal milestones as well as being there for each other during difficult moments. I cannot imagine a better group to work with.

How do you and/or your team stay connected and build community whether working in person or remotely?

During the height of lockdown, it was tough, with the standard virtual meetings. However, we continued to have our infamous Liver Tumor Clinic birthday parties, via Zoom or socially distanced in person. This is one of my favorite things about our team—these silly celebrations bring a bit a joy to an otherwise busy day and reminds everyone to take a minute, celebrate one another and eat cake. More recently we've started meeting outside of work too, particularly in the summer—with afternoon patio get togethers at Ivar's and Agua Verde. Currently, our chief resident (Dr. Jamie Oh) and I are working on getting the team together for a Surgery H climbing get together at Vertical World...will keep you posted on how that goes!

These deeper bonds are the result of our common goal of providing excellent care to our patients – which ultimately brings everyone together.



Margot DuBois
Executive Assistant
Division of Trauma, Burn & Critical Care Surgery

What does community mean to you?

For me, community means being part of a trusted group who raises each other up when someone is low and celebrates each other's accomplishments. Positive, mutual support is essential for a strong, safe community.

Where do you find community across the Department of Surgery?

I find community in two places in the department. The surgery faculty at Harborview Medical Center (HMC) have always been a terrific, supportive group. I am thankful to work for such caring, compassionate individuals. I also find community with administrative staff, both at HMC and at the UW Medical Center.

How do you and/or your team stay connected and build community whether working in person or remotely?

One of the best things to come out of remote work was expanding my community with administrative staff. It has been a privilege getting to know and working with wonderful staff members I previously had not had exposure to. Our continued remote interactions have built and strengthened the staff community for the better.

SUPPORT OUR COMMUNITY

The Harkins Endowment Fund

The Department of Surgery's deep-seated sense of community can be traced back to our very first Chairman, Henry N. Harkins. This legacy lives on through Dr. Wood's leadership, and through the Henry N. Harkins Endowed Chair. Distributions from this fund support a wide variety of important activities within the Department, most recently our community events including the Henry Harkins Alumni Reception at the ACS Clinical Congress and our holiday party in December. These events are important to continue building the fabric of connection for our residents, our faculty, and our staff. Please consider making a gift to support this fund today.

DONATE NOW

DoS at 2022 American College of Surgeons' Clinical Congress Reception



Top: Dr. Douglas Wood (left) Drs. Hope Jackson, Carlos Pellegrini, and Brant Oelschlager
Bottom: UW Department of Surgery residents

2022 DoS Holiday Party



Top: Susan Marx, Megan Sherman, Joanna Ames, and Laura Yale at the 2022 Department of Surgery Holiday Party
Bottom: Residents Drs. Dan Mohammadi, Preliminary Surgery R2, and James Dittman, Vascular R1, working at UW Medical Center-Montlake the evening of the Department holiday party but are in the holiday spirit

CELEBRATE BLACK HISTORY

UW Medicine

The Department of Surgery is committed to creating an environment that truly celebrates and values people from all backgrounds and identities.

We encourage you to review these [engagement and learning opportunities](#) in recognition of Black History Month.

UW Department of Surgery at the 2022 American College of Surgeons Clinical Congress

The 2022 American College of Surgeons (ACS) Clinical Congress was held in San Diego, CA, and was an incredible week of accomplishments for the Department of Surgery. We are proud of the individuals we get to work beside every day.

“Scientific Forum Moderator – Trauma/Burn/ Critical Care I: Trauma”

Dr. Scott Brakenridge

Associate Professor
Division of Trauma, Burn & Critical Care Surgery

“Use and Outcomes of Dexamethasone for the Management of Malignant Small Bowel Obstruction”

Dr. Frank Yang

Research Resident

“Hepatobiliary Clinical Review”

“Bowel Obstruction Clinical Review”

“Treatment of Appendicitis”

Dr. Giana Davidson

Associate Professor and Section Chief,
Emergency General Surgery
Division of General Surgery

“How to Become a Surgeon Advocate for Antimicrobial Stewardship”

Dr. Patchen Dellinger

Professor Emeritus

“Meet the Experts: Critical Issues in Laparoscopic Ventral Hernia Repair”

Dr. Andrew Wright

Professor, Endowed Professor for the Center for
Videoendoscopic Surgery
Division of General Surgery

“Intravenous Crystalloid Use in Trauma Victims After ICU Admission”

“Factors Associated with Survival After ECPR in Non-Cardiac Pediatric Patients”

Dr. Cat Beni

General Surgery R4

“The Severely Injured Hand: Optimal Care for Optimal Outcomes”

“Fournier's Gangrene/Necrotizing Soft Tissue Infections”

Dr. Jeff Friedrich

Professor
Division of Plastic Surgery

“Experience and Opportunities for Education and Quality Improvement Through Standardization of Morbidity and Mortality Conference”

Dr. Denzel Woode

General Surgery R4

“Variability in Pre-Hospital Crystalloid Resuscitation and Associated Clinical Outcomes in Injured Patients”

Dr. Mike Weykamp

Research Resident

“Managing Complex Wounds: Acute to Chronic”

Dr. Kari Keys

Associate Professor
Division of Plastic Surgery

“Global Surgery and Humanitarian Outreach I: Development and Implementation of an Enternally Based Resuscitation Bundle”

Dr. Kajal Mehta

General Surgery R4

“The Impact of Guideline Concordant Management of Cholecystitis During Pregnancy”

Dr. Mariam Hantouli

Acting Instructor
Surgical Outcomes Research Center (SORCE)

“The Scudder Oration: Wisdom Through the Ages”

“The Medical Summit on Firearm Injury Prevention: What's Next?”

Dr. Eileen Bulger

Professor & Chief
Division of Trauma, Burn, & Critical Care Surgery

“Limited English Proficiency and Discharge Option Prescription Among Patients Undergoing Surgery”

Dr. Elina Serrano

Research Resident

“Defining Surgical Culture”

Dr. Erika Bisgaard

Assistant Professor
Division of Trauma, Burn & Critical Care Surgery

“The Failed Fundoplication: Evaluation and Management”

Dr. Robert Yates

Clinical Associate Professor
Division of General Surgery

“Recidivism after Interpersonal Violence: Who is at greatest risk?”

“Surgeons on the Frontline of Gun Violence: Unique Community Partnerships”

Dr. Deepika Nehra

Assistant Professor
Division of Trauma, Burn & Critical Care Surgery

“Intensive Medical Management of Fournier's Gangrene”

Dr. Rebecca Maine

Assistant Professor
Division of Trauma, Burn & Critical Care Surgery

“Coping with Conflicted Commitment to Surgeon Health”

Dr. Patrick Javid

Professor
Division of Pediatric General Surgery

“Robotic Treatment of Type III Mirizzi Syndrome”

Dr. Jonathan Sham

Assistant Professor
Division of General Surgery

Department of Surgery

2022 Harkins Surgical Symposium & 73rd Annual Dr. Alfred A. Strauss Lecture

The [Annual Dr. Alfred A. Strauss Lecture](#) was held October 21, 2022, with guest lecturer [Jeffrey B. Matthews](#), MD, FACS, MAMSE, Dallas B. Phemister Professor and Chair, Department of Surgery and Surgeon-In-Chief, University of Chicago Medicine. His lecture was titled “Truth and Truthiness: Evidence, Experience, and Clinical Judgement in Surgery.” [View Dr. Matthews’ Strauss lecture >>](#)

The following presentations were given at the Harkins Surgical Symposium.

HARKINS LECTURE

“Chronic Pancreatitis: Which Operation For Which Patient, and When?”

Dr. Jeffrey Matthews

Dallas B. Phemister Professor and Chair
Department of Surgery and Surgeon-In-Chief
University of Chicago Medicine

“CO2 Laser for Burn Scars”

Dr. Tam Pham

Professor and Chief, Burn Center
Division of Trauma, Burn & Critical Care Surgery

“Stopping the Bleed: How Lessons Learned in War Can Harden the Home Front”

Lt. Col. Quintin Hatch

Program Director, Colorectal Surgery
Madigan General Surgery

“Ruptured Abdominal Aortic Aneurysm and Differences between Men and Women”

Dr. Kirsten Dansey

Assistant Professor
Division of Vascular Surgery

“Size, Access and Allocation Policy in Liver Transplant”

Dr. Catherine Kling

Assistant Professor
Division of Transplant Surgery

“What’s New in Pediatric Aerodigestive Surgery”

Dr. Matt Dellinger

Assistant Professor
Division of Pediatric General Surgery

“The Ross Procedure for Treatment of Aortic Valve Disease”

Dr. Scott DeRoo

Assistant Professor
Division of Cardiothoracic Surgery

DR. NICHOLAS B. VEDDER – 2022 HARKINS DISTINGUISHED ALUMNUS

The UW Department of Surgery is a vaunted institution, respected across the country. Within that institution dwells a person that is an institution unto himself, representing the values that we as a department consider important. That person’s name is Dr. Nicholas B. Vedder.

There are few faculty members in our department that have similar longevity to Dr. Vedder. He began his surgery residency training here in 1981, learning from teachers whose names now line the halls of our department. After plastic surgery training at Massachusetts General Hospital, he then returned to Seattle for further training. In a testament to his pioneering spirit, he became the firsthand surgery fellow at UW, training in a program that had no precedent and getting little to no sleep. Following completion of his surgical training in 1991, Dr. Vedder became a faculty member in the Division of Plastic Surgery, where he remains to this day.

Ten years into his stint as plastic surgery faculty at UW, Dr. Vedder took over the reins

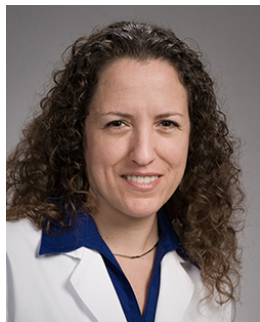
of the Plastic Surgery Division from another pioneer in our field, Dr. Loren Engrav. To say that the Plastic Surgery Division at the UW has grown and expanded during Dr. Vedder’s tenure as chief would be grossly understating reality. He took over a small program, and with intrepid leadership and a vision to the future, nurtured it into the program that we all know today. The UW Plastic Surgery Division is now comprised of 18 full-time faculty members and a highly-ranked plastic surgery residency that is among the largest in the country. Dr. Vedder’s influence has additionally been felt beyond the walls of the UW where he has been the president of highly respected organizations such as the Plastic Surgery Foundation, the American Association of Hand Surgeons, the American Association of Plastic Surgeons, and the Chair of the American Board of Plastic Surgery.

Dr. Vedder has and continues to embody all that we hold dear in the Harkins Society and in the DOS. We all offer him our congratulations on a truly transcendent 31-year tenure at UW.



Drs. Nick Vedder, Jeff Friedrich, and Otway Louie at the AAPS meeting in San Diego, 2022

DIVERSITY IN DoS



Elina Quiroga, MD, MPH

Associate Professor
Division of Vascular Surgery
Co-Chair, DoS Diversity Council

Dr. [Estell Williams](#), Assistant Professor, Division of General Surgery, and Executive Director of the Center for Workforce Inclusion and Healthcare System Equity (WIHSE), is known for her commitment towards bringing people together to work towards what is needed now and in the future.

As Executive Director of “Doctor for a Day,” a program designed to inspire and encourage middle and high school students of color to consider medicine or other healthcare careers, she was instrumental in adapting this program when COVID changed the world. When the pandemic started, Dr. Williams knew it would systemically hit disadvantaged communities first and harder. While whole institutions were overwhelmed with tactical complexities, Dr. Williams and the entire “Doctor for a Day” team redesigned



Students learning physical exam skills, patient interviewing techniques, and suturing at “Doc for a Day”

what was a rich in-person experience into a new online offering, combining health outreach, student engagement, and health education focused on providing COVID-19 information. By engaging these young King County students, they also built and strengthened social ties, sparking passion in medicine during the more challenging months of the pandemic. Dr. Williams kept that strategic outlook despite uncertainty and hardship, and she continues to work to create a diverse pipeline of medical students to decrease healthcare inequities in the future.

“Doctor for a Day” is just one example of Dr. Williams’ commitment to our community. She and her husband, [Edwin Lindo](#), are the founders of Estelita's Library. Estelita's is not only a library; it is a gathering place for people to share space,

knowledge, and the love of reading while integrating local service, Black culture, art, community space and urban repair.



In December, Dr. Williams’ legacy and commitment to service were recognized by the Puget Sound Business Journal with the Health Care Leadership Award, a well-deserved recognition for her unwavering work to better and heal our community.

RETIREMENT

FACULTY RETIREMENTS



For 35 years, Dr. Mika Sinanan has been a steadfast presence in the Department of Surgery (DOS). On January 1st, 2023, that came to an end as Dr. Sinanan retired.

Dr. Sinanan began his medical career in 1980 at Johns Hopkins University where he earned his medical degree before joining the General Surgery Residency Program at the University of Washington. Dr. Sinanan completed residency training in 1987 and went on to earn his PhD in Electrical Engineering from the University of British Columbia in 1991.

Dr. Sinanan became faculty in the Division of General Surgery in 1988, first as an Acting Assistant Professor, and then becoming an Assistant Professor in 1990. He was promoted to Associate Professor in 1996, then full Professor in 2003. He also held an adjunct appointment with the Department of Electrical Engineering since 1997. Dr. Sinanan's dedication to serving UW Medicine was tireless and his leadership roles numerous. Major roles included Director of the Gastrointestinal Function Clinic from 1988–1996, as well as Co-Director of the Center for Videoendoscopic Surgery from 1993–2004. In addition, Dr. Sinanan was Chief of Medical Staff–Elect from 1999–2001 and Chief of Medical Staff from 2001–2004 for UW Medical Center–Montlake, while also holding the role of Medical Director for the UW Medical Center–Montlake Surgical Specialties Clinic from 1994–2016. During this same period he was elected President of University of Washington Physicians and served in that role from 2008–2016. More recently he served under the Chief Medical Officer as the Medical Director of Contracting and Value–Based Care.

Dr. Sinanan held leadership roles with many professional societies, including American College of Surgeons (ACS) Board of Governors, ACS Accredited Education Institutes R&D Committee, King County Medical Society, and the Washington State Medical Association; of which he

has been a member of the Board of Trustees since 2009, as well as being the Assistant Secretary Treasurer, Secretary Treasurer, Second Vice President, First Vice President and President–elect in 2021. His research and publications are outstanding, having been awarded multiple research funding grants and publishing over 70 peer reviewed articles as well as 15 book chapters.

Dr. Sinanan had a long and significant involvement in the Department and School of Medicine education mission. In addition to serving as faculty and resident supervisor for many of our surgical fellows and residents, he served on the Board of Directors, Executive Committee and was a founding member and current Associate Director of the R&D Committee for the [WWAMI Institute for Simulation in Healthcare \(WISH\)](#).

Perhaps more than anything, Dr. Sinanan will be remembered as a clinical surgeon. For most of his career, he took on the most difficult surgical problems referred to UW, many by Northwest surgeons who knew the problem to be technically challenging. He spent days and nights tirelessly serving the community in the operating room, and was widely known as one of the best surgeons of his generation.

Dr. Sinanan has been an invaluable faculty member and mentor for the UW School of Medicine and DOS since he first joined in 1988. His dedication to the clinical, educational and teaching missions are second to none. He will be greatly missed.



Mika N. Sinanan, M.D.

Dr. Mika Sinanan's 1987 Chief Resident Portrait

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RETIREMENT

FACULTY RETIREMENTS (CONT.)



Dr. John Waldhausen, the Herbert E. Coe Endowed Chair of Pediatric Surgery and Chief of General and Thoracic Pediatric Surgery, retired in January after an extensive and distinguished career in the Department of Surgery. The significant impacts of his leadership and mentorship with faculty, trainees, and staff will continue to be felt through the programs he helped build and sustain. Pediatric Surgery is grateful Dr. Waldhausen will be continuing to provide clinical care in a part-time retiree capacity beginning in March.

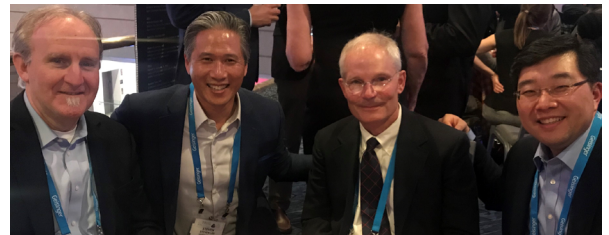
After receiving his BA in Economics at Haverford, Dr. Waldhausen completed his medical education at Penn State followed by surgical residency training at the University of Virginia. Dr. Waldhausen went on to receive advanced training from the University of Washington's Pediatric Surgery Fellowship program at Children's Hospital & Regional Medical Center (now Seattle Children's Hospital [SCH]). Dr. Waldhausen joined the UW Department of Surgery's faculty in 1994 and has been a vital member and leader in the Department for 30 years; he was first appointed as the Section Chief of the UW School of Medicine (SOM) and the SCH Division Chief of Pediatric and Thoracic Surgery in 2006, and finally as the dual Division Chief for both UW SOM and SCH, as well as the Herbert E. Coe Endowed Chair of Pediatric Surgery in 2020.

Dr. Waldhausen was passionate about training the next generation of pediatric surgeons. He was the Program Director of the Pediatric Surgery Fellowship for nearly 20 years, helping to ensure the program's ongoing reputation as one of the most prestigious fellowship programs in the country.

In the fall of 2022, Dr. Waldhausen was celebrated by colleagues both locally and across the country in a festschrift at SCH. The outpouring of admiration and respect for Dr. Waldhausen's career and its legacy was profound. The final speaker closed with a quote from Dr. Waldhausen that speaks to the core of who he is, "As physicians,

it is our role to do all we can to alleviate suffering and instill hope for the future in our patients and families. As Sir William Osler said, 'The practice of medicine is based on science. It is not a trade, not a business, but a calling in which your heart will be exercised equally with your head.' Service is the most noble of callings. As surgeons, and especially pediatric surgeons, as we practice the art of surgery, we have the privilege of alleviating suffering, creating hope, and trying to complete what nature could not."

The Department of Surgery is deeply grateful to Dr. Waldhausen for an incredible career and celebrates with him as he transitions into well-earned retirement.



Top – Drs. Patrick Healey, Steven Lee, John Waldhausen, and Stephen Kim
Bottom left – Dr. Waldhausen circa 2003
Bottom right – Dr. Waldhausen cleaning the OR

GETTING To Know DoS

LORRIE LANGDALE, MD, FACS

Professor & Chief, Section of General Surgery
Veteran's Affairs Puget Sound Health Care System



In your medical education journey, did you always want to be a surgeon? How did you end up in this specialty?

When I was accepted into the University of Washington School of Medicine, I proclaimed a goal of going into Primary Care. After all, one did not get admitted to UW without that plan. In addition, I had worked my way through medical school by being a blood drawer at (now) UW Medical Center—Montlake and my interactions with the surgical teams were not stellar—the nicest resident was the Neurosurgery Chief. So, when I started clerkships, I did Surgery first to get it over, knowing that there was no way I was going to be a surgeon. But my experience at the Public Health Service (PHS) Hospital (only student for six weeks admitting half a dozen patients a day with Drs. Keith Oldham [R2] and Bill Williams [R5]) turned out to be both challenging and fun. It was on that rotation that I met Dr. Ron Maier when he was cross-covering chief call between Harborview Medical Center (HMC) and PHS—what a character! Over time, I came to realize that where I was enthusiastic about learning was on the surgical services. I switched from the Family Medicine plan to Surgery at truly the last minute with the support of my advisor, Dr. David Heimbach. In my year, no women were accepted into categorical General Surgery slots at UW. Though I had ranked #20, they went to #15 on the match list and took four guys from my class, none of whom finished! I started in a P2 position which was converted to a full categorical position within two months at Michael Reese in Chicago. On finishing at Reese, I went to University of California, San Francisco (UCSF) for a Critical Care fellowship.

Why did you choose to work for the Department of Surgery? How did you start working for the Veteran's Affairs Puget Sound Health Care System (VAPSHCS)?

The story continues: six months after graduating residency, my Reese mentor, Dr. Chip Rice, was recruited to be Chief of Surgery at HMC. When I finished at UCSF, he and Dr. Jim Carrico manufactured a job at the Seattle VAPSHCS. Chip basically wanted someone who would sing the same ICU tune down the street, so I was hired to do General Surgery and Critical Care. I came home and have been here ever since!

Why is it important to you to serve the veteran population?

My partners and I have had this conversation many times. We care for an underserved, deserving population who nearly always say “thank you.” We get to practice relatively pure medicine, with no consideration as to whether we will get another referral if we say no. I have never had to bill. I get to teach and do research. With all this, there is still room for life outside medicine (still figuring this one out). Our group is supportive of each other's needs. Yes, the bureaucracy can be a pain and there are plenty of unfunded mandates. It may sound corny but, in a way, this is my service to my country—helping prepare the next generation of surgeons and physicians while caring for those who served.



VA Faculty (left to right) – Rachel Powers (ARNP), Roger Tatum, Lorrie Langdale, Deborah Marquardt, Edgar Figueredo, Dana Lyngge (not pictured – Peter Wu)

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GETTING To Know DoS

LORRIE LANGDALE, MD, FACS

Professor & Chief, Section of General Surgery
Veteran's Affairs Puget Sound Health Care System



You've been an integral member of the DoS Women's Council. Can you talk about your career experience as a woman surgeon, and how this has shaped your involvement in the Council?

While I was certainly not one of the first women in surgery, there were very few in our department when I began at UW and my experiences reflect that. It took a long time to be promoted as I believed that if I was good enough, I would be rewarded—clearly I was not that good at self-promotion! Was there subtle, even overt, discrimination? Yes. Did I need to repeatedly prove myself? Yes. Did this ultimately keep me from succeeding? No. The surgical environment today has evolved. Things I chose to ignore and tolerated without much angst are unacceptable now and, to our credit, we are more aware of the issues that can stall women (and men) in a surgical career. As a result, my role on the Council is to listen.

What is the best career advice you've ever received?

Two things: if you want a seat at the table you have to raise your hand. I have had many opportunities for leadership, but to be nominated or recruited, you must be available. If you are waiting for someone to beg for your participation, you will be waiting a long time. Second, wear color or bling at any national meeting. Women are still in the minority, so you need to stand out in that sea of black, grey, and navy-blue suits!

Tell us about your most memorable patient/surgery.

There have been several patients who I will never forget. With as long as I have been at this, it's hard to choose: the paraplegic veteran who was airlifted from

Iraq via Germany and Bethesda with an open abdomen, pancreatic and small bowel fistulae who eventually returned to hunting with his kids in Montana; the patient sent from Alaska by one of our grads for his duodenal cancer/Whipple—still sends Christmas cards; or the esophagectomy patients who somehow recover after what seem like every complication in the book and make me wonder every time if I should just quit. Patient care has its ups and downs.

What is something you've accomplished this past year you're most proud of?

I have been a contributor to the Surgical Education and Self-Assessment program (SESAP), the American College of Surgeons (ACS) Continuing Medical Education (CME) program for over 25 years. This last year, I took on leading and editing the development of the new SESAP 18 Advanced Modules and we are almost ready to go into production. In the interim, Dr. John Weigelt, who has run SESAP for about 20 years, decided he wanted to pass it on, so I was recently appointed by ACS to take on the directorship of the whole program while keeping my day job at VAPSHCS. Lots of weekend editing in my future. In addition, along with Dr. [Ron Maier](#), I had the honor of being inducted as a member



into the ACS Academy of Master Surgeon Educators.

What have you found most challenging in your surgical career?

Probably the biggest challenge was during my research years. Although I had sufficient



The ACS Delegation group on the Israel trip

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GETTING To KNOW DoS

LORRIE LANGDALE, MD, FACS

Professor & Chief, Section of General Surgery
Veteran's Affairs Puget Sound Health Care System



Dr. Langdale in DC at an ACS Advocacy meeting – strong women!

funding to support the work and a technician, I was still operating on mice well into the middle of my career. Finding time to be productive without a critical workforce mass in the lab to move things continuously forward was difficult and frustrating. As a result, I eventually closed the lab and focused on education—probably more my forte anyway.

Where did you travel on your most memorable vacation?

Although technically not tagged as a vacation, accompanying the ACS delegation led by Dr. Carlos Pellegrini to Israel a few years ago was memorable. I doubt I would have traveled there on my own, but as part of a delegation, I learned a lot about the Middle East and floated in the Dead Sea (which is now drying up!). Also, I went to Australia to learn some molecular biology with a particular antibody and then took a tour that included snorkeling at the Barrier Reef. Very cool.

What are you known for professionally or personally?

Professionally, probably versatility, given that my practice still spans most of General Surgery plus Critical Care. That, along with small hands that can get into small places. I can put my whole arm up someone's mediastinum in an esophagectomy and not drop the blood pressure! 5 ½ size glove hand has its advantages. Personally, Pilates and gardening.

What is your personal motto?

Seize the day.

RAPID FIRE

What is the last book you read?

I am a big audiobook fan so I go through at least one every week or two—great way to multitask while walking, driving, cooking, gardening. Recent ones include *Heartburn* by Nora Ephron; *Horse* by Geraldine Brooks (two other greats by Brooks – *People of the Book* and *Year of Wonder*); *And There Was Light: Abraham Lincoln and the American Struggle* by Jon Meacham; *Portrait of an Unknown Woman* by Daniel Silva.

What TV show are you watching now?

Three Pines (based on the Louise Penny mystery series—I am obsessed)

What is your go-to snack?

Cashews

What is your favorite guilty pleasure?

A good book (Jane Austen on repeat) and old film musicals.

Who is your inspiration and why?

This one is hard—I find anyone who is true to their principles and remains kind, caring and generous despite adversity, inspirational.

If a movie was made about your life, who would play you?

Thank goodness this will never happen at this stage of my life...can I hope for Helen Mirren?

Department of Surgery – Clinical Highlight Gender Affirming Surgery at UW Medicine



[Russell Ettinger, MD](#)
Assistant Professor
Division of Plastic Surgery

[Shane Morrison, MD, MS](#)
Assistant Professor
Division of Plastic Surgery

The term *gender identity* refers to how an individual identifies themselves with regard to gender—an intrinsic sense of “self.” For many individuals (cis individuals), their intrinsic gender identity aligns with the sex assigned at birth. However, there are individuals (trans and non-binary) whose gender identity does not align with their sex assigned at birth. The result of this incongruence between a person’s gender identity and their sex assigned at birth can create significant distress emotionally, cognitively, and socially, which is defined as *gender dysphoria*. Roughly 1.4 million individuals within the United States identify as transgender and non-binary, and some are impacted by gender dysphoria. Research has shown that these individuals are exposed to significantly elevated rates of depression, physical assault, housing instability, school and workplace mistreatment, sexual assault, and suicidality.

Holistic treatment of individuals with gender dysphoria requires specialists from

a variety of clinical backgrounds, including medicine, mental health, physical and occupational therapy, social work, nursing, and surgery. These providers support gender diverse individuals and in some instances, assist with a patient’s “transition”—where they make social, legal, medical, and surgical changes to increase their congruency with their gender identity. The University of Washington (UW) formalized the [Surgical Gender Affirmation Program \(SGAP\)](#) in 2019 in parallel with [Seattle Children’s Surgical Gender Affirmation Program](#). The multidisciplinary program at the UW coalesced under the leadership of Dr. [Corinne Heinen](#), Professor, Family Medicine, [Sean Johnson](#), LSWAIC, Social Work/Public Health, Dr. [Alexander Skokan](#), Assistant Professor, Department of Urology, and Dr. [Russell Ettinger](#), Assistant Professor, Division of Plastic Surgery. The team was expanded further with the strategic hiring of Dr. [Shane Morrison](#), Assistant Professor, Division of Plastic Surgery, in 2021 to increase the surgical gender affirmation offerings within UW Medicine. The team has expanded further with key partnerships with allied staff across Obstetrics and Gynecology, Dermatology, General Surgery, Otolaryngology, Psychiatry, and Physical and Occupational Therapy.

UW SGAP was developed as a [World Professional Association for Transgender Health \(WPATH\)](#) program which emphasizes consensus, evidence-based recommendations for the holistic treatment of gender diverse individuals with gender dysphoria. Patients seeking surgical gender affirmation have undertaken both medical and mental health assessments, and have letters supporting

readiness for surgery. SGAP currently offers full scope gender affirmation procedures through its multidisciplinary team of surgeons, including chest surgery (mastectomy, breast augmentation, chest reduction), body contouring surgery, facial surgery (facial feminization, facial masculinization), and genital surgery (orchiectomy, vaginoplasty, metoidioplasty, phalloplasty). Since its inception, UW SGAP has demonstrated robust growth and currently has over 300 individuals seeking gender-affirming surgery. With this program, the UW has significantly expanded the access to gender affirming care to its local and regional community of gender diverse individuals and looks to expand with continued growth and subspecialty collaboration in the future.

Gender Affirming Surgical Team



Top photo: Alex Borchert (former Reconstructive fellow), Alex Skokan (Reconstructive urologist), Shane Morrison (Plastic surgeon) and Aaron Berhanu (former Plastic Surgery resident)

Bottom photo: Shane Morrison (Plastic surgeon), Alison Bae (Plastic Surgery chief resident), Jeffrey Friedrich (Plastic surgeon), Cameron Kneib (Plastic Surgery resident), Jeff Lin (Reconstructive Urology fellow), and scrub and circulating team.

Dr. Jorge Reyes Steps Down as Transplant Division Chief



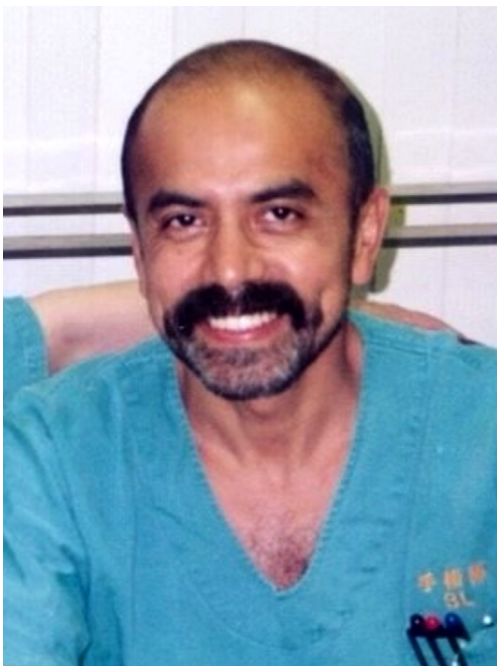
On January 3rd, 2023, Dr. Jorge Reyes, the Roger K. Giesecke Distinguished Chair and Professor of Surgery at the University of Washington, stepped down from his position as Chief of the Division of Transplant Surgery, after 18 years of service. Prior to joining the UW Medicine Department of Surgery (DOS), Dr. Reyes gained recognition during his early professional career at the University of Pittsburgh as a protegee of the famed Dr. Thomas

Starzl, a.k.a. “Father of Modern Transplantation,” the surgeon who performed the first human liver transplant. While at Pitt, he completed his fellowship in Transplantation and continued on to become Director of Pediatric Transplantation, forging developmental strides in pediatric transplantation, split liver transplantation, and intestinal transplantation. He also managed to find time to found and direct the still popular [Camp Chipohi Children’s Summer Transplant Camp](#) in Morgantown, West Virginia, a camp that promotes self-esteem for former transplant pediatric patients in an environment where they interact with other children with similar medical backgrounds.

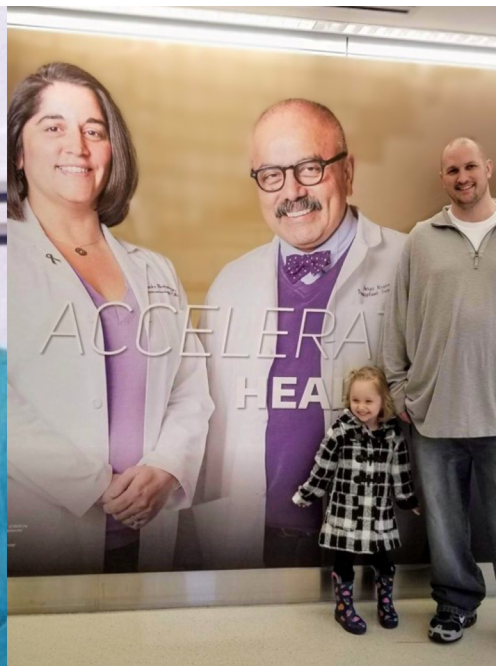
Dr. Reyes’ accomplishments since joining the UW as Chief of the Division of Transplant Surgery and Chief of Pediatric Transplantation at Seattle Children’s Hospital, in July 2004, have been just as impressive. Dr. Reyes was the first surgeon to be appointed The Roger K. Giesecke Distinguished Chair in Transplant Surgery, which has supported

the groundbreaking [Living Donor Liver Transplant](#) program since its inception. Academically, his contributions included research in the development of new immunosuppressive drug trials, minimization of immunosuppression in children, and tolerance induction; with a clinical focus on transplantation of hepatic segments, intestinal transplantation, intestinal failure management, and development of transplantation services in other countries. He has published over 360 articles and 45 book chapters and presented nationally and internationally on transplant issues. Beyond academia, Dr. Reyes exerted his influence politically in leadership roles for various national and international transplant organizations including the [United Network for Organ Sharing \(UNOS\)](#), and endeavored to make a difference culturally in the DOS itself by serving as Chair of the DOS’s [Diversity Council](#). During this time, he expanded its membership, oversaw the creation of the Diversity Council website, and helped sponsor a newly created [Diversity sub-intern fund](#), which continues to help minorities finance their medical training. For his final hurrah, Dr. Reyes advocated for the formation of the future UW Medicine Transplant Institute, an organizational paradigm that will provide the care needed to face ongoing challenges in healthcare and disease.

Dr. Reyes’ absence will be strongly felt by the DOS and the transplant community, but his contributions will live on through the lasting influence of his academic, sociopolitical, and cultural contributions, and most importantly, his patients. Surgical Director of Liver Transplantation and Director of the Live Donor Liver Transplant Program, Dr. [Mark Sturdevant](#), will serve as the Interim Transplant Surgeon Chief, following Dr. Reyes’ departure.



Dr. Reyes early in his surgical career



“We tell our children that these are the real-life superheroes” - Jarad (transplant patient)

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Dr. Giana Davidson and Research Team Awarded the Donaghue Foundation’s Greater Value Portfolio Grant

Dr. [Giana Davidson](#), Associate Professor and Section Chief for Emergency General Surgery, has received funding from [The Donaghue Foundation](#), expanding the current AHRQ funded [Pharmacy Integrated Transitions \(PIT\)](#) R01 Randomized Trial. While the PIT program aims to improve coordination between hospitals and skilled nursing facilities (SNFs) by decreasing medication-related problems, this new funding will incorporate the narrative voice of Spanish speaking patients and focus on the transition failures that drive disparate outcomes.

Dr. Davidson says, “I am incredibly grateful for the opportunity to collaborate with this multidisciplinary team and the Donaghue Foundation. This ancillary funding centers those that are at highest risk for errors in communication—even when we follow current best practice guidelines, we are failing to take care of people in our communities.” Dr. Mariam Hantouli, a co-investigator and research faculty in the Department of Surgery stated, “This funding allows for mixed methodology that focuses on patient experience and centers equity in development of implementation guidelines and future interventions.”



TOP ROW

Oleg Zaslavsky
Dept. of Nursing

Edwin Lindo
Dept. of Family Medicine

Elina Serrano
Dept. of Surgery

Thuan Ong
Dept. of Geriatrics

Elizabeth Austin
Dept. of Health Systems & Population Health

Zachary Marcum
Aetion, Pharmacoepidemiology

MIDDLE ROW

Shalynn Howard
Dept. of Surgery/SORCE

Jasmine Mangrum
Dept. of Pharmacy

Alex Ruiz
Dept. of Surgery/SORCE

Giana Davidson
Dept. of Surgery

Sarah Monsell
Dept. of Biostatistics

Kaleb Germinaro
Dept. of Education

BOTTOM ROW

Jocelyn Chaing
Dept. of Pharmacy

Adrian DeLeon
School of Medicine

Mariam Hantouli
Dept. of Surgery/SORCE

Nick Gionet
Dept. of Surgery/SORCE

Nathalia Jimenez
Dept. of Anesthesiology & Pain Medicine

Bryan Comstock
Dept. of Biostatistics

Drs. Venu Pillarisetty and Lindsay Dickerson Receive \$400,000 Fibrolamellar Cancer Foundation Grant



Dr. Venu Pillarisetty



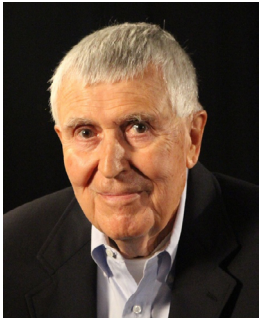
Dr. Lindsay Dickerson

Dr. [Venu Pillarisetty](#), Professor of Surgical Oncology, and Dr. [Lindsay Dickerson](#), General Surgery Resident Research Fellow, received a \$400,000 grant from the Fibrolamellar Cancer Foundation for their project, “Therapeutic modulation of tumor-infiltrating T cell function in fibrolamellar carcinoma.” Fibrolamellar carcinoma (FLC) is a rare liver cancer affecting children and young adults without underlying liver disease. Patients often present with large tumors and metastases. Surgical resection is the cornerstone of treatment and offers the best chance of cure, however recurrence rates after surgery are as high as 90%. FLC responds poorly to available systemic therapies, with an overall survival of less than two years with chemotherapy alone. With the recent success of targeted therapy in many solid tumor types, there has been a growing interest in immunotherapy—harnessing patients’ immune systems to fight cancer.

Certain characteristics of the tumor environment and immune response in FLC indicate that the immune system is suppressed. Dr. Pillarisetty and his team in the [UW TIME Lab](#) aim to investigate how immunotherapy alters these attributes and thus may be employed to reverse the immunosuppression in FLC. They will characterize the distribution of immune cells in relation to cancer cells and evaluate the proliferation of specific T cells after immunotherapy. The team will use slices of FLC tumors from patients to test how combinations of immunotherapy influence the cancer-killing function of T cells. Finally, in collaboration with Dr. [Kevin Barry](#) at the Fred Hutch, Dr. Dickerson will develop a novel mouse model of FLC to make studying the disease easier. The ultimate goal is to discover immune system-based treatments that can prolong survival in—or even cure—FLC.

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Dr. David Ashbaugh Memoriam



David George Ashbaugh, Professor and former interim Chair for the Department of Surgery (DoS), passed away on December 31, 2022.

Dr. Ashbaugh was born on November 10, 1931 in Bucyrus, OH. He graduated from Ohio State University Medical School in 1957, before enrolling in general surgery residency at the University of Colorado

Medical School. Upon graduation, Dr. Ashbaugh joined the faculty, where he practiced until 1972. Dr. Ashbaugh published his seminal

research paper first identifying Acute Respiratory Distress Syndrome (ARDS) in the Lancet in 1967, and went on to publish over 40 more papers.

In 1988, Dr. Ashbaugh joined the faculty at the University of Washington DoS, and served as interim chair from 1990 to 1991 prior to the recruitment of Dr. Carlos Pellegrini. Dr. Ashbaugh held many leadership positions including President and Board of Trustees Member for St. Luke's Regional Medical Center, and was on the Board of Trustees for the Idaho Medical Association.

Dr. Ashbaugh made an enduring mark on the DoS, and has left a lasting legacy for UW Medicine and its patients.

UW Medical Center–Montlake and UW Medical Center–Northwest Accredited as Centers of Excellence in Robotic Surgery



In October 2022, the UW Medicine Northwest and Montlake Campuses successfully attained and renewed their accreditation as Centers of Excellence in Robotic Surgery (COERS) with Drs. [Nicole White](#) and [Jim Park](#) as Program Directors, Cindy Jo Allen, and Carla Brannen as Administrative Leads, and Rachelle Hanson and Fatima Obaob as Program Coordinators, respectively.

COERS certification is awarded through the Surgical Review Corporation (SRC), a nonprofit patient safety organization that administers best-in-class accreditation for medical professionals, surgeons, hospitals, and outpatient facilities globally. The SRC certification is currently the only recognized COERS program.

The accreditation process involves a comprehensive site visit, during which the facility must demonstrate the institutional leadership's commitment to excellence in robotic surgery, and a dedicated multidisciplinary team of physicians, nurses, and staff ensuring that the facility, equipment, patient care processes, quality and outcomes metrics for robotic surgical procedures are exceptional.

The onsite audit evaluates the facility's privileging guidelines, case volumes, medical charts examining complications, readmissions, mortality, the OR facility and full line of equipment. They also verify that there are board-certified surgeons maintaining robotic surgery focused continued medical education, a well-trained operative team, a complement of consultative services, standardized perioperative care pathways, including patient education, throughout the care cycle; and regular multidisciplinary meetings maintaining compliance.

In 2019, UW Medical Center–Montlake became the first COERS on the West Coast. When Valley Medical Center (VMC) acquires its accreditation in 2023, UW Medical Center–Montlake, UW Medical Center–Northwest, and UW VMC will become a Network of Excellence in Robotic Surgery, the first health system on the West Coast to achieve this distinction of commitment to excellence.



(continued on page 20)

Department of Surgery Obtains Rainbow Institutional Membership in the Association of Out Surgeons and Allies



Harveshp Mogal, MS, DABS, FSSO

Associate Professor,
Section Chief,
Complex Abdominal Oncology
Division of General Surgery



For too long, the culture within the House of Surgery has perpetuated the marginalization of folks who have traditionally been considered a part of the fringes of society. Lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and allied (LGBTQ+) folks have historically belonged to this class, and while the percentage of people identifying as LGBTQ+ within the general population has grown over the past few decades, the representation of LGBTQ+ folks within various strata of the House of Surgery remains dismal. Academic surgery has finally reached a phase of reckoning, during which the recognition of these disparities and taking concrete actions to correct them, has become imperative. Gaining a compassionate understanding of the identity and lived experiences of LGBTQ+ people is only a start. Importantly, we need an intentional effort on the part of leaders at all levels within our institutions and societies to create an environment that is not only safe, but celebrates the inclusion of LGBTQ+

folks. The [Association of Out Surgeons and Allies \(AOSA\)](#) is an organization of LGBTQ+ Surgeons and allies that strives to promote acceptance, inclusion, and equity in the surgical specialties to further learner engagement, support individual clinicians and researchers, and build a thriving community of academic LGBTQ+ surgeons and leaders. Becoming an institutional member of the AOSA demonstrates the UW Department of Surgery's commitment to inclusivity of LGBTQ+ trainees and faculty. Through our active partnership with AOSA, we hope to further the understanding of the LGBTQ+ experience in surgery, implement strategies that promote inclusivity at the individual, department and institutional level and provide opportunities for education, mentorship, training, and advancement of LGBTQ+ folks at all levels of career development. Through these efforts, we are committed to bridging the inclusivity gap for LGBTQ+ folks within surgery.



NEW FACULTY



The Department of Surgery welcomes Dr. Steven Lee as our new Chief of the Division of Pediatric General and Thoracic Surgery at Seattle Children's Hospital (SCH) and UW Department of Surgery in February 2023.

Dr. Lee completed his general surgery training at University of California, Davis, and is well-acquainted with our program as he completed his pediatric surgery fellowship here 18 years ago. Dr. Lee initially served as chief of pediatric surgical services for the Kaiser system in Southern California and was recruited to the UCLA System 13 years ago. He initially served as Chief of Pediatric Surgery and Associate Program Director for Harbor-UCLA and

then Chief of Pediatric Surgery and Surgeon-in-Chief of UCLA Mattel Children's Hospital since 2018. Dr. Lee is well-known as an outstanding clinical surgeon, dedicated surgical educator, and accomplished clinician-researcher. He recently received an Executive Master of Business Administration from UCLA School of Management and brings added knowledge and experience of business and management to support our division, department, and SCH. Dr. Lee has presented a thoughtful vision for pediatric surgery and a commitment to grow and support our faculty, the programs at SCH and UW Medicine, and the patients we serve in the Pacific Northwest.

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UW Department of Surgery Expanding General Surgery Resident Complement

The Department of Surgery is thrilled to announce that the General Surgery Residency Program has been approved by the Accreditation Council for Graduate Medical Education (ACGME) to expand its resident complement! Beginning in June 2023, the Department of Surgery will be recruiting eight General Surgery categorical interns, with the eighth being part of the research track.

This complement expansion will allow more flexibility for senior residents, result in less “sharing” of residents between services, add elective senior rotations, and support the launch of the dedicated rural/global research track in Billings, Montana.

The Education Division would like to acknowledge and sincerely thank the General Surgery Residency administration team and leadership for all of their hard work on this expansion over the past 12 months. This would not have been possible without all of their steadfast dedication to this work.



Dr. [Douglas Wood](#),
The Henry N. Harkins Professor and Chair

Dr. [Rebecca Petersen](#)
Interim Director, Residency Programs in General & Preliminary Surgery

Dr. [Jeff Friedrich](#)
Interim Associate Chair for Education and Chief, Division of Education

UW Medical Center Receives ACS NSQIP Meritorious Status

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) has recognized UW Medical Center for achieving Meritorious outcomes for surgical patient care in 2021. As a participant in ACS NSQIP, UW Medical Center is required to track the outcomes of inpatient and outpatient surgical procedures and collect data that assesses patient safety and can be used to direct improvement in the quality of surgical care.

Risk-adjusted data from the July 2022 ACS NSQIP Semiannual Report, which presents data from the 2021 calendar year, were used to determine which hospitals demonstrated meritorious outcomes. Outcome performances related to patient management were in the following eight clinical areas: mortality, unplanned intubation,

ventilator > 48 hours, renal failure, cardiac incidents (cardiac arrest and myocardial infarction); respiratory (pneumonia); SSI (surgical site infections—superficial and deep incisional and organ-space SSIs); and urinary tract infection. UW Medical Center has been recognized on both the “All Cases” and “High Risk” meritorious lists.

ACS NSQIP is the only nationally validated quality improvement program that measures and enhances the care of surgical patients. The goal of ACS NSQIP is to reduce surgical morbidity (infection or illness related to a surgical procedure) and surgical mortality (death related to a surgical procedure) and to provide a firm foundation for surgeons to apply what is known as the “best scientific evidence” to the practice of surgery.

Surgery Division of Healthcare Simulation Science Welcomes New Fellow Dr. Haneen Alnazzawi



The Department of Surgery [Division of Healthcare Simulation Science](#) welcomes Dr. Haneen Alnazzawi as their new [American College of Surgeons—Accredited Educational Institute – WWAMI Institute of Simulation in Healthcare \(WISH\)](#) Fellow. Dr. Alnazzawi is a pediatric anesthesiologist from the University of Jeddah, Saudi Arabia. She received her medical degree with honors from Umm AlQura University, Saudi Arabia, completed her residency training in Anesthesiology in Saudi Arabia, and underwent pediatric anesthesia fellowship training at Dalhousie University in Canada.

During her time in the [Center for Research in Education and Simulation Technologies \(CREST\)](#), Dr. Alnazzawi will focus on Simulation Center leadership, curriculum development and will utilize simulation and human factors research to improve safety, efficiency and wellbeing among healthcare trainees and professionals.

(continued on page 22)

publications



[“Defining Posttraumatic Sepsis for Population–Level Research”](#)

JAMA Network Open January 2023

Dr. [Michael Weykamp](#)

Research Resident



Dr. [Scott Brakenridge](#)

Associate Professor

Division of Trauma, Burn & Critical Care Surgery



Dr. [Grant O'Keefe](#)

Professor

Division of Trauma, Burn & Critical Care Surgery

[“Perceptions of Prehospital Care for Patients with Limited English Proficiency Among Emergency Medical Technicians and Paramedics”](#)

JAMA Network Open January 2023

Dr. [Eileen Bulger](#)

Professor & Chief, Surgeon-in-Chief, et al.

Division of Trauma, Burn & Critical Care Surgery



[“Appendiceal Incidentalomas: Prevalence, Radiographic Characteristics, Management, and Outcomes”](#)

Annals of Surgical Oncology December 2022

Dr. [Harveshp Mogal](#)

Associate Professor

Section Chief, Complex Abdominal Oncology

Division of General Surgery



[“Genetic Testing Among Patients with High-Risk Breast, Ovarian, Pancreatic, and Prostate Cancers”](#)

Annals of Surgical Oncology November 2022

Dr. [Nina Clark](#)

Research Resident

Dr. [Jonathan Sham](#)

Assistant Professor

Division of General Surgery

Dr. [Meghan Flanagan](#)

Assistant Professor

Division of General Surgery



[“ASO Visual Abstract: Association of HSD3B1 Genotype and Clinical Outcomes in Postmenopausal Estrogen Receptor–Positive Breast Cancer”](#)

Annals of Surgical Oncology August 2022

Dr. [Meghan Flanagan](#)

Assistant Professor

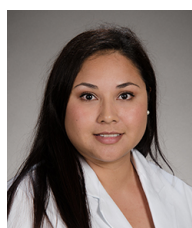
Division of General Surgery



honors & awards



Dr. [Matthew Smith](#), Clinical Assistant Professor, Division of Vascular Surgery, was elected Associate Editor for the Vascular Surgical Council on Resident Education (VSCORE®) Editorial Board.



Dr. [Elina Serrano](#), Research Resident, was selected to the Health Affairs Health Equity Fellowship for Trainees (HEFT) program. Dr. Serrano’s research arc focuses on improving clinical and patient reported outcomes for Black & Latino patients with kidney failure and patients with limited English proficiency.



Dr. [Barclay Stewart](#), Assistant Professor, Division of Trauma, Burn & Critical Care Surgery, was selected as an American College of Surgeons Future Trauma Leader.

mark your calendar

28th ANNUAL SCHILLING LECTURE & RESEARCH SYMPOSIUM



Friday, March 31, 2023

Research Symposium 7AM-3PM
UW Tower Auditorium

Schilling Lecture 4PM
UW Tower Auditorium

GUEST SPEAKER:
Dr. Julie Ann Sosa

Professor and Chair,
Department of Surgery,
University of California–San Francisco, Leon Goldman, MD
Distinguished Professor of Surgery

View our [calendar](#) for more upcoming department events

Department of Surgery

in the media

read



Dr. [Kevin Labadie](#)
Chief Resident, General Surgery
[“Get to Know Our Chief Residents and Fellows”](#)
UW Medicine - The Huddle | February 8, 2023



Dr. [Eileen Bulger](#)
Professor & Chief of Trauma, Burn, & Critical
Care Surgery, Surgeon-in-Chief
Division of Trauma, Burn & Critical Care Surgery
[“Seattle's Harborview Medical Center sees
'dramatic increase' in gunshot patients”](#)
KOMO TV News | February 2, 2023



Dr. [Saman Arbabi](#)
Professor & Chief of Trauma
Division of Trauma, Burn & Critical Care Surgery
[“Blood Supply is Essential to Maintain
Trauma Care”](#)
UW Medicine Newsroom | January 17, 2023



Dr. [Richard Hopper](#)
Marlys C. Larson Professor of
Craniofacial Surgery & Chief
Division of Pediatric Plastic Surgery
[“Little 'Legend' With Rare Facial Condition Travels
Almost 5,000 Miles for Life-Changing Surgeries at
Seattle Children's”](#)
Seattle Children's Hospital Craniofacial
Patient Stories | December 14, 2022



Dr. [Christina Greene](#)
Assistant Professor
Division of Cardiothoracic Surgery
[Women in Thoracic Surgery—Featured Profile](#)
December 2022

listen



Dr. [Benjamin Starnes](#)
The Alexander W. Clowes Endowed Chair,
Professor and Chief
Division of Vascular Surgery
[Podcast: BackTable Vascular & Interventional
Ep 271 "How Can AI Help with Acute Aortic
Emergencies"](#)

Surgery Synopsis is an in-house newsletter published on a quarterly basis to highlight the academic and research activities of the University of Washington School of Medicine Department of Surgery. This publication is distributed to the Department's faculty, residents, staff, and friends.

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