Patient referrals, transfers and consults are critically important, and we want to make it easy for referring providers and their staff. To refer your patient for a clinic appointment, call our Clinic Concierge at 855.312.4190.
Ochsner’s longstanding tradition of bringing physicians together to improve health outcomes continues today. Our goals are to work together with our referring providers to serve the needs of patients and to provide coordinated treatment through partnerships that put patients first. We have automated physician-to-physician patient care summaries for hospital encounters and enhanced the patient experience by giving patients the ability to schedule appointments online.

Close coordination and collaboration begin with transparency and access to the data you need to make informed decisions when advising your patients about care options. *OchsnerOutcomes*, a compilation of clinical data, represents only part of our efforts to better define the quality of Ochsner’s care and to share that information with you.

Trusted, independent organizations give the highest marks to Ochsner’s quality. Ochsner Medical Center was the only healthcare institution in Louisiana to receive national rankings in six specialties from *U.S. News & World Report* for 2015–2016. Additionally, CareChex® named Ochsner Medical Center, Ochsner Baptist, a Campus of Ochsner Medical Center and Ochsner Medical Center – West Bank Campus among the top 10% in the nation in 17 different specialties and, for the fourth year in a row, Ochsner was named #1 in the country for liver transplant. Ochsner was also recognized, again for the fourth year in a row, as one of “100 Great Hospitals in America,” by Becker’s Hospital Review.

Additionally, Ochsner Health System was named an honoree for the 2015 American Medical Group Association (AMGA) Acclaim Award. Among just four organizations nationwide to receive this recognition, Ochsner was acknowledged for our work to measurably improve quality and value of care, improve patient experience and outcomes, improve population health and promote continuous learning and innovation.

Ochsner is the first hospital in the United States – and perhaps even the globe – to partner with Apple and Epic to create a platform that can directly affect patient care in real time. We are utilizing the Apple Watch as an agent for behavioral change for patients with chronic disease, starting with patients who have uncontrolled high blood pressure.

Ochsner consistently earns the respect of independent evaluators. We do not rest on these achievements, but use them as a benchmark to continuously improve. We will continue to share the data you need to care for your patients, provide services you may not have in your community and develop the collaborative relationships essential to ensuring the best outcomes for every patient, every time.
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<td>Aortic Aneurysm</td>
<td>55</td>
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<td>Comprehensive Valve Center</td>
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</tr>
<tr>
<td>About Ochsner Health System</td>
<td>72</td>
</tr>
</tbody>
</table>
Letter from the Chairman

The Ochsner Department of Surgery is regarded as one of the top surgery departments in the United States, providing the latest in high-tech, advanced surgical care while remaining committed to providing an exceptional patient experience.

Dr. Alton Ochsner, our founder and namesake, was a giant in American surgery. One of the first to link cigarette smoking to lung cancer, he dedicated his life not only to curing disease but also to helping patients return to full and productive lives. This rich legacy of discovery, innovation and patient care continues today.

Our surgeons and their teams constantly develop new surgical techniques to help patients return more quickly to normal life activities. Our surgical expertise, our participation in clinical trials and our dedication to an unparalleled patient experience brought patients from every state and 80 different countries to seek care at Ochsner last year.

We are proud to serve the world, but it is integral to our mission to provide the highest quality of care to our community and neighbors. In the pages that follow, I am happy to share outcomes for some of the exciting services provided by our surgical teams.

George E. Loss, Jr., MD, PhD
Chairman, Department of Surgery
Department of Surgery Overview

Procedure Volume
Ochsner Medical Center

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>3,872</td>
<td>4,127</td>
<td>4,117</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>1,614</td>
<td>1,579</td>
<td>1,578</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>355</td>
<td>288</td>
<td>249</td>
</tr>
<tr>
<td>Cardiovascular Surgery</td>
<td>687</td>
<td>585</td>
<td>574</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>399</td>
<td>394</td>
<td>445</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>127</td>
<td>500</td>
<td>499</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7,054</td>
<td>7,476</td>
<td>7,472</td>
</tr>
</tbody>
</table>
Esophageal Disease

Ochsner’s multidisciplinary swallowing team brings together general surgeons who are experts in minimally invasive techniques, otolaryngologists, thoracic surgeons, surgical oncologists, gastroenterologists, radiologists, speech therapists, neurologists, nutrition specialists, medical oncologists and swallowing therapists, all dedicated to caring for patients with disorders of the esophagus.
Upper GI Cancer

Our expert team leads the Gulf South in the treatment of upper GI cancers (esophageal, gastric and pancreatic). We take special measures to ensure the comfort and education of our patients and their family members, knowing they all play important roles in the recovery process. Ochsner is a national leader in minimizing complications and carrying out successful multimodality treatment. The medical staff is also experienced in the evaluation of high-risk Barrett’s syndrome and the performance of laparoscopic-assisted or robotic, minimally invasive esophagectomy, gastrectomy and pancreatectomy. All cases of upper GI cancer are presented at our twice-weekly tumor board, using an integrated multispecialty approach, where medical, radiation and surgical oncology specialists discuss each patient, mapping out an individualized treatment plan.

The Ochsner Esophageal Surgery Program leads the Gulf Coast in the treatment of benign and malignant esophageal disease. The multidisciplinary team includes surgeons, gastroenterologists, medical and radiation oncologists, speech pathologists and dieticians and evaluates more than 140 new patients per year with diagnoses ranging from motility disorders to complex tumor cases. Experienced general surgeons and surgical oncologists offer minimally invasive fundoplication, myotomy, paraesophageal hernia repair and esophageal resection, frequently employing surgical robotics. Ochsner is a high-volume center for esophagectomy, performing more than 30 of these complex procedures each year, including colon interposition. Patients are presented at separate multidisciplinary benign and malignant conferences to ensure a patient-centered treatment strategy. Partnering with gastroenterologists with advanced interventional skills, Ochsner can offer endoscopic resection for high-grade dysplasia and T1a esophageal cancers. Research is highlighted by clinical trials for cancer patients and surgical outcomes research. A tremendous focus on reducing surgical morbidity through evidence-based enhanced recovery pathways has allowed us to maintain complication and mortality indexes below 1.0 while minimizing postoperative length of stay.

Esophagectomy Surgery Volume
Ochsner Medical Center

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<tbody>
<tr>
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<td>13</td>
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<tr>
<td>2014</td>
<td>31</td>
</tr>
<tr>
<td>2015</td>
<td>39</td>
</tr>
<tr>
<td>Grand Total</td>
<td>83</td>
</tr>
</tbody>
</table>
At the Gayle and Tom Benson Cancer Center at Ochsner, the treatment options are more diverse and the outcomes are better than they have ever been before for patients who have esophageal cancer, an historically difficult-to-treat malignancy. We focus on maximizing long-term outcomes while optimizing the functional and digestive recovery from the treatment process.
Patients undergoing esophagectomy at Ochsner have a Risk Adjusted Mortality Index of less than 1.0, indicating they have at least a 10 percent lower chance of dying than would be expected based on patient-specific characteristics.

Esophagectomy Mortality
Ochsner Medical Center, 2013–2015

RAMI, the Risk Adjusted Mortality Index, compares the observed mortality rate against the expected mortality rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed mortality rate exactly equal to the expected mortality rate (green dashed line). An index less than 1.0 indicates a mortality rate lower than expected, and an index greater than 1.0 indicates a mortality rate greater than expected.
Patients undergoing esophagectomy at Ochsner have an Expected Complication Rate Index of less than 1.0, indicating they experience at least 10 percent fewer complications than would be expected based on patient-specific characteristics.
The use of minimally invasive surgical techniques combined with a multidisciplinary, protocol-driven, team-based approach to postoperative care allows patients to recover faster, experience fewer complications and return home to convalesce sooner. Patients undergoing esophagectomy at Ochsner have an Average Length of Stay Index of less than 1.0, indicating that they stay in the hospital for a shorter time than expected based on patient-specific characteristics.
Pancreas

Ochsner is a very high-volume center for all pancreatic diseases, seeing more pancreatic cancer patients than any other program in Louisiana.

All types of pancreatic pathology are treated, including acute necrotizing pancreatitis, chronic pancreatitis, pancreatic cysts and pancreatic cancer. The multidisciplinary pancreas team includes experienced pancreatic surgeons, advanced interventional gastroenterologists, medical oncologists and radiation oncologists. All patients with cysts and masses are presented at our multidisciplinary tumor board and treated according to national guidelines. Ochsner pancreatic surgeons performed more than 100 pancreatectomy procedures in 2015. Of these, 80 were the complex Whipple procedure. Outcomes after such complex resection, similar to esophagectomy, are related to hospital and surgeon volume. Our complication, mortality and length of stay rates are all less than expected. Enhanced recovery pathways are employed routinely, as well as minimally invasive pancreatic resections; Ochsner was the first center in Louisiana to perform a totally robotic Whipple procedure. We also have the technical expertise to perform the most complex of resections, including vascular resection and reconstruction. This allowed us to be chosen as one of only 11 centers in the Alliance A021101 borderline resectable pancreatic cancer trial. Outcomes research has led to presentations at national meetings on perioperative fluid and blood management and neoadjuvant treatment with modern chemotherapy regimens. It takes a small village to treat a patient with pancreatic cancer, and Ochsner has all the infrastructure required for a world-class pancreas program.

Ochsner performed the first total pancreatectomy with auto islet transplant procedure for chronic pancreatitis in Louisiana. This procedure has the potential to significantly improve quality of life for patients with severe, debilitating pain from chronic pancreatitis while minimizing the difficulty with post-pancreatectomy diabetes.
Ochsner pancreatic surgeons performed more than 80 pancreatectomy procedures in 2015.
Pancreatectomy

At Ochsner, we are able to offer not only minimally invasive approaches to pancreatectomy but also the most complex procedures including resection with venous and/or arterial reconstructions. Previously, many of these patients would have been considered unresectable.

Total Pancreatectomy with Auto Islet Transplant

In this procedure, the pancreas is completely removed, the islet cells (insulin producing) are separated from specimen and are given back to the patient via portal vein infusion. This procedure can significantly improve the quality of life of patients with chronic pancreatitis. Ochsner is the only medical facility in Louisiana to provide this complex treatment.

Pancreaticobiliary Disease Outpatient Volume
Ochsner Medical Center, 2013–2015

This CT scan reveals extensive pancreatic calcifications often seen in patients with chronic pancreatitis. These patients are sometimes candidates for total pancreatectomy and auto islet transplant to relieve severe chronic pain.
Pancreaticobiliary Resection Volume
Ochsner Medical Center, 2003–2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
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</thead>
<tbody>
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<td>2010</td>
<td>70</td>
</tr>
<tr>
<td>2011</td>
<td>64</td>
</tr>
<tr>
<td>2012</td>
<td>57</td>
</tr>
<tr>
<td>2013</td>
<td>79</td>
</tr>
<tr>
<td>2014</td>
<td>109</td>
</tr>
<tr>
<td>2015</td>
<td>83</td>
</tr>
<tr>
<td>Total</td>
<td>462</td>
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</tbody>
</table>

Pancreaticobiliary Resection Average Length of Stay (in Days)
Ochsner Medical Center, 2003–2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>12.9</td>
</tr>
<tr>
<td>2011</td>
<td>11.0</td>
</tr>
<tr>
<td>2012</td>
<td>9.2</td>
</tr>
<tr>
<td>2013</td>
<td>8.6</td>
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<tr>
<td>2014</td>
<td>9.6</td>
</tr>
<tr>
<td>2015</td>
<td>7.6</td>
</tr>
<tr>
<td>Total</td>
<td>9.7</td>
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Relative 5-Year Pancreatic Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2014

<table>
<thead>
<tr>
<th>Stage</th>
<th>Ochsner</th>
<th>SEER Survival</th>
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</thead>
<tbody>
<tr>
<td>All Stages</td>
<td>12.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Localized</td>
<td>21.8%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Regional</td>
<td>13.2%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Distant</td>
<td>27.1%</td>
<td>21.8%</td>
</tr>
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</table>

Pancreatectomy Mortality
Ochsner Medical Center, 2013–2015

RAMI, the Risk Adjusted Mortality Index, compares the observed mortality rate against the expected mortality rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed mortality rate exactly equal to the expected mortality rate (green dashed line). An index less than 1.0 indicates a mortality rate lower than expected, and an index greater than 1.0 indicates a mortality rate greater than expected.
Pancreatectomy Complications
Ochsner Medical Center, 2013–2015

Ochsner’s complication rate is 65% less than expected.

OCHSNER OUTCOMES | DEPARTMENT OF SURGERY

ECRI, the Expected Complication Rate Index, compares the observed complication rate against the expected complication rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed complication rate exactly equal to the expected complication rate. An index less than 1.0 indicates a complication rate lower than expected, and an index greater than 1.0 indicates a complication rate greater than expected.
Focusing on the development of evidence-based postoperative patterns has allowed us to minimize length of stay after the Whipple procedure.

Pancreatectomy Length of Stay (in Days)
Ochsner Medical Center, 2013–2015
Liver surgery at Ochsner is accomplished by a multidisciplinary team that includes surgical oncologists, abdominal transplant surgeons, medical oncologists and hepatologists.

The surgeons on this team have significant experience, performing more than 40 major resections per year. The most complex resections are offered when indicated, including combining liver resection with portal vein and hepatic arterial resections for hilar cholangiocarcinoma, hepatic venous and caval resection and reconstruction, and ex vivo resection with reimplantation. All patients with malignant disease are presented at a multidisciplinary tumor board to ensure a patient-centered treatment plan in accordance with national guidelines. Minimally invasive liver resection, including robotic resection, is available for the appropriate patients. Partnering with interventional radiology has allowed us to incorporate portal vein embolization, selective internal radiation (SIR) spheres and chemoembolization into multidisciplinary treatments. For hepatocellular carcinoma, liver transplant is available and, most recently, hilar cholangiocarcinoma patients are also considered for transplant as part of a research protocol. For colorectal liver metastases, resection is offered even in the face of bilobar disease as long as all the tumor can be cleared while an adequate liver remnant is maintained.

We currently employ 3-D imaging software to better visualize hepatic anatomy. This technique allows precise evaluation of tumor location and remnant liver size.

Using the surgical robot, we are able to offer liver resection with smaller incisions. The robotic platform allows precise visualization and can incorporate intraoperative ultrasound to assist with vascular location and resection margin.
Liver Resection

Ochsner was recently ranked among the top gastroenterology (GI) and GI surgery departments in the nation by *U.S. News & World Report* (this ranking includes hepatic resection outcome data).

The majority of patients referred for surgical resection of liver metastases from colorectal cancer will rightly have been treated with systemic chemotherapy. Modern agents can cause hepatic sinusoidal dilation and steatohepatitis, especially in obese patients, and preoperative chemotherapy has been associated with increased mortality after liver resection. These changes are dose-dependent, with most studies indicating increased liver resection morbidity when six or more chemotherapy treatments have been given preoperatively. These data mandate a postresectional calculated residual functional liver volume of ≥30 percent of the presurgical liver volume to reduce the likelihood of impaired liver function following the hepatic metastasectomy procedure. This volume is higher than that required for a normal liver being resected due to potential liver damage caused by the chemotherapy. We generally prefer to perform the liver resection after four to six chemotherapy treatments and have the patient resume his or her chemotherapy regimen after recovery from surgery.

Morbidity after liver resection includes not only hepatic factors such as bile leak, but also difficulties related to the large abdominal incisional wound often required to perform the procedure. To reduce these incision-related morbidities, the surgical oncology team at Ochsner uses minimally invasive operative techniques whenever possible. The minimally invasive laparoscopic approach has been associated with reduced abdominal incisional pain, reduced requirement of postoperative narcotic pain medicine, reduced operative blood loss and a shorter hospital length of stay.

Recently, the surgical team at Ochsner has begun to use robot-assisted laparoscopic approaches to perform liver resections for colorectal metastases. This robot-assisted minimally invasive approach permits improved operative visualization of vital liver structures, ultrasonic guidance to assist in liver transaction and a reduction in incision size to hasten the patient’s recovery from surgery.
Liver Resection Volume
Ochsner Medical Center, 2010–2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>40</td>
</tr>
<tr>
<td>2011</td>
<td>35</td>
</tr>
<tr>
<td>2012</td>
<td>47</td>
</tr>
<tr>
<td>2013</td>
<td>37</td>
</tr>
<tr>
<td>2014</td>
<td>29</td>
</tr>
<tr>
<td>2015</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
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Liver Resection Average Length of Stay (in Days)
Ochsner Medical Center, 2010–2015

<table>
<thead>
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<th>Year</th>
<th>Average Length of Stay (in Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6.7</td>
</tr>
<tr>
<td>2011</td>
<td>8.8</td>
</tr>
<tr>
<td>2012</td>
<td>7.1</td>
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<tr>
<td>2013</td>
<td>6.2</td>
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<td>2014</td>
<td>4.9</td>
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<tr>
<td>2015</td>
<td>5.9</td>
</tr>
<tr>
<td>Total</td>
<td>6.7</td>
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</table>
Relative 5-Year Liver Cancer & Intrahepatic Bile Duct Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2014

<table>
<thead>
<tr>
<th>Staging</th>
<th>Ochsner</th>
<th>SEER Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stages</td>
<td>43.4%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Localized</td>
<td>17.2%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Regional</td>
<td>14.7%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Distant</td>
<td>0.0%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Ochsner Medical Center, Adults Cancer Patients (18 years +), 2003–2014. Ochsner N: All Stages = 874; Localized = 515; Regional = 143; Distant = 45. SEER Cancer Statistics 2005 – 2011. SEER N: All Stages = 40,095; Localized = 17,241; Regional = 10,826; Distant = 7,217.
Liver Resection Mortality  
Ochsner Medical Center, 2013–2015

Ochsner’s liver resection mortality rate is 34% less than expected.

RAMI, the Risk Adjusted Mortality Index, compares the observed mortality rate against the expected mortality rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed mortality rate exactly equal to the expected mortality rate (green dashed line). An index less than 1.0 indicates a mortality rate lower than expected, and an index greater than 1.0 indicates a mortality rate greater than expected.

Liver Resection Complication  
Ochsner Medical Center, 2013–2015

Ochsner’s liver resection complication rate is 38% less than expected.

ECRI, the Expected Complication Rate Index, compares the observed complication rate against the expected complication rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed complication rate exactly equal to the expected complication rate. An index less than 1.0 indicates a complication rate lower than expected, and an index greater than 1.0 indicates a complication rate greater than expected.
Gastric Surgery

Similar to its approach to esophageal cancer, Ochsner takes an evidence-based multidisciplinary team approach to the treatment of gastric cancer.

All patients are presented at our twice-weekly upper GI/HPB tumor board. Surgical oncologists are experienced with minimally invasive gastric resections and maintain high oncologic standards, including optimum nodal dissection. The surgical robot is employed routinely, and all patients enter into an evidence-based enhanced recovery pathway. This has allowed us to keep our complication and mortality indexes below 1.0 and to ensure a better-than-expected median length of stay. Clinical trials are available, and multimodality therapy is encouraged in accordance with national guidelines.
Gastrectomy Volume
Ochsner Medical Center, 2013–2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>123</td>
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<tr>
<td>2014</td>
<td>144</td>
</tr>
<tr>
<td>2015</td>
<td>157</td>
</tr>
<tr>
<td>Grand Total</td>
<td>424</td>
</tr>
</tbody>
</table>

Gastrectomy Average Length of Stay (in Days)
Ochsner Medical Center, 2013–2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Length of Stay (in Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8.6</td>
</tr>
<tr>
<td>2014</td>
<td>10.1</td>
</tr>
<tr>
<td>2015</td>
<td>10.5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>9.8</td>
</tr>
</tbody>
</table>
Ochsner's gastric surgery mortality rate is 73% lower than expected.

RAMI, the Risk Adjusted Mortality Index, compares the observed mortality rate against the expected mortality rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed mortality rate exactly equal to the expected mortality rate (green dashed line). An index less than 1.0 indicates a mortality rate lower than expected, and an index greater than 1.0 indicates a mortality rate greater than expected.
Gastric Surgery Complication
Ochsner Medical Center, 2013–2015

Ochsner’s gastric surgery complication rate is 52% lower than expected.

ECRI, the Expected Complication Rate Index, compares the observed complication rate against the expected complication rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed complication rate exactly equal to the expected complication rate. An index less than 1.0 indicates a complication rate lower than expected, and an index greater than 1.0 indicates a complication rate greater than expected.
Gastroenterology Outcomes | Department of Surgery

Gastroparesis is a debilitating disease causing upper abdominal pain with nausea and vomiting due to motility problems of the stomach. Although it can be the result of diabetes, in many cases the cause remains unknown. Usually, medications are tried first. If these do not improve symptoms sufficiently, surgery is recommended. At Ochsner, we offer several solutions including an implantable gastric electrical stimulator, pyloroplasty and several types of gastrectomy. All these procedures can be performed as minimally invasive procedures; all are relatively safe and the majority of patients have improvement of symptoms after surgical intervention.

Median arcuate ligament syndrome (MALS) is a rare condition characterized by pain experienced after eating and results in subsequent weight loss. The culprit is an abnormally thick band of tissue that compresses the celiac artery, one of the main arteries supplying blood to the gastrointestinal (GI) tract. After an individual eats, the GI tract needs increased blood flow to assist in digestion. In patients with MALS, the tissue compresses the celiac artery, preventing the increase in blood flow and resulting in pain. At Ochsner, our team of ultrasound radiologists, gastroenterologists and surgeons who are expert in minimally invasive techniques diagnose and treat MALS. Treatment consists of dividing the band of tissue to release the celiac artery from compression and relieves symptoms in the vast majority of patients.
Hernia

Ochsner surgeons perform hundreds of hernia repairs each year. Each patient undergoes a comprehensive evaluation to determine the optimal approach for his or her specific hernia repair, including both complex and routine hernias.
Pediatric Surgery – Congenital Diaphragmatic Hernia

Congenital diaphragmatic hernia (CDH) occurs when the diaphragm muscle, which normally separates the chest cavity from the abdominal cavity, does not form properly. Abdominal organs, such as the liver, stomach, spleen and intestines, move into the chest. This results in abnormal lung development with lungs that are smaller than normal (pulmonary hypoplasia) and lungs that have high blood pressure (pulmonary hypertension). The degree of lung problems is variable, but CDH can be life-threatening. This condition requires sophisticated treatment by a multidisciplinary team experienced in taking care of babies with CDH.

Ochsner is a leading treatment center for CDH in the region. Even before birth, mothers and their children with CDH benefit from the presence of a high-risk OB team trained to confirm the diagnosis and evaluate for other abnormalities once a CDH diagnosis is made. In addition to neonatologists and pediatric surgeons with extensive experience caring for patients with CDH, we have a comprehensive group of pediatric specialists to help care for CDH patients. This team includes pediatric cardiologist, pulmonologists, geneticists, gastroenterologists, and numerous other pediatric specialists. The entire Ochsner for Children team, including specialists from more than 20 areas, are available to help care for CDH babies and other babies with complex conditions.
When we care for babies with CDH at Ochsner, the baby will be delivered and cared for at the same facility. Many mothers are referred to Ochsner after the diagnosis of CDH is made (as well as numerous other conditions) to ensure that the child is born at a hospital with all available treatment options – including extracorporeal membrane oxygenation (ECMO). This avoids the need to transfer a critically ill newborn, and it is less stressful for the family. It also allows for continuity of care. The same team will care for the mother and her child from prenatal diagnosis, to delivery, through surgery and recovery, and on through long-term follow-up care.

At Ochsner, CDH patients also benefit from a very experienced ECMO team. ECMO is a modified heart/lung bypass machine used in the treatment of CDH babies and other patients with life-threatening cardiac and respiratory failure. A significant number of babies with CDH are critically ill and some of these will need this intensive, complex treatment to recover. Ochsner has the most experienced ECMO team in the region and one of the most experienced ECMO teams in the country. We were the first ECMO program in the Southeastern United States and the fourth ECMO program in the country.

The chest x-ray shows a patient with left-sided CDH. The heart is being pushed to the right and the lung on the opposite side of the hernia is affected as well. The orogastric (OG) tube can be seen in the chest which confirms that abdominal organs are in the chest cavity.
Ochsner’s ECMO Program has been designated by ELSO as a Center of Excellence, and our ECMO Program has received an award for Excellence in Life Support.

Although treatments for babies with CDH continue to evolve and survival is improving, some children with CDH still do not survive, even with all available treatments. Around the country, the overall survival for babies with CDH is still only about 65%. In our last 100 patients treated over the last 13 years, the overall survival for CDH babies has been 70%. For babies who have CDH but no other major abnormalities (Isolated CDH), the overall survival was 76%.

**Congenital Diaphragmatic Hernia Survival Rate**
Ochsner Medical Center, 2002–2015
The Lieselotte Tansey Breast Center at Ochsner was established to provide a multidisciplinary approach to the detection and treatment of breast cancer. The Center offers one of the most comprehensive breast care programs in the Gulf South.

The Tansey Breast Center is the only breast cancer program in New Orleans accredited by NAPBC.

The Lieselotte Tansey Breast Center has been granted another three-year, full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by NAPBC is given only to centers that have voluntarily committed to providing the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. The Tansey Breast Center is the only breast cancer program in New Orleans accredited by NAPBC.
Our multidisciplinary team of dedicated surgeons, oncologists, radiologists, advanced practice clinicians and nurse specialists offers a wide variety of breast care services. These specialists work together in the same facility to provide women with comprehensive services, swift diagnoses and an individualized treatment plan. Ochsner’s premier breast reconstruction program provides the most effective and advanced breast care for patients in the region. High-risk breast and ovarian cancer genetics clinics and support programs are also available. In addition, we provide educational information and encourage patients to directly participate in their care and treatment plan.

Relative 5-Year Breast Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2014

- All Stages: 95.5% (Ochsner) vs. 89.4% (SEER)
- Localized: 100.0% (Ochsner) vs. 98.6% (SEER)
- Regional: 82.0% (Ochsner) vs. 84.9% (SEER)
- Distant: 18.4% (Ochsner) vs. 25.9% (SEER)

Ochsner Medical Center, Adults Cancer Patients (18 years +), 2003 – 2014. Ochsner N: All Stages = 3,568; Localized = 1449; Regional = 645; Distant = 126. SEER Cancer Statistics 2005 – 2011. SEER N: All Stages = 325,952; Localized = 198,830; Regional = 104,305; Distant = 19,557.
Age Group of Breast Cancer Diagnosed
Ochsner Medical Center, 2003–2013

Breast Needle Biopsy Rate
Ochsner Medical Center, 2010–2013

*American College of Surgeons – Commission on Cancer – Standard
Breast Conservation Surgery Rate
Ochsner Medical Center, 2010–2013

*American College of Surgeons – Commission on Cancer >50%

![Breast Conservation Surgery Rate](chart)

Total Accrued to Breast Clinical Trial
Ochsner Medical Center, 2012–2015

![Total Accrued to Breast Clinical Trial](chart)
Weight Loss Surgery

The Bariatric Surgery Program at Ochsner has been in existence for more than 10 years.

Known widely as ASMBS BSCOE (American Society for Metabolic and Bariatric Surgery Bariatric Surgery Center of Excellence), the program was recently re-designated as a MBSAQIP (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program) – Comprehensive Accredited Center. In addition, the center holds the following designations:

- Blue Distinction Center for Blue Cross Blue Shield
- Optum Center of Excellence for United Healthcare
- Aetna Institute of Quality (IOQ) Bariatric Program

Because of our outstanding rankings, our surgeons are designated as BLIS surgeons, a designation exclusively offered to only the best-in-class surgeons who qualify based on strict standards and outcomes. The Bariatric Surgery program staff consists of surgeons, advanced practice providers, psychiatrists, registered nurses, dieticians and a medical assistant. This group offers comprehensive pre-, peri- and postoperative care to our patients. The surgical procedures offered at Ochsner include:

- Laparoscopic Gastric Sleeve
- Laparoscopic Roux En Y (better known as gastric bypass surgery)
- Laparoscopic Adjustable Gastric Banding
- Revisional Surgery

Ochsner Bariatric Surgery offers an array of additional services to assist our patients achieve the best outcomes possible pre- and postprocedure. Additionally, we offer support to help them welcome and embrace their new lifestyle.

Patients are offered a referral for a trial membership at Ochsner Fitness to assist in changing their lifestyle from one that may have been sedentary to one that is active and rewarding.

Psychiatric support is offered as an integral part of the bariatric workup for our patients. Patients are also offered a referral for a trial membership at Ochsner Fitness to assist in changing their lifestyle from one that may have been sedentary to one that is active and rewarding. Finally, because our patients may have an array of comorbidities, such as hypertension (high blood pressure), diabetes, renal and pulmonary disease, etc., we are able to refer our patients to our Ochsner specialty physicians for adjunct care.
In 2015, laparoscopic sleeve gastrectomy with 218 cases (83 percent) was the most frequently performed bariatric procedure at Ochsner Medical Center. Laparoscopic gastric bypass has decreased in volume year over year but remains the second most commonly performed procedure, with 44 cases (17 percent). Due to patient preference, laparoscopic adjustable gastric banding has shown declines over the past several years; three cases were performed at Ochsner in 2015.
Patients who undergo surgery to combat obesity achieve much more than weight loss. When our patients are evaluated for comorbidities two years after bariatric surgery, the incidences of sleep apnea, gastroesophageal reflux, hyperlipidemia, hypertension and diabetes are more than halved. This allows a bariatric surgery patient to lead a more productive life free of symptoms and very often eliminates the need to take one or more medicines.
Weight Loss Surgery Mortality
Ochsner Medical Center, 2013–2015

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Increased Mortality

Decreased Mortality

RAMI, the Risk Adjusted Mortality Index, compares the observed mortality rate against the expected mortality rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed mortality rate exactly equal to the expected mortality rate (green dashed line). An index less than 1.0 indicates a mortality rate lower than expected, and an index greater than 1.0 indicates a mortality rate greater than expected.

Weight Loss Surgery Complication
Ochsner Medical Center, 2013–2015

<table>
<thead>
<tr>
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<th>2013</th>
<th>2014</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>0.80</td>
<td>0.42</td>
<td>0.10</td>
</tr>
</tbody>
</table>

Increased Complications

Decreased Complications

ECRI, the Expected Complication Rate Index, compares the observed complication rate against the expected complication rate, risk-adjusted for patient-specific characteristics. An index of 1.0 indicates an observed complication rate exactly equal to the expected complication rate. An index less than 1.0 indicates a complication rate lower than expected, and an index greater than 1.0 indicates a complication rate greater than expected.
Reduction in Comorbidities Over Time
Ochsner Medical Center, 2012–2015

Weight Loss Surgery Length of Stay (in Days)
Ochsner Medical Center, 2013–2015

Our Bariatric Surgery Center of Excellence Program has a lower length of stay than expected due to our lower-than-expected complication rate.
Lung Cancer

Carcinoma of the lung is the leading cause of cancer-specific mortality among both men and women in the United States.

Indeed, the national death rate from lung cancer exceeds the total death rate of all the other common cancers combined. Lung cancer outcomes depend upon a team approach. The departments of Hematology/Oncology, Thoracic Surgery, Pulmonary Medicine and Radiation Oncology have teamed up to offer a multidisciplinary clinic composed of specially trained physicians. Our primary focus is to treat patients with all types of lung disorders. As with other efforts to minimize cancer death rates, individual screening/surveillance measures aimed at identifying early, curable disease are an important strategy. Addressing the problem of lung cancer in our region and nation, originally brought to the world’s attention through our institution’s founder, Dr. Alton Ochsner, remains a driving motivation of our cancer care team.

Relative 5-Year Lung Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2014

<table>
<thead>
<tr>
<th>Stage</th>
<th>All Stages</th>
<th>Localized</th>
<th>Regional</th>
<th>Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ochsner</td>
<td>24.6%</td>
<td>17.4%</td>
<td>31.8%</td>
<td>6.5%</td>
</tr>
<tr>
<td>SEER Survival</td>
<td>54.8%</td>
<td>54.8%</td>
<td>27.4%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Ochsner Medical Center, Adults Cancer Patients (18 years +), 2003–2014. Ochsner N: All Stages = 2,308; Localized = 375; Regional = 473; Distant = 918. SEER Cancer Statistics 2005–2011. SEER N: All Stages = 266,845; Localized = 42,695; Regional = 58,706; Distant = 152,102.
Once a suspicious lung lesion is identified, it important to provide a definitive diagnosis and devise an individualized treatment plan.

Positron emission tomography (PET) and computed tomography (CT) imaging have become the standard of care for the suspicious peripheral lung nodule identified by CT screening. Percutaneous biopsy of the lung lesion should be attempted, and mediastinal nodal staging by endoscopic bronchial ultrasound (EBUS), needle aspiration biopsy or mediastinoscopy should follow for any suspicious mediastinal and/or hilar lymphadenopathy identified.

The treatment decisions for the lung nodule now come into play. Although open thoracotomy and resection of the malignant lung nodule are certainly acceptable considerations, minimally invasive approaches are becoming a standard of care in the thoracic oncologic community.

Both thoracoscopic and robotic pulmonary resection techniques are employed by Ochsner's thoracic surgeons.

Utilizing state-of-the-art tools such as interoperative CT-generated virtual bronchoscopy, our thoracic surgeons are able to diagnose, localize and treat a patient in one setting, eliminating the need for multiple visits.

Clinically, early stage lung cancer is easily resected by video-assisted thoracoscopic surgical (VATS) lobectomy identified by low-dose CT scanning.

Small incisions used for videoscopic lung resection (VATS) compare to the large incisions of open thoracotomy noted in dotted line of this drawing.

Usual videoscopic camera position and VATS instrument positioning for minimally invasive lung cancer resection.
Vascular/Endovascular Surgery

The Vascular and Endovascular Surgery section provides comprehensive medical, interventional and surgical management of vascular disease using a multidisciplinary approach.

We work very closely with our neuroscience colleagues in the management of acute stroke, providing urgent intervention for carotid stenosis to reduce recurrent symptoms. Our section leads the CREST-II trial at Ochsner, an important randomized multicenter trial designed to compare medical, surgical and interventional treatments of severe carotid stenosis in patients without symptoms.

Expertise in the treatment of aortic aneurysms has been a particular strength of the section. We literally wrote the book on the endovascular repair technique for aortic aneurysms.

Our section is the only practice in the region to offer advanced minimally invasive aortic interventions with both customized branched-graft and fenestrated devices.

Our outcomes in both carotid and aortic aneurysm management are much better than national standards, as demonstrated by our 5-Star Ranking by Healthgrades® in both categories – the only hospital in Louisiana to have this distinction.

Vascular-Carotid Volumes
Ochsner Medical Center, 2014–2015

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS (Percutaneous)</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>CEA</td>
<td>80</td>
<td>75</td>
</tr>
</tbody>
</table>
Ochsner Medical Center has a fixed imaging system in the operating room (OR), which is not the case in most ORs. The fixed equipment is superior to portable imaging equipment and makes minimally invasive endograft replacement safer and more precise. With a complete in-hospital stock of endovascular devices to treat both thoracic and abdominal aortic conditions, our surgeons have been able to successfully treat aortic emergencies that would have otherwise been fatal.
Abdominal Aortic Aneurysm
Ochsner Medical Center, January 2013 – December 2015

<table>
<thead>
<tr>
<th>Observed/Expected LOS Ratio</th>
<th>Percentage Readmission Index</th>
<th>Complication Index</th>
<th>Mortality Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>0.74</td>
<td>0.94</td>
<td>0.18</td>
</tr>
</tbody>
</table>

Increased

Expected

Decreased

Cartid Endarterectomy
Ochsner Medical Center, January 2013 – December 2015

<table>
<thead>
<tr>
<th>Observed/Expected LOS Ratio</th>
<th>Percentage Readmission Index</th>
<th>Complication Index</th>
<th>Mortality Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>0.67</td>
<td>0.40</td>
<td>0.56</td>
</tr>
</tbody>
</table>

Increased

Expected

Decreased
Vascular/Endovascular Volume
Ochsner Medical Center, 2013–2015

Vascular Lab Volumes
Ochsner Medical Center, 2013–2015

Outpatient
Inpatient
Aortic Aneurysm

At the John Ochsner Heart and Vascular Institute, we work together with our referring providers to serve the needs of patients and provide them with coordinated treatment through partnerships that put patients first.

Ochsner’s multidisciplinary approach, including vascular and endovascular surgery, cardiovascular surgery, cardiac anesthesia and cardiology, and our expertise in these areas combine to provide excellent outcomes even in high-risk cases. Our team of vascular surgeons performs minimally invasive aortic procedures that are so complex they are not offered by any other hospital in the region. We received a 5-Star Rating from Healthgrades® for Abdominal Aortic Anuerysm and ranked as “High Performing” for Complex Abdominal Aortic Aneurysm Repair by U.S. News & World Report.

In the past, the best-case scenario for patients with difficult-to-treat aortic aneurysms and ruptures was to endure a high-risk operation and a long recuperation. Many patients were denied treatment altogether. Now, our experienced team can make complex repairs with only a small incision – or no incision at all. Using x-ray guidance, our surgeons make arterial repairs with innovative medical devices that are designed to deliver better outcomes. For patients, these advances yield higher survival rates, less pain, shorter hospital stays and lower probabilities of incurring serious side effects.

Ochsner’s multidisciplinary approach, including vascular and endovascular surgery, cardiovascular surgery, cardiac anesthesia and cardiology, and our expertise in these areas combine to provide excellent outcomes even in high-risk cases.
Cardiac Surgery

Ochsner’s Cardiac Surgery Program includes surgeons who are expert in coronary artery bypass, valve repair and replacement, as well as cardiac functional support devices and heart transplantation. Ochsner surgeons performed the first total artificial heart bridge to transplant in Louisiana.

Cardiovascular Surgery Volumes
Ochsner Medical Center, 2013–2015
The Ochsner multidisciplinary heart failure team is among the best in the nation, earning a “High Performing” ranking from *U.S. News & World Report* meaning that Ochsner performs significantly better treating heart failure than the average center.

Ventricular assist devices (VADs) provide mechanical support helping the heart pump more forcefully and efficiently.

Most often, these devices are meant to provide bridging until the patient receives a heart transplant. Increasingly, VAD placements serves as definitive therapy for heart failure and this definitive therapy accounts for more than 80% of VAD patients.
Our VAD program is the busiest program in the region and among the busiest in the U.S. Compared to VAD programs in the nation, patients who receive a VAD at Ochsner have an increased survival rate and a decreased overall complication rate.

Ventricular Assist Devices (VADs)
Ochsner Medical Center, 2011–2015
Ventricular Assist Devices (VADs) Destination Therapy Survival
Ochsner Medical Center, June 2006 – March 2016

1 Year
- Ochsner: 92.2%
- Intermacs*: 77.1%

3 Year
- Ochsner: 65.1%
- Intermacs*: 54.4%

*The Interagency Registry for Mechanically Assisted Circulatory Support is a registry for patients who are receiving durable mechanical circulatory support device therapy to treat advanced heart failure.

Ventricular Assist Devices (VADs) Bridge to Transplant Survival
Ochsner Medical Center, June 2006 – March 2016

1 Year
- Ochsner: 89.8%
- Intermacs*: 82.2%

3 Year
- Ochsner: 67.0%
- Intermacs*: 63.1%

*The Interagency Registry for Mechanically Assisted Circulatory Support is a registry for patients who are receiving durable mechanical circulatory support device therapy to treat advanced heart failure.
**Ventricular Assist Devices (VADs) Overall Survival**
Ochsner Medical Center, June 2006 – March 2016

- 1 Year: 88.0%
- 3 Year: 81.6%

**ECMO Survival (Combined V-A and V-V ECMO)**
Ochsner Medical Center, 2015

- Ochsner: 72.70%
- ELSO*: 49.50%

*The Interagency Registry for Mechanically Assisted Circulatory Support is a registry for patients who are receiving durable mechanical circulatory support device therapy to treat advanced heart failure.

*Extracorporeal Life Support Organization
**Patient Profile Levels**

<table>
<thead>
<tr>
<th></th>
<th>Ochsner</th>
<th>Intermacs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Critical Cardiogenic Shock</td>
<td>4.7%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Level 2 Progressive Decline</td>
<td>71.4%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Level 3 Stable but Inotrope Dependent</td>
<td>19.0%</td>
<td>37.0%</td>
</tr>
<tr>
<td>Level 4–7</td>
<td>4.7%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

*The Interagency Registry for Mechanically Assisted Circulatory Support is a registry for patients who are receiving durable mechanical circulatory support device therapy to treat advanced heart failure.*

**Ventricular Assist Devices (VADs) Adverse Events**

Ochsner Medical Center, June 2006 – March 2016

<table>
<thead>
<tr>
<th>Event</th>
<th>Ochsner</th>
<th>Intermacs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding</td>
<td>13.6%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Cardiac Arrhythmia</td>
<td>2.3%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Infection</td>
<td>10.1%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Neurological Dysfunction</td>
<td>2.7%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Other Serious Adverse Events</td>
<td>1.7%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Respiratory Failure</td>
<td>3.2%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>
Comprehensive Valve Center

Ochsner’s Aortic Services Program performs minimally invasive valve surgery for patients who need isolated aortic valve replacement or mitral valve repair.

These procedures have great appeal to the patient and involve much less risk of major complications or death when compared to the classic open procedure. Most patients are able to go home in one to two days with minimal recuperation – even elderly patients with aortic emergencies such as rupture.

Minimally invasive valve surgery offers additional benefits. Aortic problems can be addressed from the first portion of the aorta, at the aortic valve and to the very last portion of the aorta, as it divides in the abdomen. Aortic aneurysms near the heart can be treated without subjecting the patient to valve replacement. Complex problems, such as aneurysms of the arch of the aorta, can be treated with the least risk to the patient.

Aortic Valve Replacement Mortality
Ochsner Medical Center, 2013–2015
Mitral Valve Repair Mortality
Ochsner Medical Center, 2013–2015

- 2013: 1.00
- 2014: 0.90
- 2015: 0.95

Mitral Valve Replacement Mortality
Ochsner Medical Center, 2013–2015

- 2013: 1.13
- 2014: 0.90
- 2015: 0.94

Increased Mortality
Expected Mortality
Decreased Mortality
Transplant Surgery

Since 1984, more than 5,000 life-saving liver, kidney, pancreas, heart and lung transplants have been performed at Ochsner’s Multi-Organ Transplant Institute.

For the fourth year in a row, CareChex® ranked Ochsner #1 in the nation for excellence and patient safety in liver transplants and in the top 10% in the nation for kidney transplants.

The Transplant Institute continues to enhance its reputation for offering life-extending technology. This year, in partnership with the John Ochsner Heart and Vascular Institute, it used a left ventricular assist device in a clinical trial to prolong the life of a 29-year-old man until he was well enough to undergo a heart transplant. And the Institute is one of only 53 facilities in the nation to offer a total artificial heart transplant, which Ochsner’s surgeons pioneered in the Gulf South in 2013.

It is not just state-of-the-art procedures like these that make the Multi-Organ Transplant Institute one of Ochsner’s many Centers of Excellence. It is how this translates into better care for Ochsner’s patients – like shorter wait times and hospital stays – and most important, better outcomes.
Ochsner has the only comprehensive advanced heart failure program in the state and is the largest ventricular assist device (VAD) implanting site with a long history of success.

VADs are life-saving devices that are used as a bridge to transplant or destination therapy. Ochsner is currently the only VAD center in Louisiana with a Joint Commission DT Certification. With national heart transplant wait times ranging from days to years, many patients will expire or have an extremely diminished quality of life without them. Our team also participates in many mechanical circulatory support-related clinical trials.

Heart Transplant and VAD Volume
Ochsner Medical Center, 2000–2016

- Adult Heart Transplants
- Pediatric Heart Transplants
- VADs

2016 annualized as of 2/24/16
Since its inception, the Liver Transplant Program at Ochsner has performed over 1,900 life-saving liver transplants in adults and children. The Ochsner Liver Transplant Program ranks #1 in the United States by volume for 2012, 2013, 2014 and 2015.
Lung Transplant Volume
Ochsner Medical Center, 2010–2016
In 2012 and 2013, the Ochsner Kidney/Pancreas Transplant Program performed the second highest number of transplants in the United States.

Combined Kidney-Pancreas and Pancreas Transplants
Ochsner Medical Center, 2008–2016
Kidney Transplant Volume
Ochsner Medical Center, 2000–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Kidney – Cadaveric</th>
<th>Kidney – Living Donor</th>
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<tbody>
<tr>
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<td>119</td>
<td>30</td>
</tr>
<tr>
<td>2016</td>
<td>93</td>
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</table>

2016 annualized as of 2/24/16
Care Team

Department of Surgery
William Richardson, MD  
Section Head
John Bolton, MD  
Chairman Emeritus
W. Charles Conway, II, MD
Ralph Corsetti, MD
George Fuhrman, MD  
Vice Chairman
Joshua Goldberg, MD
Asahel Gridley, MD
Aimee Mackey, MD
Suma Maddox, MD
Adwoa Opoku-Boateng, MD
Michael Townsend, MD
James Wooldridge, MD

Advanced Practice Providers
Jessica Bruggers, PA
Erin Diebold, PA
Kimberly Drake, NP
Lynette Mauterer, NP
Mellanie Merritt, PA
Celeste Mule-Smith, NP
Siobhan Trotter, DNP
Amber Weydert, PA

Vascular Surgery
W. Charles Sternbergh, MD  
Section Head & Vice Chairman
Hernan Bazan, MD
Clay Brinster, MD
Taylor Smith, MD

Advanced Practice Provider
Debbie Theriot, APRN

Pediatric Surgery
Vincent Adolph, MD  
Section Head
Jessica Roybal, MD
Rodney Steiner, MD

Plastic Surgery
Christopher Babycos, MD

Advanced Practice Provider
Emily Lewis, PA

Cardiovascular and Thoracic Surgery
P. Eugene Parrino, MD  
Section Head
Aditya Bansal, MD
Michael Bates, MD
Matthew Gaudet, MD
Inder Mehta, MD
Jose Mena, MD
Benjamin Peeler, MD
Brian Pettiford, MD

Advanced Practice Providers
Camille Broome, PA
Amanda Burker, NP
Regina McDonald, NP
Kathryn Smiley, PA

Transplant Surgeons
George E. Loss, Jr., MD, PhD  
Chairman, Department of Surgery
Ari Cohen, MD  
Section Head, Abdominal  
Transplant Surgery
Emily Ahmed, MD
Humberto Bohorquez, MD
David Bruce, MD
Ian Carmody, MD
John Seal, MD

For patient referral and transfer information, please see page 72.
About Ochsner Health System

Ochsner Health System is Louisiana’s largest non-profit, academic healthcare system. Driven by a mission to Serve, Heal, Lead, Educate and Innovate, coordinated clinical and hospital patient care is provided across the region by Ochsner’s 28 owned, managed and affiliated hospitals and more than 60 health centers. Ochsner cares for patients from all 50 states and more than 80 countries worldwide each year. Ochsner employs 17,000 employees and over 1,000 physicians in over 90 medical specialties and subspecialties, and conducts more than 1,000 clinical research studies. Ochsner Health System is proud to be a tobacco-free environment. For more information, please visit ochsner.org and follow us on Twitter and Facebook.

Patient referrals, transfers and consults are critically important. We make it easy for referring providers and their staff. To refer your patient for a clinic appointment, call our Clinic Concierge at 855.312.4190. To initiate a transfer to any Ochsner hospital, call our Regional Referral Center, staffed 24/7 by clinicians, at 855.OHS.LINK (647.5465).

For patients needing to schedule their own appointments, please call 866.OCHSNER (624.7637).
Healthgrades® awarded Ochsner hospitals a combined total of 29 Five-Star Rankings in 16 categories in 2015, including neurosurgery, total knee replacement, coronary interventional procedures and for treatment of stroke, heart attack and respiratory failure.

U.S. News & World Report ranked Ochsner Medical Center as one of the nation’s top hospitals in six specialties, including ear, nose and throat, gastroenterology & GI surgery, nephrology, neurology & neurosurgery, orthopedics and pulmonology.

CareChex® ranked Ochsner Medical Center as one of the nation’s top hospitals for Medical Excellence in 17 specialties, including #1 for liver transplants, #4 for trauma care and #8 for overall hospital care in 2015.