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, Mississippi, and Arkansas to receive national rankings in four adult specialties from U.S. News & World Report for 2017-2018. Ochsner Hospital for Children has been ranked among the top 50 children's hospitals in the country for Cardiology and Heart Surgery in the 2017-2018 U.S. News & World Report Best Children’s Hospitals rankings, making it the only nationally ranked children’s hospital in Louisiana.

Additionally, CareChex® named Ochsner Medical Center, Ochsner Baptist and Ochsner Medical Center – West Bank Campus among the top 10% in the nation in Medical Excellence for 16 different specialties. Ochsner was also named #1 in the nation in Medical Excellence for Organ Transplants and, for the fifth year in a row, #1 in the nation in Medical Excellence and Patient Safety for Liver Transplant.

Ochsner is expanding its already robust research program with two new partnerships. The first, with TGen, brings early-phase cancer clinical trials to the region. The second, with TriNetX, an international data research network, will allow Ochsner clinicians to have the opportunity to provide new therapies to their patients sooner, as well as provide our researchers access to new tools with which to analyze data on our own patients and refine treatments.

Ochsner Multi-Organ Transplant Institute is one of 19 transplant hospitals in the United States to participate in the initial pilot phase of the Collaborative Innovation and Improvement Network (COIIN) project, a three-year study by the United Network for Organ Sharing (UNOS) intended to increase transplantation, with a particular focus on utilization of deceased donor kidneys.

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.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from the Chairman</td>
<td>6</td>
</tr>
<tr>
<td>Department of Surgery Overview</td>
<td>7</td>
</tr>
<tr>
<td>Esophageal Disease</td>
<td>8</td>
</tr>
<tr>
<td>Pancreas</td>
<td>14</td>
</tr>
<tr>
<td>Pancreatectomy</td>
<td>16</td>
</tr>
<tr>
<td>Liver</td>
<td>22</td>
</tr>
<tr>
<td>Liver Resection</td>
<td>24</td>
</tr>
<tr>
<td>Gastric Surgery</td>
<td>28</td>
</tr>
<tr>
<td>Gastroparesis/Median Arcuate Ligament Syndrome</td>
<td>32</td>
</tr>
<tr>
<td>Hernia</td>
<td>33</td>
</tr>
<tr>
<td>Pediatric Surgery – Congenital Diaphragmatic Hernia</td>
<td>34</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td>38</td>
</tr>
<tr>
<td>Comprehensive Medical and Surgical Weight Loss</td>
<td>42</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>48</td>
</tr>
<tr>
<td>Vascular and Endovascular Surgery</td>
<td>54</td>
</tr>
<tr>
<td>Aortic Aneurysm</td>
<td>57</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>58</td>
</tr>
<tr>
<td>Comprehensive Valve Center</td>
<td>64</td>
</tr>
<tr>
<td>Transplant Surgery</td>
<td>68</td>
</tr>
<tr>
<td>Department of Surgery Care Team</td>
<td>75</td>
</tr>
<tr>
<td>About Ochsner Health System</td>
<td>76</td>
</tr>
</tbody>
</table>
Letter from the Chairman

The Ochsner Department of Surgery is regarded as one of the premier surgery departments in the United States, providing the latest in high-tech, advanced surgical care while remaining committed to providing an exceptional patient experience. We are committed to surgical discovery and innovation as well as the training of future surgeons and surgical health professionals.

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

In 2016, Ochsner transitioned from ICD 9 to 10 (International Statistical Classification of Diseases and Related Health Problems). The 10th edition allows for greater accuracy with the addition of more than 14,000 new diagnostic codes and subclassifications. While this tool permits greater specificity, the additional classifications have resulted in outcomes metrics that may appear inconsistent from 2015 to 2016.
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 patients 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 nearly 40 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.
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, a historically difficult-to-treat malignancy. We focus on maximizing long-term outcomes while optimizing the functional and digestive recovery from the treatment process.

In 2016, patients undergoing esophagectomy at Ochsner have a Risk-Adjusted Mortality Index of less than 1.0, indicating they have a greater chance of survival than would be expected based on patient-specific characteristics.

**Observed 5-Year Esophageal Cancer Survival Rates by Staging**

Ochsner Medical Center, 2003–2015

<table>
<thead>
<tr>
<th>Stage</th>
<th>Ochsner Survival</th>
<th>SEER* Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stages</td>
<td>34.3%</td>
<td>61.1%</td>
</tr>
<tr>
<td>Localized</td>
<td>42.0%</td>
<td>61.1%</td>
</tr>
<tr>
<td>Regional</td>
<td>32.1%</td>
<td>61.1%</td>
</tr>
<tr>
<td>Distant</td>
<td>11.9%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

*Surveillance, Epidemiology, and End Results program from the National Cancer Institute
Ochsner Medical Center: Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 403; Localized = 119; Regional = 144; Distant = 57. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 21,130; Localized = 4,226; Regional = 6,550; Distant = 8,241.

**Esophagectomy Risk-Adjusted Mortality Index (RAMI)**

Ochsner Medical Center, 2014–2016

- **RAMI** - National Average

<table>
<thead>
<tr>
<th>Year</th>
<th>RAMI</th>
<th>Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>0.73</td>
<td>Better</td>
</tr>
<tr>
<td>2016</td>
<td>0.57</td>
<td>Better</td>
</tr>
</tbody>
</table>
Patients undergoing esophagectomy at Ochsner have an Expected Complication Rate Index of less than 1.0, indicating they experience 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 a shorter length of stay than expected based on patient-specific characteristics.
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 nearly 400 pancreatectomy procedures in 2016. Of these, more than 100 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.
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 Outpatient Case Volume

Ochsner Medical Center, 2014–2016

Pancreaticobiliary Resection Case Volume

Ochsner Medical Center, 2014–2016

Depicted is a reconstructed superior mesenteric vein (SMV)/portal vein (PV) (asterisk) and the skeletonized superior mesenteric artery (SMA) (arrow). This case required a temporary mesocaval shunt to perform the venous reconstruction (clamp).

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.
Ochsner SEER * Survival

Relative 5-Year Pancreatic Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

Pancreatobiliary Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

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 (gray 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.

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only
Focusing on the development of evidence-based postoperative patterns has allowed us to minimize length of stay after the Whipple procedure.
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 60 major resections in 2016. 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


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 abdominal incision required to perform the procedure. When appropriate, the surgical oncology team at Ochsner uses minimally invasive operative techniques, which may be associated with reduced abdominal incisional pain, reduced requirement of postoperative narcotic pain medicine, reduced operative blood loss and a shorter hospital length of stay. The surgical team at Ochsner uses robotically 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 Case Volume
Ochsner Medical Center, 2014–2016

Relative 5-Year Liver Cancer & Intrahepatic Bile Duct Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

*Survival, Epidemiology, and End Results program from the National Cancer Institute
Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 1,012 Localized = 636; Regional = 167; Distant = 52. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 44,821; Localized = 19,273; Regional = 12,102; Distant = 8,068.
Liver Resection Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

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 (gray 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.

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Liver Resection Expected Complication Rate Index (ECRI)
Ochsner Medical Center, 2014–2016

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.

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Liver Resection Average Length of Stay (ALOS)
Ochsner Medical Center, 2014–2016

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only
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. Clinical trials are available, and multimodality therapy is encouraged in accordance with national guidelines.
Gastrectomy Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

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 (gray 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.

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Gastrectomy Expected Complication Rate Index (ECRI)
Ochsner Medical Center, 2014–2016

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.

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Gastrectomy Average Length of Stay (ALOS)
Ochsner Medical Center, 2014–2016

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only
Gastroparesis/Median Arcuate Ligament Syndrome

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 on inguinal, ventral, incisional, flank and diaphragmatic hernias. The repairs are open, laparoscopic and robotic as well as primary, mesh spanning and facial release. Each patient undergoes a comprehensive evaluation to determine the optimal approach for his or her specific hernia repair, including both complex and routine hernias.

A sports hernia – also known as athletic pubalgia – is a term that encompasses several different types of soft tissue trauma, distinguished primarily by strained or torn ligaments, tendons or muscles, in areas of the body commonly injured during athletic activities (i.e., the groin or abdomen). While this type of injury is normally not life-threatening, it does usually cause significant pain and limits physical activity. These hernias normally respond well to physical therapy, but this requires a prolonged course of treatment and an athlete cannot return to the field until the body is fully healed.

Ochsner offers a surgical alternative for the treatment of athletic pubalgia. The procedure is completed laparoscopically and requires minimal preoperative preparation. Typically an athlete recovers within a few days as opposed to a few months with conventional treatment, and can sometimes be back on the field within a few weeks.
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 a pediatric cardiologist, pulmonologists, geneticists, gastroenterologists, and numerous other pediatric specialists. The entire Ochsner for Children team, including specialists from more than 20 areas, is 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.

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 percent. In our last 100 patients treated over the last 13 years, the overall survival for CDH babies has been 70 percent. For babies who have CDH but no other major abnormalities (Isolated CDH), the overall survival was 76 percent.

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.
Breast Surgery

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 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, 2003–2015

<table>
<thead>
<tr>
<th>Stage</th>
<th>Ochsner</th>
<th>SEER * Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stages</td>
<td>94.7%</td>
<td></td>
</tr>
<tr>
<td>Localized</td>
<td>99.0%</td>
<td></td>
</tr>
<tr>
<td>Regional</td>
<td>98.9%</td>
<td></td>
</tr>
<tr>
<td>Distant</td>
<td>85.2%</td>
<td></td>
</tr>
<tr>
<td>25.5%</td>
<td>26.9%</td>
<td></td>
</tr>
</tbody>
</table>

*Survival, Epidemiology, and End Results program from the National Cancer Institute
Ochsner Medical Center: Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 1,232; Localized = 1,132; Regional = 705; Distant = 149. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 338,602; Localized = 209,933; Regional = 104,966; Distant = 20,316.

Total Accrued to Breast Clinical Trial
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>64</td>
</tr>
<tr>
<td>2015</td>
<td>57</td>
</tr>
<tr>
<td>2016</td>
<td>90</td>
</tr>
</tbody>
</table>
Breast Surgery Case Volume  
Ochsner Health System, 2014–2016

Breast Surgery Risk-Adjusted Mortality Index (RAMI)  
Ochsner Health System, 2014–2016

Breast Surgery Expected Complication Rate Index (ECRI)  
Ochsner Health System, 2014–2016

Breast Surgery Average Length of Stay (ALOS)  
Ochsner Health System, 2014–2016

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 (gray 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.

Methodology and Source: IBM Watson Health / Truven Care Discovery  
Compare Group: Average of All Hospitals Nationwide  
Adult Hospital Inpatients Only

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.

Methodology and Source: IBM Watson Health / Truven Care Discovery  
Compare Group: Average of All Hospitals Nationwide  
Adult Hospital Inpatients Only
Comprehensive Medical and Surgical Weight Loss

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 redesignated 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 UnitedHealthcare
• 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
• ORBERA® Gastric Balloon

Ochsner Bariatric Surgery offers an array of additional services to help 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.

Weight Loss Surgery Volume and Medical Weight Loss Visits

Ochsner Medical Center, 2015–2016
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.
Reduction in Comorbidities Over Time

Ochsner Medical Center, 2012–2016

<table>
<thead>
<tr>
<th>Comorbidity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>26%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>47%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>17%</td>
<td>28%</td>
<td>16%</td>
</tr>
<tr>
<td>Sleep Apnea</td>
<td>9%</td>
<td>58%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Weight Loss Surgery Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>RAMI</th>
<th>ECRI</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1.4</td>
<td>0.22</td>
<td>0.00</td>
</tr>
<tr>
<td>2015</td>
<td>1.6</td>
<td>0.10</td>
<td>0.00</td>
</tr>
<tr>
<td>2016</td>
<td>1.7</td>
<td>0.11</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Weight Loss Surgery Expected Complication Rate Index (ECRI)
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>ECRI</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2.7</td>
<td>2.8</td>
</tr>
<tr>
<td>2015</td>
<td>2.3</td>
<td>2.4</td>
</tr>
<tr>
<td>2016</td>
<td>2.2</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Weight Loss Surgery Average Length of Stay (ALOS)
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Ochsner Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4.7</td>
<td>5.8</td>
</tr>
<tr>
<td>2015</td>
<td>4.3</td>
<td>5.5</td>
</tr>
<tr>
<td>2016</td>
<td>4.1</td>
<td>5.2</td>
</tr>
</tbody>
</table>

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

Lung cancer is the leading cause of cancer-specific mortality among both men and women in the United States. Lung cancer outcomes depend on 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 specialty-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.

Lung Cancer Surgery Volume
Ochsner Medical Center, 2012–2016

Relative 5-Year Lung Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

*Survveillance, Epidemiology, and End Results program from the National Cancer Institute

Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2014. Ochsner N: All Stages = 2,308; Localized = 375; Regional = 473; Distant = 918. SEER Cancer Statistics 2006–2012. SEER N: All Stages = 266,874; Localized = 42,700; Regional = 58,712; Distant = 152,118.
Volume of Lobectomies Stage I Lung Cancer
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Open</th>
<th>Robotic</th>
<th>VATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>10</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2015</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>2016</td>
<td>6</td>
<td>6</td>
<td>22</td>
</tr>
</tbody>
</table>

Lobectomy Postoperative Length of Stay
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ochsner (Minimally-invasive only)</td>
<td>8.2</td>
<td>5.3</td>
<td>4.4</td>
</tr>
<tr>
<td>National Average (Open &amp; Minimally-invasive)</td>
<td>5.9</td>
<td>5.7</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Share of Minimally Invasive Stage I Primary Lung Cancer Cases
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ochsner (Open &amp; Minimally-invasive)</td>
<td>73%</td>
<td>77%</td>
<td>86%</td>
</tr>
<tr>
<td>National Average</td>
<td>47%</td>
<td>77%</td>
<td>86%</td>
</tr>
</tbody>
</table>
As with other efforts to minimize cancer death rates, individual screening/surveillance measures aimed at identifying early, curable disease are an important strategy.
Vascular and 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. As pioneers of the technique, 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 aortic aneurysm management are much better than national standards, as demonstrated by our 5-Star Ranking by Healthgrades® in Abdominal Aortic Aneurysms. In addition, U.S. News & World Report recognized Ochsner as High Performing in 2017 for Abdominal Aortic Aneurysm Repair and Aortic Valve Surgery.

State-of-the-Art Equipment

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.
Aortic Aneurysm

At the John Ochsner Heart & 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 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.

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. VAD therapy can serve as a definitive therapy for end-stage heart failure and accounts for approximately 30 percent of patients undergoing VAD implantation.

Cardiovascular Surgery Volume
Ochsner Medical Center, 2013–2015

Ventricular Assist Devices (VADs)
Ochsner Medical Center, 2016

- Destination Therapy
- Bridge to Transplant
Our VAD program is the busiest program in the region and among the busiest in the United States. 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) Bridge to Transplant Survival
Ochsner Medical Center, 2012–2016

Ventricular Assist Devices (VADs) Destination Therapy Survival
Ochsner Medical Center, 2012–2016

*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, 2012–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Ochsner</th>
<th>Intermacs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
<td>85.3%</td>
<td>81.7%</td>
</tr>
<tr>
<td>3 Year</td>
<td>71.8%</td>
<td>60.6%</td>
</tr>
</tbody>
</table>

Ventricular Assist Devices (VADs) Adverse Events
Ochsner Medical Center, 2015–2016

<table>
<thead>
<tr>
<th>Level</th>
<th>Ochsner</th>
<th>Intermacs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Critical Cardiogenic Shock</td>
<td>8.4%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Level 2 Progressive Decline</td>
<td>69.4%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Level 3 Stable but Inotropic Dependent</td>
<td>13.5%</td>
<td>36.9%</td>
</tr>
<tr>
<td>Level 4–7</td>
<td>8.4%</td>
<td>13.0%</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.

Cardiac Arrhythmia: 14.2%
Respiratory Failure: 1.3%
Neurological Dysfunction: 5.5%
Infection: 10.2%
Renal Failure: 4.0%
Infection: 4.3%
Respiratory Failure: 2.0%
Neurological Dysfunction: 3.4%
Cardiac Arrhythmia: 7.5%
Respiratory Failure: 2.8%
Infection: 13.0%
Neurological Dysfunction: 4.3%
Cardiac Arrhythmia: 13.9%
Respiratory Failure: 4.0%
Neurological Dysfunction: 4.3%
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 Expected Complication Rate Index (ECRI)
Ochsner Medical Center, 2014–2016

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.

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group: Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Aortic Valve Replacement Average Length of Stay (ALOS)
Ochsner Medical Center, 2014–2016

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group: Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Aortic Valve Replacement Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

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 a mortality rate exactly equal to the expected mortality rate. 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.

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group: Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Aortic Valve Replacement Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group: Average of All Hospitals Nationwide
Adult Hospital Inpatients Only
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 greater than 1.0 indicates a complication rate greater than expected, and an index less than 1.0 indicates a complication rate lower than expected.

Methodology and Source: IBM Watson Health / Truven Care Discovery
Compare Group: Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

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 (gray 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.

Methodology and Source: IBM Watson Health / Truven Care Discovery
Compare Group: Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Mitral Valve Procedures Average Length of Stay (ALOS) 2014–2016

Ochsner Average
National Average

Methodology and Source: IBM Watson Health / Truven Care Discovery
Compare Group: Average of All Hospitals Nationwide
Adult Hospital Inpatients Only
Since its inception in 1984, the Ochsner Multi-Organ Transplant Institute has performed more than 5,500 lifesaving transplants, making it one of the nation’s leading transplant centers. During 2016, the Transplant Institute strengthened its position as an international leader by achieving the highest national benchmarks for quality.

The Ochsner Multi-Organ Transplant Institute is one of the top transplant programs in the United States. CareChex® ranked the program #1 in the Nation in Medical Excellence for Organ Transplants in 2017, #1 in the Nation in Medical Excellence and Patient Safety for Liver Transplants in 2017, for the fifth year in a row, and #6 in the Nation in Medical Excellence for Heart Transplants in 2017. Our kidney transplantation patient survival rates exceed national averages. Overall, our patients are doing better, living longer and experiencing fewer complications.

The Ochsner Multi-Organ Transplant Institute performs liver, kidney, kidney/pancreas, heart and lung transplants for adults and children. We have united exceptional teams of skilled surgeons, physicians, researchers, advanced practice providers, nurses, social workers, doctors of pharmacy, dieticians, coordinators and support staff to deliver comprehensive, highly advanced transplant care that saves lives and restores health. Over the decades, experience and high volumes have been matched by rising patient success rates. The Transplant Institute offers accommodations for patients and families, as well as special services needed for international patients. The Transplant Institute shares the same qualities of Ochsner Health System as a leader in patient care: medical innovation, commitment to multidisciplinary care and exemplary support services for patient well-being.

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 and better outcomes for Ochsner’s patients.
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 lifesaving 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.

Since its inception, the Liver Transplant Program at Ochsner has performed more than 2,500 lifesaving liver transplants in adults and children. The Ochsner Liver Transplant Program ranks #1 in the United States by volume for 2012, 2013, 2014, 2015 and 2016.
Ochsner has performed 2,468 kidney/pancreas and pancreas transplants in adult and pediatric patients.
Department of Surgery Care Team

General Surgery
William Richardson, MD
Section Head
John Bolton, MD
Chairman Emeritus
Russell Brown, MD
Ralph Corsetti, MD
Amanda Fontenot, MD
George Fuhrman, MD
Vice Chairman
Aimee Mackey, MD
Adwoa Opoku-Boateng, MD
General & Endocrine Surgery
Amy Rivere, MD
Michael Townsend, MD
James Wooldridge, MD
Advanced Practice Providers
Erin Dobold, PA
Kimberly Drake, NP
Lynette Mauterer, NP
Celeste Mule-Smith, NP
Siobhan Trotter, DNP
Kathryn Smiley, PA

Vascular Surgery
W. Charles Starnesburgh, MD
Section Head & Vice Chairman
Herman Bazan, MD
Clay Brinter, MD
Taylor Smith, MD
Advanced Practice Provider
Debbie Theriot, APRN

Cardiovascular and Thoracic Surgery
P. Eugene Parrino, MD
Section Head
Aditiya Bansal, MD
Michael Bates, MD
Catherine Benoit, PA
Matthew Gaudet, MD
Dr. Benjamin Peeler, MD
Brian Pettiford, MD
Advanced Practice Providers
Camille Broome, PA
Amanda Burke, NP
Ashley Care, NP
Regina McDonald, NP

Pediatric Surgery
Vincent Adolph, MD
Section Head
Jessica Roybal, MD
Rodney Steiner, MD
Plastic Surgery
Christopher Babacos, MD
Michael Friel, MD
Advanced Practice Provider
Emily Lewis, PA
Transplant Surgeons
George E. Loss, Jr., MD, PhD
Chief of Surgical Services
Chairman, Department of Surgery
Chief, Multi-Organ Transplant Institute
Ari Cohen, MD
Section Head, Abdominal Transplant Surgery
Humberto Bohorquez, MD
David Bruce, MD
Emily Bugaard, MD
Ian Cammody, MD
Abhishek Mathur, MD
John Seal, MD
Dennis Sonnier, MD

For patient referral and transfer information, please see page 76.
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).