



# Experience by Year

The Medical Center Navicent Health/Mercer University School of Medicine Program - 4401221083

## Primary Procedures

Resident: Lindsey Bridges

Done between 7/1/2018 and 6/30/2020

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|---|----------|----------|----------|----------|----------|----------|
| <b>SKIN/SOFT TIS</b>                    |          |          |          |          |          |          |
| MAJ LYMPHADENECTOMIES                   | 1        | 0        | 0        | 0        | 0        | 1        |
| MAJ EXC & REP/GRAFT FOR SKIN NEOPLASM   | 1        | 1        | 0        | 0        | 0        | 2        |
| SENTINEL LYMPH NODE BIOPSY FOR MELANOMA | 0        | 2        | 0        | 0        | 0        | 2        |
| RAD EXCIS SOFT TIS TUMOR                | 0        | 0        | 0        | 0        | 0        | 0        |
| PILONIDAL CYSTECTOMY                    | 0        | 2        | 0        | 0        | 0        | 2        |
| OTHER MAJOR SKIN/SOFT TIS               | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total SKIN/SOFT TIS</b>              | <b>2</b> | <b>5</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>7</b> |

|                                      |          |          |          |          |          |           |
|--------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>HEAD/NECK</b>                     |          |          |          |          |          |           |
| RESECT LESION-LIPS                   | 0        | 0        | 0        | 0        | 0        | 0         |
| RESECT LESION-TONGUE                 | 0        | 0        | 0        | 0        | 0        | 0         |
| RESECT LESION-FLOOR MOUTH/BUCCAL MUC | 0        | 0        | 0        | 0        | 0        | 0         |
| PAROTIDECTOMY                        | 0        | 0        | 0        | 0        | 0        | 0         |
| RESECT OTHER SALIVARY GLND           | 0        | 0        | 0        | 0        | 0        | 0         |
| RADICAL NECK DISSECT                 | 0        | 0        | 0        | 0        | 0        | 0         |
| RESECT MANDIBLE/MAXILLA              | 0        | 0        | 0        | 0        | 0        | 0         |
| TRACHEOSTOMY                         | 1        | 8        | 0        | 0        | 0        | 9         |
| OTHER MAJOR HEAD/NECK                | 1        | 1        | 0        | 0        | 0        | 2         |
| <b>Total HEAD/NECK</b>               | <b>2</b> | <b>9</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>11</b> |

|                                      |          |          |          |          |          |           |
|--------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>BREAST</b>                        |          |          |          |          |          |           |
| BREAST BIOPSY                        | 2        | 1        | 0        | 0        | 0        | 3         |
| SENTINEL LYMPH NODE BIOPSY (BREAST)  | 0        | 0        | 0        | 0        | 0        | 0         |
| SIMPLE MASTECTOMY                    | 0        | 0        | 0        | 0        | 0        | 0         |
| MOD RAD MASTECTOMY                   | 1        | 2        | 0        | 0        | 0        | 3         |
| RADICAL MASTECTOMY                   | 0        | 0        | 0        | 0        | 0        | 0         |
| EXC BX/QUADRANT EXC W/WO AX SAMPLING | 3        | 3        | 0        | 0        | 0        | 6         |
| BREAST RECONSTRUCTION                | 0        | 0        | 0        | 0        | 0        | 0         |
| OTHER MAJOR BREAST                   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>Total BREAST</b>                  | <b>6</b> | <b>6</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>12</b> |

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| <b>ALIM TR-ESOPHAGUS</b> |   |   |   |   |   |   |
| ESOPHAGECTOMY            | 0 | 0 | 0 | 0 | 0 | 0 |
| ESOPHAGO-GASTRECTOMY     | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTIREFLUX PROC-OPEN     | 0 | 0 | 0 | 0 | 0 | 0 |

|                                   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|-----------------------------------|----------|----------|----------|----------|----------|----------|
| ANTIREFLUX PROC-LAPAROSCOPIC      | 1        | 1        | 0        | 0        | 0        | 2        |
| ESOPHAGEAL BYPASS PROCEDURE       | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF PERF-ESOPH DISEASE      | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER OPS FOR ESOPHAGEAL STENOSIS | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPHAGEAL DIVERTICULECTOMY       | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR ESOPHAGUS             | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ALIM TR-ESOPHAGUS</b>    | <b>1</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>2</b> |

#### ALIM TR-STOMACH

|   |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|
| GASTROSTOMY (ALL TYPES)-OPEN            | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTROSTOMY (ALL TYPES)-LAPAROSCOPIC    | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC RESECT, PARTIAL-OPEN            | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC RESECT, PARTIAL-LAPAROSCOPIC    | 2        | 0        | 0        | 0        | 0        | 2        |
| GASTRIC RESECT, TOTAL                   | 0        | 0        | 0        | 0        | 0        | 0        |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-LAPAR | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERF-GASTRIC DIS                 | 0        | 0        | 0        | 0        | 0        | 0        |
| PROX GAST VAGOTOMY, HIGHLY SELECT-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| PROX GAST VAGOTOMY, HIGHLY SELECT-LAPAR | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC REDUC FOR MORBID OBESITY (ALL)  | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC REDUC FOR MORBID OBESITY-LAP    | 3        | 0        | 0        | 0        | 0        | 3        |
| OTHER MAJOR STOMACH                     | 0        | 1        | 0        | 0        | 0        | 1        |
| <b>Total ALIM TR-STOMACH</b>            | <b>5</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>6</b> |

#### ALIM TR-SMALL INT

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| ENTEROLYSIS                            | 0        | 0        | 0        | 0        | 0        | 0        |
| ENTEROLYSIS - LAPAROSCOPIC             | 0        | 0        | 0        | 0        | 0        | 0        |
| ENTERECTOMY                            | 1        | 1        | 0        | 0        | 0        | 2        |
| ENTERECTOMY-LAPAROSCOPIC               | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERF-DUODENAL DIS               | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERF-SMALL BOWEL DIS            | 0        | 0        | 0        | 0        | 0        | 0        |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY)      | 1        | 0        | 0        | 0        | 0        | 1        |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY) -LAP | 0        | 0        | 0        | 0        | 0        | 0        |
| DIVERTICULECTOMY                       | 0        | 1        | 0        | 0        | 0        | 1        |
| OTHER MAJOR SMALL INT                  | 1        | 0        | 0        | 0        | 0        | 1        |
| <b>Total ALIM TR-SMALL INT</b>         | <b>3</b> | <b>2</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>5</b> |

#### ALIM TR-LARGE INT

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| APPENDECTOMY-OPEN | 1 | 0 | 0 | 0 | 0 | 1 |
|-------------------|---|---|---|---|---|---|

|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| APPENDECTOMY-LAPAROSCOPIC          | 3      | 8      | 0      | 0      | 0      | 11    |
| COLOSTOMY (ALL TYPES)              | 0      | 0      | 0      | 0      | 0      | 0     |
| COLOSTOMY CLOSURE                  | 1      | 0      | 0      | 0      | 0      | 1     |
| COLECTOMY/PROCTECTOMY-OPEN         | 1      | 2      | 0      | 0      | 0      | 3     |
| COLECTOMY/PROCTECTOMY-LAPAROSCOPIC | 6      | 0      | 0      | 0      | 0      | 6     |
| COLECTOMY W/ ILEOANAL PULL-THRU    | 0      | 0      | 0      | 0      | 0      | 0     |
| COLECTOMY W/ CONTINENT RECONSTRUCT | 0      | 0      | 0      | 0      | 0      | 0     |
| ABDOMINO-PERINEAL RESECTION        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSANAL RECTAL TUMOR EXCISION    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR PERF-COLON DIS              | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR LARGE INT              | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ALIM TR-LARGE INT</b>     | 12     | 10     | 0      | 0      | 0      | 22    |

#### ALIM TR-ANO-RECTAL

|  |   |   |   |   |   |    |
|--|---|---|---|---|---|----|
| HEMORRHOIDECTOMY (ALL)                 | 3 | 1 | 0 | 0 | 0 | 4  |
| SPHINCTEROTOMY/SPHINCTEROPLASTY        | 0 | 0 | 0 | 0 | 0 | 0  |
| DRAINAGE PROC FOR ANORECTAL ABSCESS    | 4 | 1 | 0 | 0 | 0 | 5  |
| REPAIR ANORECTAL FISTULA               | 0 | 0 | 0 | 0 | 0 | 0  |
| OTHER OPERATIONS FOR ANAL INCONTINENCE | 0 | 0 | 0 | 0 | 0 | 0  |
| REPAIR RECTAL PROLAPSE                 | 0 | 1 | 0 | 0 | 0 | 1  |
| OTHER MAJOR ANO-RECTAL                 | 1 | 0 | 0 | 0 | 0 | 1  |
| <b>Total ALIM TR-ANO-RECTAL</b>        | 8 | 3 | 0 | 0 | 0 | 11 |

#### ABDOMEN-GENERAL

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| EXP LAP EXCLUSIVE OF TRAUMA-OPEN       | 1 | 3 | 0 | 0 | 0 | 4 |
| EXP LAP EXCLUSIVE OF TRAUMA-LAPAR      | 2 | 2 | 0 | 0 | 0 | 4 |
| DRAINAGE INTRA-ABDOMINAL ABSCESS       | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJ RETROPERIT/PELVIC NODE DISSEC-OPEN | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR AB-GENERAL-LAP COMPLEX     | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR AB-GENERAL                 | 0 | 1 | 0 | 0 | 0 | 1 |
| <b>Total ABDOMEN-GENERAL</b>           | 3 | 6 | 0 | 0 | 0 | 9 |

#### ABDOMEN-LIVER

|                             |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|
| LOBECTOMY OR SEGMENTECTOMY  | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION/OPEN BIOPSY | 0 | 0 | 0 | 0 | 0 | 0 |
| DRAINAGE LIVER ABSCESS      | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR LIVER           | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-LIVER</b>  | 0 | 0 | 0 | 0 | 0 | 0 |

|                                       | Year 1   | Year 2    | Year 3   | Year 4   | Year 5   | Total     |
|---------------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>ABDOMEN-BILIARY</b>                |          |           |          |          |          |           |
| CHOLECYSTOSTOMY                       | 0        | 0         | 0        | 0        | 0        | 0         |
| CHOLECYSTECTOMY W/WO OPER GRAMS-OPEN  | 0        | 0         | 0        | 0        | 0        | 0         |
| CHOLECYSTECTOMY W/WO OPER GRAMS-LAPAR | 8        | 12        | 0        | 0        | 0        | 20        |
| COMMON BILE DUCT EXPLOR-OPEN          | 0        | 0         | 0        | 0        | 0        | 0         |
| COMMON BILE DUCT EXPLOR-LAPAR         | 0        | 0         | 0        | 0        | 0        | 0         |
| CHOLEDOCHOENTERIC ANASTOMOSIS         | 0        | 0         | 0        | 0        | 0        | 0         |
| SPHINCTEROPLASTY (ODDI)               | 0        | 0         | 0        | 0        | 0        | 0         |
| OTHER MAJOR BILIARY                   | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total ABDOMEN-BILIARY</b>          | <b>8</b> | <b>12</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>20</b> |

|                                   |          |          |          |          |          |          |
|-----------------------------------|----------|----------|----------|----------|----------|----------|
| <b>ABDOMEN-PANCREAS</b>           |          |          |          |          |          |          |
| DRAINAGE PANCREATIC ABSCESS       | 0        | 0        | 0        | 0        | 0        | 0        |
| RESECTION FOR PANCREATIC NECROSIS | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, DISTAL            | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, WHIPPLE           | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, TOTAL             | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PSEUDOCYST (ALL TYPES)   | 0        | 0        | 0        | 0        | 0        | 0        |
| PANCREATICOJEJUNOSTOMY            | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR PANCREAS              | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-PANCREAS</b>     | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                               |          |          |          |          |          |          |
|-------------------------------|----------|----------|----------|----------|----------|----------|
| <b>ABDOMEN-SPLEEN</b>         |          |          |          |          |          |          |
| SPLENECTOMY FOR DISEASE-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| SPLENECTOMY FOR DISEASE-LAPAR | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-SPLEEN</b>   | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                                |          |           |          |          |          |           |
|--------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>ABDOMEN-HERNIA</b>          |          |           |          |          |          |           |
| INGUINAL-FEMORAL (ALL)-OPEN    | 2        | 2         | 0        | 0        | 0        | 4         |
| INGUINAL-FEMORAL (ALL)-LAPAROS | 0        | 5         | 0        | 0        | 0        | 5         |
| VENTRAL                        | 4        | 4         | 0        | 0        | 0        | 8         |
| OTHER MAJOR HERNIAS            | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total ABDOMEN-HERNIA</b>    | <b>6</b> | <b>11</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>17</b> |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>VASC - ANEURYSM REPAIR</b>                 |   |   |   |   |   |   |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, RUPTURED | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, ELECTIVE | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR ABD AORTIC/ILIAC ANEURYSM | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR OF ILIAC ARTERY           | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR SUPRARENAL AORTIC ANEURYSM             | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| REPAIR THORACIC AORTIC ANEURYSM              | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOVASCULAR REPAIR THORACIC AORTIC ANEURYSM | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR THORACOABDOMINAL AORTIC ANEURYSM      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR FEMORAL ANEURYSM                      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR POPLITEAL ANEURYSM                    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OTHER ANEURYSM - DEF CAT CREDIT       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - ANEURYSM REPAIR</b>          | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - CEREBROVASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CAROTID ENDARTERECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| REOPERATIVE CAROTID SURGERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT CAROTID ARTERY STENT       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE CAROTID BODY TUMOR                          | 0 | 0 | 0 | 0 | 0 | 0 |
| VERTEBRAL BYPASS OR REIMPLANTATION/TRANSPOSITION   | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT REPAIR AORTIC ARCH BRANCHES                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY - BRACHIOCEPHALIC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY - BRACHIOCEPHALIC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF INTRAVASC STENT, NONCOR.    | 0 | 0 | 0 | 0 | 0 | 0 |
| CERVICAL BYPASS AORTIC ARCH BRANCHES               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY BY NECK OR THORACIC INCIS | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR CEREBROVASCULAR - DEF CAT CREDIT       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - CEREBROVASCULAR</b>                | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - PERIPH OBSTRUCTIVE

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| AORTO-ILIO/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, PROSTHETIC           | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, VEIN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY AORTA OR ILIAC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY AORTA OR ILIAC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT INTRAVASC STENT AORTA   | 0 | 0 | 0 | 0 | 0 | 0 |
| ILIO-ILIAC/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE INFECTED GRAFT, ABDOMEN OR CHEST         | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR GRAFT-ENTERIC/AORTO-ENTERIC FISTULA      | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL, PROFUNDA ENDARTERECTOMY                | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, VEIN                  | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, PROSTHETIC            | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| TRANSLUMINAL BALLOON ANGIOPLASTY FEMORAL-POPLITEAL | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY FEMORAL-POPLITEAL         | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDARTERECTOMY, SUPERFICIAL FEMORAL, POPLITEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, VEIN                        | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, PROSTHETIC                  | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLON ANGIOPLASTY, TIBIOPERONEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY, TIBIOPERONEAL            | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSCATHETER PLACE OF INTRAVASCULAR STENT NON-COR | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCISE INFECTED GRAFT, PERIPHERAL                  | 0      | 0      | 0      | 0      | 0      | 0     |
| REVISE ARTERIAL BYPASS                             | 0      | 0      | 0      | 0      | 0      | 0     |
| ARTERIAL EMBOLECTOMY/THROMBECTOMY BY LEG INCISION  | 0      | 0      | 0      | 0      | 0      | 0     |
| GRAFT THROMBECTOMY                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| ADJUNCTIVE VEIN CUFF OR AVF                        | 0      | 0      | 0      | 0      | 0      | 0     |
| HARVEST ARM VEIN                                   | 0      | 0      | 0      | 0      | 0      | 0     |
| COMPOSITE LEG BYPASS GRAFT                         | 0      | 0      | 0      | 0      | 0      | 0     |
| RE-DO LOWER EXTREMITY BYPASS                       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR PERIPHERAL - DEF CAT CREDIT            | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - PERIPH OBSTRUCTIVE</b>             | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ABDOMINAL OBSTRUCTIVE

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CELIAC/SMA ENDARTERECTOMY, BYPASS          | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL ENDARTERECTOMY, BYPASS               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL    | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF STENT, RENAL ARTERY | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ABDOMINAL OBSTRUCTIVE</b>  | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - UPPER EXTREMITY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| OPEN BRACHIAL ARTERY EXPOSURE                    | 0 | 0 | 0 | 0 | 0 | 0 |
| ARM BYPASS, ENDARTERECTOMY, REPAIR               | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATH PLACE OF INTRAVASC STENT, NON CORONARY | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, BY ARM INCISION        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - UPPER EXTREMITY</b>              | 0 | 0 | 0 | 0 | 0 | 0 |

|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| <b>VASC - EXTRA-ANATOMIC</b>       |        |        |        |        |        |       |
| AXILLO-FEMORAL BYPASS              | 0      | 0      | 0      | 0      | 0      | 0     |
| AXILLO-POPLITEAL-TIBIAL BYPASS     | 0      | 0      | 0      | 0      | 0      | 0     |
| FEMORAL-FEMORAL BYPASS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - EXTRA-ANATOMIC</b> | 0      | 0      | 0      | 0      | 0      | 0     |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b>       |   |   |   |   |   |   |
| TRANSLUMINAL MECHANICAL THROMBECTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| THROMBOLYSIS, TRANSARTERIAL, TRANSCATHETER               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCHANGE OF THROMBOLYSIS CATHETER                        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b>       |   |   |   |   |   |   |
| ENDO PLACE OF ILIAC ARTERY OCCLUSION DEV                   | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER THERAPY, INFUSION NON THROMBOLYSIS           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER RETRIEVAL OF INTRAVASCULAR FOREIGN           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER ARTERIAL OCCLUSION OR EMBOLIZATION           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF WIRELESS SENSOR                     | 0 | 0 | 0 | 0 | 0 | 0 |
| PRESSURE MEASUREMENTS FROM WIRELESS SENSOR                 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>VASC - TRAUMA</b>           |   |   |   |   |   |   |
| EXPOSURE OF THORACIC VESSELS   | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR THORACIC VESSELS        | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF NECK VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR NECK VESSELS            | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF ABDOMINAL VESSELS  | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR ABDOMINAL VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF PERIPHERAL VESSELS | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERIPHERAL VESSELS      | 0 | 0 | 0 | 0 | 0 | 0 |
| FASCIOTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - TRAUMA</b>     | 0 | 0 | 0 | 0 | 0 | 0 |

|                              |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|
| <b>VASC - VENOUS</b>         |   |   |   |   |   |   |
| PORTAL-SYSTEMIC SHUNT        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPERATION FOR VARICOSE VEINS | 0 | 0 | 0 | 0 | 0 | 0 |
| SCLEROTHERAPY, PERIPH VEIN   | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| EMBOLECTOMY/THROMBECTOMY, VENOUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOLUMINAL ABLATION                         | 0      | 0      | 0      | 0      | 0      | 0     |
| OPERATIONS FOR VENOUS ULCERATION             | 0      | 0      | 0      | 0      | 0      | 0     |
| VENOUS RECONSTRUCTION                        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL MECHANICAL THROMBECTOMY, VENOUS | 0      | 0      | 0      | 0      | 0      | 0     |
| THROMBOLYSIS, TRANSVENOUS, TRANSCATHETER     | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCHANGE OF THROMBOLYSIS CATHETER            | 0      | 0      | 0      | 0      | 0      | 0     |
| INTERRUPTION OF IVC                          | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR A-V MALFORMATION                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - VENOUS</b>                   | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ENDOVASCULAR DIAGNOSTIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| ARTERIOGRAPHY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| VENOGRAPHY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| ANGIOSCOPY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| INTRAVASCULAR ULTRASOUND                    | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ENDOVASCULAR DIAGNOSTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - MISCELLANEOUS VASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| EXPLORATION OF ARTERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| POSTOPERATIVE EXP. FOR BLEED, THROMB, INFECT | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR VASCULAR LIGATION                      | 1 | 0 | 0 | 0 | 0 | 1 |
| INJECT PSEUDOANEURYSM                        | 0 | 0 | 0 | 0 | 0 | 0 |
| SPINE EXPOSURE                               | 0 | 0 | 0 | 0 | 0 | 0 |
| SYMPATHECTOMY                                | 0 | 0 | 0 | 0 | 0 | 0 |
| LYMPHATIC PROCEDURE                          | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MISCELLANEOUS VASCULAR PROCEDURE       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS VASCULAR</b>   | 1 | 0 | 0 | 0 | 0 | 1 |

#### VASC - VASCULAR ACCESS

|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| A-V FISTULA                         | 0 | 0 | 0 | 0 | 0 | 0 |
| A-V GRAFT                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERCUTANEOUS-OTHER ACCESS           | 0 | 0 | 0 | 0 | 0 | 0 |
| REVISION, A-V ACCESS                | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - VASCULAR ACCESS</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - AMPUTATIONS

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| AMPUTATION, DIGIT | 2 | 0 | 0 | 0 | 0 | 2 |
|-------------------|---|---|---|---|---|---|



|                                 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---------------------------------|--------|--------|--------|--------|--------|-------|
| AMPUTATION, TRANSMETATARSAL     | 4      | 0      | 0      | 0      | 0      | 4     |
| AMPUTATION, BELOW KNEE          | 3      | 0      | 0      | 0      | 0      | 3     |
| AMPUTATION, ABOVE KNEE          | 1      | 0      | 0      | 0      | 0      | 1     |
| AMPUTATION, UPPER EXTREMITY     | 0      | 0      | 0      | 0      | 0      | 0     |
| AMPUTATION CLOSURE, REVISION    | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - AMPUTATIONS</b> | 10     | 0      | 0      | 0      | 0      | 10    |

#### ENDOCRINE

|                                 |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|
| THYROIDECTOMY, PARTIAL OR TOTAL | 1 | 0 | 0 | 0 | 0 | 1 |
| PARATHYROIDECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| ADRENALECTOMY                   | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREATIC ENDOCRINE PROC       | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ENDOCRINE           | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ENDOCRINE</b>          | 1 | 0 | 0 | 0 | 0 | 1 |

#### HAND

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| SOFT TISSUE REPAIR/GRAFT | 0 | 0 | 0 | 0 | 0 | 0 |
| TENDON REPAIR/TRANSFER   | 0 | 0 | 0 | 0 | 0 | 0 |
| NERVE REPAIR             | 0 | 0 | 0 | 0 | 0 | 0 |
| VASCULAR REPAIR          | 0 | 0 | 0 | 0 | 0 | 0 |
| REPLANTATION             | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR HAND         | 0 | 1 | 0 | 0 | 0 | 1 |
| <b>Total HAND</b>        | 0 | 1 | 0 | 0 | 0 | 1 |

#### THORACIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| EXPLOR THORACOTOMY-OPEN                   | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPLOR THORACOTOMY W/WO BX-THORACOS       | 0 | 0 | 0 | 0 | 0 | 0 |
| PLEURODESIS-THORACOSCOPIC                 | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR DIAPH HERNIA                       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISION MEDIASTINAL TUMOR                | 0 | 0 | 0 | 0 | 0 | 0 |
| PNEUMONECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-OPEN      | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-THORACOS  | 1 | 0 | 0 | 0 | 0 | 1 |
| WEDGE RESECTION LUNG-OPEN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-THORACOSCOPIC        | 1 | 0 | 0 | 0 | 0 | 1 |
| THORACIC OUTLET DECOMPRESSION PROC        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN DRAINAGE OF EMPYEMA                  | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARDIECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARD WINDOW FOR DRAINAGE-THORACOSCOPI | 0 | 0 | 0 | 0 | 0 | 0 |
| PACEMAKER INSERTION                       | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|--|----------|----------|----------|----------|----------|----------|
| CARDIAC PROCEDURES                       | 0        | 0        | 0        | 0        | 0        | 0        |
| SYMPATHECTOMY, THORACOLUMBAR-THORACOSCOP | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPHAGOMYOTOMY (HELLER)-THORACOSCOPIC   | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR THORACIC                     | 1        | 0        | 0        | 0        | 0        | 1        |
| <b>Total THORACIC</b>                    | <b>3</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>3</b> |

### PEDIATRIC

|  |           |           |          |          |          |           |
|--|-----------|-----------|----------|----------|----------|-----------|
| HERNIORRHAPHY, INGUINAL/UMBILICAL        | 12        | 12        | 0        | 0        | 0        | 24        |
| REP BRANCHIAL CLEFT ANOM/THYRO DUCT CYST | 0         | 0         | 0        | 0        | 0        | 0         |
| REPAIR DEFORMITY CHEST WALL              | 0         | 0         | 0        | 0        | 0        | 0         |
| REPAIR DIAPHRAGMATIC HERNIA              | 0         | 0         | 0        | 0        | 0        | 0         |
| ANTIREFLUX PROCEDURE-OPEN (PEDS)         | 0         | 0         | 0        | 0        | 0        | 0         |
| ANTIREFLUX PROCEDURE-LAPAROSCOPIC (PEDS) | 0         | 0         | 0        | 0        | 0        | 0         |
| REP ESOPH ATRESIA/TRACHEO-ESOPH FIST     | 0         | 0         | 0        | 0        | 0        | 0         |
| REP INTESTINAL ATRESIA/STENOSIS          | 0         | 0         | 0        | 0        | 0        | 0         |
| REPAIR PYLORIC STENOSIS                  | 2         | 1         | 0        | 0        | 0        | 3         |
| OPERATION FOR MALROTATION/INTUSSUSCEPT   | 0         | 0         | 0        | 0        | 0        | 0         |
| PROC FOR MECONIUM ILEUS/NEC ENTEROCOLIT  | 0         | 0         | 0        | 0        | 0        | 0         |
| DEFIN OP FOR HIRSCHSPRUNGs/IMPERF ANUS   | 0         | 1         | 0        | 0        | 0        | 1         |
| EXC WILMs TUMOR/NEUROBLASTOMA            | 0         | 0         | 0        | 0        | 0        | 0         |
| REP OMPHALOCELE/GASTROSCHISIS            | 0         | 1         | 0        | 0        | 0        | 1         |
| REPAIR OF EXSTROPHY                      | 0         | 0         | 0        | 0        | 0        | 0         |
| REPAIR EPI- AND HYPO-SPADIAS             | 0         | 0         | 0        | 0        | 0        | 0         |
| ORCHIOPEXY                               | 2         | 0         | 0        | 0        | 0        | 2         |
| OTHER MAJOR PEDIATRIC                    | 3         | 4         | 0        | 0        | 0        | 7         |
| <b>Total PEDIATRIC</b>                   | <b>19</b> | <b>19</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>38</b> |

### GENITO-URINARY

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| HYDROCELECTOMY                           | 0        | 0        | 0        | 0        | 0        | 0        |
| CYSTOSTOMY                               | 0        | 0        | 0        | 0        | 0        | 0        |
| CYSTECTOMY                               | 0        | 0        | 0        | 0        | 0        | 0        |
| NEPHRECTOMY (W/ DONOR NEPH SEE TRANSPLT) | 0        | 0        | 0        | 0        | 0        | 0        |
| ILEAL URINARY CONDUIT                    | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR GENITO-URINARY               | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR GENITO-URINARY - LAP BASIC   | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR GENITO-URINARY- LAP COMPLEX  | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total GENITO-URINARY</b>              | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>GYNECOLOGY</b>                        |        |        |        |        |        |       |
| HYSTERECTOMY (ALL)                       | 0      | 0      | 0      | 0      | 0      | 0     |
| SALPINGO-OOPHORECTOMY                    | 0      | 1      | 0      | 0      | 0      | 1     |
| OTHER MAJOR GYNECOLOGY                   | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY -<br>LAPAROSCOPIC | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY</b>                  | 0      | 1      | 0      | 0      | 0      | 1     |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>PLASTIC</b>  |   |   |   |   |   |   |
| REPAIR CLEFT LIP/CLEFT PALATE                             | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR RECONSTRUCTIVE PROC                                 | 0 | 0 | 0 | 0 | 0 | 0 |
| SKIN-GRAFTING, NONBURN (ALL)                              | 0 | 0 | 0 | 0 | 0 | 0 |
| COMPOSITE TISSUE TRANSFER                                 | 0 | 0 | 0 | 0 | 0 | 0 |
| BURN DEBRIDEMENT AND/OR GRAFTING                          | 1 | 0 | 0 | 0 | 0 | 1 |
| REDUCTION AND STABILIZATION OF<br>MAXILLOFACIAL FRACTURES | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR PLASTIC                                       | 1 | 0 | 0 | 0 | 0 | 1 |
| <b>Total PLASTIC</b>                                      | 2 | 0 | 0 | 0 | 0 | 2 |

|                                   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|
| <b>NERVOUS SYSTEM</b>             |   |   |   |   |   |   |
| CRANIAL DECOMPRESSION/EXPLORATION | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR NERVOUS SYSTEM        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total NERVOUS SYSTEM</b>       | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>ORTHOPAEDICS</b>                       |   |   |   |   |   |   |
| OPEN OPERATIONS ON BONE OR JOINTS         | 0 | 0 | 0 | 0 | 0 | 0 |
| ARTHROSCOPY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REDUCTION OF OPEN/CLOSED<br>FRACTURE | 0 | 0 | 0 | 0 | 0 | 0 |
| CLOSED REDUCTION OF FRACTURE              | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORTHOPAEDICS                  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ORTHOPAEDICS</b>                 | 0 | 0 | 0 | 0 | 0 | 0 |

|                               |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|
| <b>ORGAN TRANSPLANT</b>       |   |   |   |   |   |   |
| LIVER TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREAS TRANSPLANT           | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR NEPHRECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR HEPATECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| EN BLOC ABD ORGAN RETRIEVAL   | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORGAN TRANSPLANT  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ORGAN TRANSPLANT</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|---|----------|----------|----------|----------|----------|----------|
| <b>TRAUMA</b>                                 |          |          |          |          |          |          |
| DRAINAGE SUB/EXTRADURAL HEMATOMA              | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPH TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC TRAUMA-CLOSURE/RESECT/EXCLUSION       | 0        | 0        | 0        | 0        | 0        | 0        |
| DUODENAL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 0        | 0        | 0        | 0        | 0        | 0        |
| SM BOWEL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 0        | 0        | 0        | 0        | 0        | 0        |
| COLON TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 0        | 0        | 0        | 0        | 0        |
| NECK EXPLOR FOR TRAUMA                        | 0        | 1        | 0        | 0        | 0        | 1        |
| EXPLOR THORACOTOMY-OPEN                       | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR THORACOTOMY-THORACOSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR LAPAROTOMY-OPEN                        | 2        | 0        | 0        | 0        | 0        | 2        |
| EXPLOR LAPAROTOMY - LAPAROSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| SPLENECTOMY/SPLENORRHAPHY-OPEN                | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/DRAINAGE HEPATIC LACS-OPEN             | 0        | 0        | 0        | 0        | 0        | 0        |
| HEPATIC RESECTION FOR INJURY                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PANCREATIC INJURY                    | 0        | 0        | 0        | 0        | 0        | 0        |
| RESECTION OF PANCREATIC INJURY                | 0        | 0        | 0        | 0        | 0        | 0        |
| CLOSED REDUCTION OF FRACTURE                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DEBRIDE/SUTURE MAJOR WOUNDS                   | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR BLADDER INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR URETERAL INJURY                        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/RESECT FOR KIDNEY TRAUMA               | 0        | 0        | 0        | 0        | 0        | 0        |
| REP THORAC AORTA, INNOMINATE, SUBCLAVIAN      | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF CAROTID OR OTHER MAJOR NECK VESSELS | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF ABDOMINAL AORTA OR VENA CAVA        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERIPHERAL VESSELS                     | 0        | 0        | 0        | 0        | 0        | 0        |
| FASCIOTOMY FOR INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OTHER MAJOR VASC INJURY (TR1)          | 0        | 0        | 0        | 0        | 0        | 0        |
| MANAGEMENT CARDIAC INJURY                     | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR TRAUMA                            | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total TRAUMA</b>                           | <b>2</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>3</b> |

#### ENDOSCOPY (NOT FOR MAJOR CREDIT)

|                                       |    |   |   |   |   |    |
|---------------------------------------|----|---|---|---|---|----|
| LARYNGOSCOPY                          | 0  | 0 | 0 | 0 | 0 | 0  |
| BRONCHOSCOPY                          | 3  | 0 | 0 | 0 | 0 | 3  |
| SCLEROTHERAPY/BANDING ESOPH VARICES   | 0  | 0 | 0 | 0 | 0 | 0  |
| ESOPHAGO-GASTRO-DUODENOSCOPY          | 0  | 0 | 0 | 0 | 0 | 0  |
| PERCUTAN ENDOSCOPIC GASTROSTOMY (PEG) | 15 | 0 | 0 | 0 | 0 | 15 |

|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| ERCp W/WO PAPILOTOMY                          | 0      | 0      | 0      | 0      | 0      | 0     |
| SIGMOIDOSCOPY, RIGID/FLEXIBLE                 | 0      | 0      | 0      | 0      | 0      | 0     |
| FLEXIBLE COLONOSCOPY W/WO BX/POLYPECT         | 0      | 2      | 0      | 0      | 0      | 2     |
| CHOLEDOCHOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| CYSTO/URETHROSCOPY                            | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER ENDOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ENDOSCOPY (NOT FOR MAJOR CREDIT)</b> | 18     | 2      | 0      | 0      | 0      | 20    |

#### MISCELLANEOUS (NOT FOR MAJOR CREDIT)

|   |    |    |   |   |   |    |
|---|----|----|---|---|---|----|
| REMOVAL SKIN MOLES, SMALL TUMORS, ETC             | 2  | 2  | 0 | 0 | 0 | 4  |
| REMOVAL SUBCUT SMALL TUMORS, CYSTS, FBs           | 0  | 0  | 0 | 0 | 0 | 0  |
| REPAIR MINOR WOUNDS AND GRAFTS                    | 1  | 0  | 0 | 0 | 0 | 1  |
| BANDING/INCISION THROMBOSED HEMORRHOID            | 0  | 0  | 0 | 0 | 0 | 0  |
| ENDORECTAL ULTRASOUND [MISCELLANEOUS]             | 0  | 0  | 0 | 0 | 0 | 0  |
| OTHER PROCEDURES                                  | 41 | 11 | 0 | 0 | 0 | 52 |
| <b>Total MISCELLANEOUS (NOT FOR MAJOR CREDIT)</b> | 44 | 13 | 0 | 0 | 0 | 57 |

#### PATIENT CARE (NOT FOR MAJOR CREDIT)

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| NON-OPERATIVE TRAUMA                             | 0 | 0 | 0 | 0 | 0 | 0 |
| TEAM LEADER ASSESSMENT AND RESUSCITATION         | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total PATIENT CARE (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| Ventilatory Management: >24hrs on ventilator                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| Bleeding: non-trauma patient > 3 units  | 0 | 0 | 0 | 0 | 0 | 0 |
| Hemodynamic instability: req. inotrope/pressor                                | 0 | 0 | 0 | 0 | 0 | 0 |
| Organ dysfunction: renal, hepatic, cardiac                                    | 0 | 0 | 0 | 0 | 0 | 0 |
| Dysrhythmias: requiring drug management                                       | 0 | 0 | 0 | 0 | 0 | 0 |
| Invasive line, manage/monitor: Swan, Arterial,etc                             | 0 | 0 | 0 | 0 | 0 | 0 |
| Parenteral/enteral nutrition  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| CRITICAL CARE OTHER                                | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| OPHTHALMOLOGY                                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTOLARYNGOLOGY                                     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>UROLOGY (NOT FOR MAJOR CREDIT)</b>              |        |        |        |        |        |       |
| UROLOGY  | 0      | 5      | 0      | 0      | 0      | 5     |
| <b>Total UROLOGY (NOT FOR MAJOR CREDIT)</b>        | 0      | 5      | 0      | 0      | 0      | 5     |
| <b>NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>         |        |        |        |        |        |       |
| NEUROSURGERY                                       | 0      | 1      | 0      | 0      | 0      | 1     |
| <b>Total NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>   | 0      | 1      | 0      | 0      | 0      | 1     |
| <b>GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| GYNECOLOGY   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>RADIOLOGY (NOT FOR MAJOR CREDIT)</b>            |        |        |        |        |        |       |
| RADIOLOGY  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total RADIOLOGY (NOT FOR MAJOR CREDIT)</b>      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>ULTRASOUND (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| MISCELLANEOUS ULTRASOUND                           | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ULTRASOUND (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>TRAUMA (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTHER TRAUMA                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total TRAUMA (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Non-Tracked Codes</b>                   |        |        |        |        |        |       |
| Non-Tracked Codes                          | 2      | 3      | 0      | 0      | 0      | 5     |
| <b>Total Non-Tracked Codes</b>             | 2      | 3      | 0      | 0      | 0      | 5     |
| <b>Total Major Operations</b>              | 94     | 88     | 0      | 0      | 0      | 182   |



# Experience by Year

The Medical Center Navicent Health/Mercer University School of Medicine Program - 4401221083

## Primary Procedures

Resident: Joshua Ferenczy

Done between 7/1/2018 and 6/30/2020

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total     |
|---|----------|----------|----------|----------|----------|-----------|
| <b>SKIN/SOFT TIS</b>                    |          |          |          |          |          |           |
| MAJ LYMPHADENECTOMIES                   | 0        | 0        | 0        | 0        | 0        | 0         |
| MAJ EXC & REP/GRAFT FOR SKIN NEOPLASM   | 1        | 2        | 0        | 0        | 0        | 3         |
| SENTINEL LYMPH NODE BIOPSY FOR MELANOMA | 0        | 0        | 0        | 0        | 0        | 0         |
| RAD EXCIS SOFT TIS TUMOR                | 0        | 0        | 0        | 0        | 0        | 0         |
| PILONIDAL CYSTECTOMY                    | 0        | 3        | 0        | 0        | 0        | 3         |
| OTHER MAJOR SKIN/SOFT TIS               | 3        | 4        | 0        | 0        | 0        | 7         |
| <b>Total SKIN/SOFT TIS</b>              | <b>4</b> | <b>9</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>13</b> |

|                                      |          |           |          |          |          |           |
|--------------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>HEAD/NECK</b>                     |          |           |          |          |          |           |
| RESECT LESION-LIPS                   | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT LESION-TONGUE                 | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT LESION-FLOOR MOUTH/BUCCAL MUC | 0        | 0         | 0        | 0        | 0        | 0         |
| PAROTIDECTOMY                        | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT OTHER SALIVARY GLND           | 0        | 0         | 0        | 0        | 0        | 0         |
| RADICAL NECK DISSECT                 | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT MANDIBLE/MAXILLA              | 0        | 0         | 0        | 0        | 0        | 0         |
| TRACHEOSTOMY                         | 1        | 23        | 0        | 0        | 0        | 24        |
| OTHER MAJOR HEAD/NECK                | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total HEAD/NECK</b>               | <b>1</b> | <b>23</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>24</b> |

|                                      |           |           |          |          |          |           |
|--------------------------------------|-----------|-----------|----------|----------|----------|-----------|
| <b>BREAST</b>                        |           |           |          |          |          |           |
| BREAST BIOPSY                        | 6         | 2         | 0        | 0        | 0        | 8         |
| SENTINEL LYMPH NODE BIOPSY (BREAST)  | 0         | 0         | 0        | 0        | 0        | 0         |
| SIMPLE MASTECTOMY                    | 4         | 4         | 0        | 0        | 0        | 8         |
| MOD RAD MASTECTOMY                   | 1         | 1         | 0        | 0        | 0        | 2         |
| RADICAL MASTECTOMY                   | 0         | 0         | 0        | 0        | 0        | 0         |
| EXC BX/QUADRANT EXC W/WO AX SAMPLING | 0         | 8         | 0        | 0        | 0        | 8         |
| BREAST RECONSTRUCTION                | 0         | 0         | 0        | 0        | 0        | 0         |
| OTHER MAJOR BREAST                   | 0         | 0         | 0        | 0        | 0        | 0         |
| <b>Total BREAST</b>                  | <b>11</b> | <b>15</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>26</b> |

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| <b>ALIM TR-ESOPHAGUS</b> |   |   |   |   |   |   |
| ESOPHAGECTOMY            | 0 | 0 | 0 | 0 | 0 | 0 |
| ESOPHAGO-GASTRECTOMY     | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTIREFLUX PROC-OPEN     | 0 | 0 | 0 | 0 | 0 | 0 |



|                                   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|-----------------------------------|--------|--------|--------|--------|--------|-------|
| ANTIREFLUX PROC-LAPAROSCOPIC      | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGEAL BYPASS PROCEDURE       | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OF PERF-ESOPH DISEASE      | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER OPS FOR ESOPHAGEAL STENOSIS | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGEAL DIVERTICULECTOMY       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR ESOPHAGUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ALIM TR-ESOPHAGUS</b>    | 0      | 0      | 0      | 0      | 0      | 0     |

#### ALIM TR-STOMACH

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| GASTROSTOMY (ALL TYPES)-OPEN            | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTROSTOMY (ALL TYPES)-LAPAROSCOPIC    | 0 | 2 | 0 | 0 | 0 | 2 |
| GASTRIC RESECT, PARTIAL-OPEN            | 0 | 1 | 0 | 0 | 0 | 1 |
| GASTRIC RESECT, PARTIAL-LAPAROSCOPIC    | 3 | 0 | 0 | 0 | 0 | 3 |
| GASTRIC RESECT, TOTAL                   | 0 | 0 | 0 | 0 | 0 | 0 |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-GASTRIC DIS                 | 0 | 0 | 0 | 0 | 0 | 0 |
| PROX GAST VAGOTOMY, HIGHLY SELECT-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| PROX GAST VAGOTOMY, HIGHLY SELECT-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC REDUC FOR MORBID OBESITY (ALL)  | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC REDUC FOR MORBID OBESITY-LAP    | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR STOMACH                     | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ALIM TR-STOMACH</b>            | 3 | 3 | 0 | 0 | 0 | 6 |

#### ALIM TR-SMALL INT

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| ENTEROLYSIS                            | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTEROLYSIS - LAPAROSCOPIC             | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTERECTOMY                            | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTERECTOMY-LAPAROSCOPIC               | 1 | 0 | 0 | 0 | 0 | 1 |
| REPAIR PERF-DUODENAL DIS               | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-SMALL BOWEL DIS            | 0 | 1 | 0 | 0 | 0 | 1 |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY)      | 0 | 0 | 0 | 0 | 0 | 0 |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY) -LAP | 0 | 0 | 0 | 0 | 0 | 0 |
| DIVERTICULECTOMY                       | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR SMALL INT                  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ALIM TR-SMALL INT</b>         | 1 | 1 | 0 | 0 | 0 | 2 |

#### ALIM TR-LARGE INT

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| APPENDECTOMY-OPEN | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------|---|---|---|---|---|---|

|                                    | Year 1   | Year 2    | Year 3   | Year 4   | Year 5   | Total     |
|------------------------------------|----------|-----------|----------|----------|----------|-----------|
| APPENDECTOMY-LAPAROSCOPIC          | 2        | 5         | 0        | 0        | 0        | 7         |
| COLOSTOMY (ALL TYPES)              | 2        | 3         | 0        | 0        | 0        | 5         |
| COLOSTOMY CLOSURE                  | 0        | 0         | 0        | 0        | 0        | 0         |
| COLECTOMY/PROCTECTOMY-OPEN         | 1        | 2         | 0        | 0        | 0        | 3         |
| COLECTOMY/PROCTECTOMY-LAPAROSCOPIC | 2        | 2         | 0        | 0        | 0        | 4         |
| COLECTOMY W/ ILEOANAL PULL-THRU    | 0        | 0         | 0        | 0        | 0        | 0         |
| COLECTOMY W/ CONTINENT RECONSTRUCT | 0        | 0         | 0        | 0        | 0        | 0         |
| ABDOMINO-PERINEAL RESECTION        | 0        | 0         | 0        | 0        | 0        | 0         |
| TRANSANAL RECTAL TUMOR EXCISION    | 0        | 0         | 0        | 0        | 0        | 0         |
| REPAIR PERF-COLON DIS              | 0        | 1         | 0        | 0        | 0        | 1         |
| OTHER MAJOR LARGE INT              | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total ALIM TR-LARGE INT</b>     | <b>7</b> | <b>13</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>20</b> |

#### ALIM TR-ANO-RECTAL

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| HEMORRHOIDECTOMY (ALL)                 | 3        | 0        | 0        | 0        | 0        | 3        |
| SPHINCTEROTOMY/SPHINCTEROPLASTY        | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PROC FOR ANORECTAL ABSCESS    | 3        | 0        | 0        | 0        | 0        | 3        |
| REPAIR ANORECTAL FISTULA               | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER OPERATIONS FOR ANAL INCONTINENCE | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR RECTAL PROLAPSE                 | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR ANO-RECTAL                 | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ALIM TR-ANO-RECTAL</b>        | <b>6</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>6</b> |

#### ABDOMEN-GENERAL

|  |          |          |          |          |          |           |
|--|----------|----------|----------|----------|----------|-----------|
| EXP LAP EXCLUSIVE OF TRAUMA-OPEN       | 2        | 3        | 0        | 0        | 0        | 5         |
| EXP LAP EXCLUSIVE OF TRAUMA-LAPAR      | 4        | 3        | 0        | 0        | 0        | 7         |
| DRAINAGE INTRA-ABDOMINAL ABSCESS       | 0        | 0        | 0        | 0        | 0        | 0         |
| MAJ RETROPERIT/PELVIC NODE DISSEC-OPEN | 0        | 0        | 0        | 0        | 0        | 0         |
| OTHER MAJOR AB-GENERAL-LAP COMPLEX     | 0        | 0        | 0        | 0        | 0        | 0         |
| OTHER MAJOR AB-GENERAL                 | 0        | 1        | 0        | 0        | 0        | 1         |
| <b>Total ABDOMEN-GENERAL</b>           | <b>6</b> | <b>7</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>13</b> |

#### ABDOMEN-LIVER

|                             |          |          |          |          |          |          |
|-----------------------------|----------|----------|----------|----------|----------|----------|
| LOBECTOMY OR SEGMENTECTOMY  | 0        | 0        | 0        | 0        | 0        | 0        |
| WEDGE RESECTION/OPEN BIOPSY | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE LIVER ABSCESS      | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR LIVER           | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-LIVER</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                                       | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|---------------------------------------|----------|----------|----------|----------|----------|----------|
| <b>ABDOMEN-BILIARY</b>                |          |          |          |          |          |          |
| CHOLECYSTOSTOMY                       | 0        | 0        | 0        | 0        | 0        | 0        |
| CHOLECYSTECTOMY W/WO OPER GRAMS-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| CHOLECYSTECTOMY W/WO OPER GRAMS-LAPAR | 2        | 5        | 0        | 0        | 0        | 7        |
| COMMON BILE DUCT EXPLOR-OPEN          | 0        | 0        | 0        | 0        | 0        | 0        |
| COMMON BILE DUCT EXPLOR-LAPAR         | 0        | 0        | 0        | 0        | 0        | 0        |
| CHOLEDOCHOENTERIC ANASTOMOSIS         | 0        | 0        | 0        | 0        | 0        | 0        |
| SPHINCTEROPLASTY (ODDI)               | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR BILIARY                   | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-BILIARY</b>          | <b>2</b> | <b>5</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>7</b> |

|                                   |          |          |          |          |          |          |
|-----------------------------------|----------|----------|----------|----------|----------|----------|
| <b>ABDOMEN-PANCREAS</b>           |          |          |          |          |          |          |
| DRAINAGE PANCREATIC ABSCESS       | 0        | 0        | 0        | 0        | 0        | 0        |
| RESECTION FOR PANCREATIC NECROSIS | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, DISTAL            | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, WHIPPLE           | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, TOTAL             | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PSEUDOCYST (ALL TYPES)   | 0        | 0        | 0        | 0        | 0        | 0        |
| PANCREATICOJEJUNOSTOMY            | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR PANCREAS              | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-PANCREAS</b>     | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                               |          |          |          |          |          |          |
|-------------------------------|----------|----------|----------|----------|----------|----------|
| <b>ABDOMEN-SPLEEN</b>         |          |          |          |          |          |          |
| SPLENECTOMY FOR DISEASE-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| SPLENECTOMY FOR DISEASE-LAPAR | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-SPLEEN</b>   | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                                |          |           |          |          |          |           |
|--------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>ABDOMEN-HERNIA</b>          |          |           |          |          |          |           |
| INGUINAL-FEMORAL (ALL)-OPEN    | 2        | 3         | 0        | 0        | 0        | 5         |
| INGUINAL-FEMORAL (ALL)-LAPAROS | 1        | 7         | 0        | 0        | 0        | 8         |
| VENTRAL                        | 3        | 4         | 0        | 0        | 0        | 7         |
| OTHER MAJOR HERNIAS            | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total ABDOMEN-HERNIA</b>    | <b>6</b> | <b>14</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>20</b> |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>VASC - ANEURYSM REPAIR</b>                 |   |   |   |   |   |   |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, RUPTURED | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, ELECTIVE | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR ABD AORTIC/ILIAC ANEURYSM | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR OF ILIAC ARTERY           | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR SUPRARENAL AORTIC ANEURYSM             | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| REPAIR THORACIC AORTIC ANEURYSM              | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOVASCULAR REPAIR THORACIC AORTIC ANEURYSM | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR THORACOABDOMINAL AORTIC ANEURYSM      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR FEMORAL ANEURYSM                      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR POPLITEAL ANEURYSM                    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OTHER ANEURYSM - DEF CAT CREDIT       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - ANEURYSM REPAIR</b>          | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - CEREBROVASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CAROTID ENDARTERECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| REOPERATIVE CAROTID SURGERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT CAROTID ARTERY STENT       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE CAROTID BODY TUMOR                          | 0 | 0 | 0 | 0 | 0 | 0 |
| VERTEBRAL BYPASS OR REIMPLANTATION/TRANSPOSITION   | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT REPAIR AORTIC ARCH BRANCHES                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY - BRACHIOCEPHALIC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY - BRACHIOCEPHALIC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF INTRAVASC STENT, NONCOR.    | 0 | 0 | 0 | 0 | 0 | 0 |
| CERVICAL BYPASS AORTIC ARCH BRANCHES               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY BY NECK OR THORACIC INCIS | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR CEREBROVASCULAR - DEF CAT CREDIT       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - CEREBROVASCULAR</b>                | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - PERIPH OBSTRUCTIVE

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| AORTO-ILIO/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, PROSTHETIC           | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, VEIN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY AORTA OR ILIAC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY AORTA OR ILIAC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT INTRAVASC STENT AORTA   | 0 | 0 | 0 | 0 | 0 | 0 |
| ILIO-ILIAC/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE INFECTED GRAFT, ABDOMEN OR CHEST         | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR GRAFT-ENTERIC/AORTO-ENTERIC FISTULA      | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL, PROFUNDA ENDARTERECTOMY                | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, VEIN                  | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, PROSTHETIC            | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| TRANSLUMINAL BALLOON ANGIOPLASTY FEMORAL-POPLITEAL | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY FEMORAL-POPLITEAL         | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDARTERECTOMY, SUPERFICIAL FEMORAL, POPLITEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, VEIN                        | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, PROSTHETIC                  | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLON ANGIOPLASTY, TIBIOPERONEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY, TIBIOPERONEAL            | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSCATHETER PLACE OF INTRAVASCULAR STENT NON-COR | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCISE INFECTED GRAFT, PERIPHERAL                  | 0      | 0      | 0      | 0      | 0      | 0     |
| REVISE ARTERIAL BYPASS                             | 0      | 0      | 0      | 0      | 0      | 0     |
| ARTERIAL EMBOLECTOMY/THROMBECTOMY BY LEG INCISION  | 0      | 0      | 0      | 0      | 0      | 0     |
| GRAFT THROMBECTOMY                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| ADJUNCTIVE VEIN CUFF OR AVF                        | 0      | 0      | 0      | 0      | 0      | 0     |
| HARVEST ARM VEIN                                   | 0      | 0      | 0      | 0      | 0      | 0     |
| COMPOSITE LEG BYPASS GRAFT                         | 0      | 0      | 0      | 0      | 0      | 0     |
| RE-DO LOWER EXTREMITY BYPASS                       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR PERIPHERAL - DEF CAT CREDIT            | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - PERIPH OBSTRUCTIVE</b>             | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ABDOMINAL OBSTRUCTIVE

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CELIAC/SMA ENDARTERECTOMY, BYPASS          | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL ENDARTERECTOMY, BYPASS               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL    | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF STENT, RENAL ARTERY | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ABDOMINAL OBSTRUCTIVE</b>  | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - UPPER EXTREMITY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| OPEN BRACHIAL ARTERY EXPOSURE                    | 0 | 0 | 0 | 0 | 0 | 0 |
| ARM BYPASS, ENDARTERECTOMY, REPAIR               | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATH PLACE OF INTRAVASC STENT, NON CORONARY | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, BY ARM INCISION        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - UPPER EXTREMITY</b>              | 0 | 0 | 0 | 0 | 0 | 0 |

|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| <b>VASC - EXTRA-ANATOMIC</b>       |        |        |        |        |        |       |
| AXILLO-FEMORAL BYPASS              | 0      | 0      | 0      | 0      | 0      | 0     |
| AXILLO-POPLITEAL-TIBIAL BYPASS     | 0      | 0      | 0      | 0      | 0      | 0     |
| FEMORAL-FEMORAL BYPASS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - EXTRA-ANATOMIC</b> | 0      | 0      | 0      | 0      | 0      | 0     |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b>       |   |   |   |   |   |   |
| TRANSLUMINAL MECHANICAL THROMBECTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| THROMBOLYSIS, TRANSARTERIAL, TRANSCATHETER               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCHANGE OF THROMBOLYSIS CATHETER                        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b>       |   |   |   |   |   |   |
| ENDO PLACE OF ILIAC ARTERY OCCLUSION DEV                   | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER THERAPY, INFUSION NON THROMBOLYSIS           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER RETRIEVAL OF INTRAVASCULAR FOREIGN           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER ARTERIAL OCCLUSION OR EMBOLIZATION           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF WIRELESS SENSOR                     | 0 | 0 | 0 | 0 | 0 | 0 |
| PRESSURE MEASUREMENTS FROM WIRELESS SENSOR                 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>VASC - TRAUMA</b>           |   |   |   |   |   |   |
| EXPOSURE OF THORACIC VESSELS   | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR THORACIC VESSELS        | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF NECK VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR NECK VESSELS            | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF ABDOMINAL VESSELS  | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR ABDOMINAL VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF PERIPHERAL VESSELS | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERIPHERAL VESSELS      | 0 | 0 | 0 | 0 | 0 | 0 |
| FASCIOTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - TRAUMA</b>     | 0 | 0 | 0 | 0 | 0 | 0 |

|                              |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|
| <b>VASC - VENOUS</b>         |   |   |   |   |   |   |
| PORTAL-SYSTEMIC SHUNT        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPERATION FOR VARICOSE VEINS | 0 | 0 | 0 | 0 | 0 | 0 |
| SCLEROTHERAPY, PERIPH VEIN   | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| EMBOLECTOMY/THROMBECTOMY, VENOUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOLUMINAL ABLATION                         | 0      | 0      | 0      | 0      | 0      | 0     |
| OPERATIONS FOR VENOUS ULCERATION             | 0      | 0      | 0      | 0      | 0      | 0     |
| VENOUS RECONSTRUCTION                        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL MECHANICAL THROMBECTOMY, VENOUS | 0      | 0      | 0      | 0      | 0      | 0     |
| THROMBOLYSIS, TRANSVENOUS, TRANSCATHETER     | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCHANGE OF THROMBOLYSIS CATHETER            | 0      | 0      | 0      | 0      | 0      | 0     |
| INTERRUPTION OF IVC                          | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR A-V MALFORMATION                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - VENOUS</b>                   | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ENDOVASCULAR DIAGNOSTIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| ARTERIOGRAPHY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| VENOGRAPHY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| ANGIOSCOPY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| INTRAVASCULAR ULTRASOUND                    | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ENDOVASCULAR DIAGNOSTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - MISCELLANEOUS VASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| EXPLORATION OF ARTERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| POSTOPERATIVE EXP. FOR BLEED, THROMB, INFECT | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR VASCULAR LIGATION                      | 0 | 0 | 0 | 0 | 0 | 0 |
| INJECT PSEUDOANEURYSM                        | 0 | 0 | 0 | 0 | 0 | 0 |
| SPINE EXPOSURE                               | 0 | 0 | 0 | 0 | 0 | 0 |
| SYMPATHECTOMY                                | 0 | 0 | 0 | 0 | 0 | 0 |
| LYMPHATIC PROCEDURE                          | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MISCELLANEOUS VASCULAR PROCEDURE       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS VASCULAR</b>   | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - VASCULAR ACCESS

|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| A-V FISTULA                         | 0 | 0 | 0 | 0 | 0 | 0 |
| A-V GRAFT                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERCUTANEOUS-OTHER ACCESS           | 0 | 0 | 0 | 0 | 0 | 0 |
| REVISION, A-V ACCESS                | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - VASCULAR ACCESS</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - AMPUTATIONS

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| AMPUTATION, DIGIT | 1 | 3 | 0 | 0 | 0 | 4 |
|-------------------|---|---|---|---|---|---|

|                                 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---------------------------------|--------|--------|--------|--------|--------|-------|
| AMPUTATION, TRANSMETATARSAL     | 2      | 2      | 0      | 0      | 0      | 4     |
| AMPUTATION, BELOW KNEE          | 2      | 4      | 0      | 0      | 0      | 6     |
| AMPUTATION, ABOVE KNEE          | 1      | 0      | 0      | 0      | 0      | 1     |
| AMPUTATION, UPPER EXTREMITY     | 0      | 0      | 0      | 0      | 0      | 0     |
| AMPUTATION CLOSURE, REVISION    | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - AMPUTATIONS</b> | 6      | 9      | 0      | 0      | 0      | 15    |

#### ENDOCRINE

|                                 |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|
| THYROIDECTOMY, PARTIAL OR TOTAL | 0 | 2 | 0 | 0 | 0 | 2 |
| PARATHYROIDECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| ADRENALECTOMY                   | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREATIC ENDOCRINE PROC       | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ENDOCRINE           | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ENDOCRINE</b>          | 0 | 2 | 0 | 0 | 0 | 2 |

#### HAND

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| SOFT TISSUE REPAIR/GRAFT | 0 | 0 | 0 | 0 | 0 | 0 |
| TENDON REPAIR/TRANSFER   | 0 | 0 | 0 | 0 | 0 | 0 |
| NERVE REPAIR             | 0 | 0 | 0 | 0 | 0 | 0 |
| VASCULAR REPAIR          | 0 | 0 | 0 | 0 | 0 | 0 |
| REPLANTATION             | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR HAND         | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total HAND</b>        | 0 | 0 | 0 | 0 | 0 | 0 |

#### THORACIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| EXPLOR THORACOTOMY-OPEN                   | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPLOR THORACOTOMY W/WO BX-THORACOS       | 1 | 1 | 0 | 0 | 0 | 2 |
| PLEURODESIS-THORACOSCOPIC                 | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR DIAPH HERNIA                       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISION MEDIASTINAL TUMOR                | 0 | 0 | 0 | 0 | 0 | 0 |
| PNEUMONECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-OPEN      | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-THORACOS  | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-OPEN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-THORACOSCOPIC        | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN DRAINAGE OF EMPYEMA                  | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARDIECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARD WINDOW FOR DRAINAGE-THORACOSCOPI | 0 | 0 | 0 | 0 | 0 | 0 |
| PACEMAKER INSERTION                       | 0 | 0 | 0 | 0 | 0 | 0 |



|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| CARDIAC PROCEDURES                       | 0      | 0      | 0      | 0      | 0      | 0     |
| SYMPATHECTOMY, THORACOLUMBAR-THORACOSCOP | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGOMYOTOMY (HELLER)-THORACOSCOPIC   | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR THORACIC                     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total THORACIC</b>                    | 1      | 1      | 0      | 0      | 0      | 2     |

### PEDIATRIC

|  |    |   |   |   |   |    |
|--|----|---|---|---|---|----|
| HERNIORRHAPHY, INGUINAL/UMBILICAL        | 4  | 5 | 0 | 0 | 0 | 9  |
| REP BRANCHIAL CLEFT ANOM/THYRO DUCT CYST | 0  | 1 | 0 | 0 | 0 | 1  |
| REPAIR DEFORMITY CHEST WALL              | 0  | 0 | 0 | 0 | 0 | 0  |
| REPAIR DIAPHRAGMATIC HERNIA              | 0  | 0 | 0 | 0 | 0 | 0  |
| ANTIREFLUX PROCEDURE-OPEN (PEDS)         | 0  | 0 | 0 | 0 | 0 | 0  |
| ANTIREFLUX PROCEDURE-LAPAROSCOPIC (PEDS) | 0  | 0 | 0 | 0 | 0 | 0  |
| REP ESOPH ATRESIA/TRACHEO-ESOPH FIST     | 0  | 0 | 0 | 0 | 0 | 0  |
| REP INTESTINAL ATRESIA/STENOSIS          | 0  | 0 | 0 | 0 | 0 | 0  |
| REPAIR PYLORIC STENOSIS                  | 2  | 1 | 0 | 0 | 0 | 3  |
| OPERATION FOR MALROTATION/INTUSSUSCEPT   | 2  | 0 | 0 | 0 | 0 | 2  |
| PROC FOR MECONIUM ILEUS/NEC ENTEROCOLIT  | 0  | 0 | 0 | 0 | 0 | 0  |
| DEFIN OP FOR HIRSCHSPRUNGS/IMPERF ANUS   | 0  | 0 | 0 | 0 | 0 | 0  |
| EXC WILMs TUMOR/NEUROBLASTOMA            | 0  | 0 | 0 | 0 | 0 | 0  |
| REP OMPHALOCELE/GASTROSCHISIS            | 0  | 0 | 0 | 0 | 0 | 0  |
| REPAIR OF EXSTROPHY                      | 0  | 0 | 0 | 0 | 0 | 0  |
| REPAIR EPI- AND HYPO-SPADIAS             | 0  | 0 | 0 | 0 | 0 | 0  |
| ORCHIOPEXY                               | 2  | 1 | 0 | 0 | 0 | 3  |
| OTHER MAJOR PEDIATRIC                    | 1  | 0 | 0 | 0 | 0 | 1  |
| <b>Total PEDIATRIC</b>                   | 11 | 8 | 0 | 0 | 0 | 19 |

### GENITO-URINARY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| HYDROCELECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| CYSTOSTOMY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| CYSTECTOMY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| NEPHRECTOMY (W/ DONOR NEPH SEE TRANSPLT) | 1 | 0 | 0 | 0 | 0 | 1 |
| ILEAL URINARY CONDUIT                    | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY               | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY - LAP BASIC   | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY- LAP COMPLEX  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total GENITO-URINARY</b>              | 1 | 0 | 0 | 0 | 0 | 1 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>GYNECOLOGY</b>                        |        |        |        |        |        |       |
| HYSTERECTOMY (ALL)                       | 0      | 0      | 0      | 0      | 0      | 0     |
| SALPINGO-OOPHORECTOMY                    | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY                   | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY -<br>LAPAROSCOPIC | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY</b>                  | 0      | 0      | 0      | 0      | 0      | 0     |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>PLASTIC</b>  |   |   |   |   |   |   |
| REPAIR CLEFT LIP/CLEFT PALATE                             | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR RECONSTRUCTIVE PROC                                 | 1 | 0 | 0 | 0 | 0 | 1 |
| SKIN-GRAFTING, NONBURN (ALL)                              | 1 | 1 | 0 | 0 | 0 | 2 |
| COMPOSITE TISSUE TRANSFER                                 | 0 | 0 | 0 | 0 | 0 | 0 |
| BURN DEBRIDEMENT AND/OR GRAFTING                          | 1 | 0 | 0 | 0 | 0 | 1 |
| REDUCTION AND STABILIZATION OF<br>MAXILLOFACIAL FRACTURES | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR PLASTIC                                       | 3 | 0 | 0 | 0 | 0 | 3 |
| <b>Total PLASTIC</b>                                      | 6 | 1 | 0 | 0 | 0 | 7 |

|                                   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|
| <b>NERVOUS SYSTEM</b>             |   |   |   |   |   |   |
| CRANIAL DECOMPRESSION/EXPLORATION | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR NERVOUS SYSTEM        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total NERVOUS SYSTEM</b>       | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>ORTHOPAEDICS</b>                       |   |   |   |   |   |   |
| OPEN OPERATIONS ON BONE OR JOINTS         | 0 | 0 | 0 | 0 | 0 | 0 |
| ARTHROSCOPY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REDUCTION OF OPEN/CLOSED<br>FRACTURE | 0 | 0 | 0 | 0 | 0 | 0 |
| CLOSED REDUCTION OF FRACTURE              | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORTHOPAEDICS                  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ORTHOPAEDICS</b>                 | 0 | 0 | 0 | 0 | 0 | 0 |

|                               |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|
| <b>ORGAN TRANSPLANT</b>       |   |   |   |   |   |   |
| LIVER TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREAS TRANSPLANT           | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR NEPHRECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR HEPATECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| EN BLOC ABD ORGAN RETRIEVAL   | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORGAN TRANSPLANT  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ORGAN TRANSPLANT</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|---|----------|----------|----------|----------|----------|----------|
| <b>TRAUMA</b>                                 |          |          |          |          |          |          |
| DRAINAGE SUB/EXTRADURAL HEMATOMA              | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPH TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC TRAUMA-CLOSURE/RESECT/EXCLUSION       | 0        | 0        | 0        | 0        | 0        | 0        |
| DUODENAL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 0        | 0        | 0        | 0        | 0        | 0        |
| SM BOWEL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 0        | 0        | 0        | 0        | 0        | 0        |
| COLON TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 0        | 0        | 0        | 0        | 0        |
| NECK EXPLOR FOR TRAUMA                        | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR THORACOTOMY-OPEN                       | 0        | 1        | 0        | 0        | 0        | 1        |
| EXPLOR THORACOTOMY-THORACOSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR LAPAROTOMY-OPEN                        | 2        | 0        | 0        | 0        | 0        | 2        |
| EXPLOR LAPAROTOMY - LAPAROSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| SPLENECTOMY/SPLENORRHAPHY-OPEN                | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/DRAINAGE HEPATIC LACS-OPEN             | 0        | 0        | 0        | 0        | 0        | 0        |
| HEPATIC RESECTION FOR INJURY                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PANCREATIC INJURY                    | 0        | 0        | 0        | 0        | 0        | 0        |
| RESECTION OF PANCREATIC INJURY                | 0        | 0        | 0        | 0        | 0        | 0        |
| CLOSED REDUCTION OF FRACTURE                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DEBRIDE/SUTURE MAJOR WOUNDS                   | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR BLADDER INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR URETERAL INJURY                        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/RESECT FOR KIDNEY TRAUMA               | 0        | 0        | 0        | 0        | 0        | 0        |
| REP THORAC AORTA, INNOMINATE, SUBCLAVIAN      | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF CAROTID OR OTHER MAJOR NECK VESSELS | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF ABDOMINAL AORTA OR VENA CAVA        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERIPHERAL VESSELS                     | 0        | 0        | 0        | 0        | 0        | 0        |
| FASCIOTOMY FOR INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OTHER MAJOR VASC INJURY (TR1)          | 0        | 0        | 0        | 0        | 0        | 0        |
| MANAGEMENT CARDIAC INJURY                     | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR TRAUMA                            | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total TRAUMA</b>                           | <b>2</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>3</b> |

#### ENDOSCOPY (NOT FOR MAJOR CREDIT)

|                                       |    |    |   |   |   |    |
|---------------------------------------|----|----|---|---|---|----|
| LARYNGOSCOPY                          | 0  | 0  | 0 | 0 | 0 | 0  |
| BRONCHOSCOPY                          | 2  | 1  | 0 | 0 | 0 | 3  |
| SCLEROTHERAPY/BANDING ESOPH VARICES   | 0  | 0  | 0 | 0 | 0 | 0  |
| ESOPHAGO-GASTRO-DUODENOSCOPY          | 0  | 4  | 0 | 0 | 0 | 4  |
| PERCUTAN ENDOSCOPIC GASTROSTOMY (PEG) | 17 | 11 | 0 | 0 | 0 | 28 |

|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| ERCp W/WO PAPILOTOMY                          | 0      | 0      | 0      | 0      | 0      | 0     |
| SIGMOIDOSCOPY, RIGID/FLEXIBLE                 | 0      | 1      | 0      | 0      | 0      | 1     |
| FLEXIBLE COLONOSCOPY W/WO BX/POLYPECT         | 0      | 16     | 0      | 0      | 0      | 16    |
| CHOLEDOCHOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| CYSTO/URETHROSCOPY                            | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER ENDOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ENDOSCOPY (NOT FOR MAJOR CREDIT)</b> | 19     | 33     | 0      | 0      | 0      | 52    |

#### MISCELLANEOUS (NOT FOR MAJOR CREDIT)

|   |    |    |   |   |   |    |
|---|----|----|---|---|---|----|
| REMOVAL SKIN MOLES, SMALL TUMORS, ETC             | 6  | 1  | 0 | 0 | 0 | 7  |
| REMOVAL SUBCUT SMALL TUMORS, CYSTS, FBs           | 4  | 0  | 0 | 0 | 0 | 4  |
| REPAIR MINOR WOUNDS AND GRAFTS                    | 1  | 1  | 0 | 0 | 0 | 2  |
| BANDING/INCISION THROMBOSED HEMORRHOID            | 0  | 0  | 0 | 0 | 0 | 0  |
| ENDORECTAL ULTRASOUND [MISCELLANEOUS]             | 0  | 0  | 0 | 0 | 0 | 0  |
| OTHER PROCEDURES                                  | 30 | 8  | 0 | 0 | 0 | 38 |
| <b>Total MISCELLANEOUS (NOT FOR MAJOR CREDIT)</b> | 41 | 10 | 0 | 0 | 0 | 51 |

#### PATIENT CARE (NOT FOR MAJOR CREDIT)

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| NON-OPERATIVE TRAUMA                             | 0 | 0 | 0 | 0 | 0 | 0 |
| TEAM LEADER ASSESSMENT AND RESUSCITATION         | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total PATIENT CARE (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| Ventilatory Management: >24hrs on ventilator                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| Bleeding: non-trauma patient > 3 units  | 0 | 0 | 0 | 0 | 0 | 0 |
| Hemodynamic instability: req. inotrope/pressor                                | 0 | 0 | 0 | 0 | 0 | 0 |
| Organ dysfunction: renal, hepatic, cardiac                                    | 0 | 0 | 0 | 0 | 0 | 0 |
| Dysrhythmias: requiring drug management                                       | 0 | 0 | 0 | 0 | 0 | 0 |
| Invasive line, manage/monitor: Swan, Arterial, etc                            | 0 | 0 | 0 | 0 | 0 | 0 |
| Parenteral/enteral nutrition  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| CRITICAL CARE OTHER                                | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| OPHTHALMOLOGY                                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTOLARYNGOLOGY                                     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>UROLOGY (NOT FOR MAJOR CREDIT)</b>              |        |        |        |        |        |       |
| UROLOGY  | 2      | 0      | 0      | 0      | 0      | 2     |
| <b>Total UROLOGY (NOT FOR MAJOR CREDIT)</b>        | 2      | 0      | 0      | 0      | 0      | 2     |
| <b>NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>         |        |        |        |        |        |       |
| NEUROSURGERY                                       | 0      | 1      | 0      | 0      | 0      | 1     |
| <b>Total NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>   | 0      | 1      | 0      | 0      | 0      | 1     |
| <b>GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| GYNECOLOGY   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>RADIOLOGY (NOT FOR MAJOR CREDIT)</b>            |        |        |        |        |        |       |
| RADIOLOGY  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total RADIOLOGY (NOT FOR MAJOR CREDIT)</b>      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>ULTRASOUND (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| MISCELLANEOUS ULTRASOUND                           | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ULTRASOUND (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>TRAUMA (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTHER TRAUMA                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total TRAUMA (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Non-Tracked Codes</b>                   |        |        |        |        |        |       |
| Non-Tracked Codes                          | 3      | 1      | 0      | 0      | 0      | 4     |
| <b>Total Non-Tracked Codes</b>             | 3      | 1      | 0      | 0      | 0      | 4     |
| <b>Total Major Operations</b>              | 74     | 112    | 0      | 0      | 0      | 186   |



# Experience by Year

The Medical Center Navicent Health/Mercer University School of Medicine Program - 4401221083

Primary Procedures

Resident: Albert Kazi

Done between 7/1/2018 and 6/30/2020

|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| <b>SKIN/SOFT TIS</b>                    |        |        |        |        |        |       |
| MAJ LYMPHADENECTOMIES                   | 0      | 0      | 0      | 0      | 0      | 0     |
| MAJ EXC & REP/GRAFT FOR SKIN NEOPLASM   | 0      | 0      | 0      | 0      | 0      | 0     |
| SENTINEL LYMPH NODE BIOPSY FOR MELANOMA | 0      | 0      | 0      | 0      | 0      | 0     |
| RAD EXCIS SOFT TIS TUMOR                | 0      | 0      | 0      | 0      | 0      | 0     |
| PILONIDAL CYSTECTOMY                    | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR SKIN/SOFT TIS               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total SKIN/SOFT TIS</b>              | 0      | 0      | 0      | 0      | 0      | 0     |

|                                      |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|
| <b>HEAD/NECK</b>                     |   |   |   |   |   |   |
| RESECT LESION-LIPS                   | 0 | 0 | 0 | 0 | 0 | 0 |
| RESECT LESION-TONGUE                 | 0 | 0 | 0 | 0 | 0 | 0 |
| RESECT LESION-FLOOR MOUTH/BUCCAL MUC | 0 | 0 | 0 | 0 | 0 | 0 |
| PAROTIDECTOMY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| RESECT OTHER SALIVARY GLND           | 0 | 0 | 0 | 0 | 0 | 0 |
| RADICAL NECK DISSECT                 | 0 | 0 | 0 | 0 | 0 | 0 |
| RESECT MANDIBLE/MAXILLA              | 0 | 0 | 0 | 0 | 0 | 0 |
| TRACHEOSTOMY                         | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR HEAD/NECK                | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total HEAD/NECK</b>               | 0 | 0 | 0 | 0 | 0 | 0 |

|                                      |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|
| <b>BREAST</b>                        |   |   |   |   |   |   |
| BREAST BIOPSY                        | 0 | 1 | 0 | 0 | 0 | 1 |
| SENTINEL LYMPH NODE BIOPSY (BREAST)  | 0 | 0 | 0 | 0 | 0 | 0 |
| SIMPLE MASTECTOMY                    | 0 | 0 | 0 | 0 | 0 | 0 |
| MOD RAD MASTECTOMY                   | 0 | 0 | 0 | 0 | 0 | 0 |
| RADICAL MASTECTOMY                   | 0 | 0 | 0 | 0 | 0 | 0 |
| EXC BX/QUADRANT EXC W/WO AX SAMPLING | 0 | 0 | 0 | 0 | 0 | 0 |
| BREAST RECONSTRUCTION                | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR BREAST                   | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total BREAST</b>                  | 0 | 1 | 0 | 0 | 0 | 1 |

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| <b>ALIM TR-ESOPHAGUS</b> |   |   |   |   |   |   |
| ESOPHAGECTOMY            | 0 | 0 | 0 | 0 | 0 | 0 |
| ESOPHAGO-GASTRECTOMY     | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTIREFLUX PROC-OPEN     | 0 | 0 | 0 | 0 | 0 | 0 |

|                                   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|-----------------------------------|--------|--------|--------|--------|--------|-------|
| ANTIREFLUX PROC-LAPAROSCOPIC      | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGEAL BYPASS PROCEDURE       | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OF PERF-ESOPH DISEASE      | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER OPS FOR ESOPHAGEAL STENOSIS | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGEAL DIVERTICULECTOMY       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR ESOPHAGUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ALIM TR-ESOPHAGUS</b>    | 0      | 0      | 0      | 0      | 0      | 0     |

#### ALIM TR-STOMACH

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| GASTROSTOMY (ALL TYPES)-OPEN            | 0 | 2 | 0 | 0 | 0 | 2 |
| GASTROSTOMY (ALL TYPES)-LAPAROSCOPIC    | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC RESECT, PARTIAL-OPEN            | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC RESECT, PARTIAL-LAPAROSCOPIC    | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC RESECT, TOTAL                   | 0 | 0 | 0 | 0 | 0 | 0 |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-GASTRIC DIS                 | 0 | 0 | 0 | 0 | 0 | 0 |
| PROX GAST VAGOTOMY, HIGHLY SELECT-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| PROX GAST VAGOTOMY, HIGHLY SELECT-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC REDUC FOR MORBID OBESITY (ALL)  | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC REDUC FOR MORBID OBESITY-LAP    | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR STOMACH                     | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ALIM TR-STOMACH</b>            | 0 | 2 | 0 | 0 | 0 | 2 |

#### ALIM TR-SMALL INT

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| ENTEROLYSIS                            | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTEROLYSIS - LAPAROSCOPIC             | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTERECTOMY                            | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTERECTOMY-LAPAROSCOPIC               | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-DUODENAL DIS               | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-SMALL BOWEL DIS            | 0 | 0 | 0 | 0 | 0 | 0 |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY)      | 0 | 0 | 0 | 0 | 0 | 0 |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY) -LAP | 0 | 0 | 0 | 0 | 0 | 0 |
| DIVERTICULECTOMY                       | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR SMALL INT                  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ALIM TR-SMALL INT</b>         | 0 | 0 | 0 | 0 | 0 | 0 |

#### ALIM TR-LARGE INT

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| APPENDECTOMY-OPEN | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------|---|---|---|---|---|---|



|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| APPENDECTOMY-LAPAROSCOPIC          | 0      | 1      | 0      | 0      | 0      | 1     |
| COLOSTOMY (ALL TYPES)              | 0      | 0      | 0      | 0      | 0      | 0     |
| COLOSTOMY CLOSURE                  | 0      | 0      | 0      | 0      | 0      | 0     |
| COLECTOMY/PROCTECTOMY-OPEN         | 0      | 0      | 0      | 0      | 0      | 0     |
| COLECTOMY/PROCTECTOMY-LAPAROSCOPIC | 0      | 0      | 0      | 0      | 0      | 0     |
| COLECTOMY W/ ILEOANAL PULL-THRU    | 0      | 0      | 0      | 0      | 0      | 0     |
| COLECTOMY W/ CONTINENT RECONSTRUCT | 0      | 0      | 0      | 0      | 0      | 0     |
| ABDOMINO-PERINEAL RESECTION        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSANAL RECTAL TUMOR EXCISION    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR PERF-COLON DIS              | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR LARGE INT              | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ALIM TR-LARGE INT</b>     | 0      | 1      | 0      | 0      | 0      | 1     |

#### ALIM TR-ANO-RECTAL

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| HEMORRHOIDECTOMY (ALL)                 | 0 | 0 | 0 | 0 | 0 | 0 |
| SPHINCTEROTOMY/SPHINCTEROPLASTY        | 0 | 0 | 0 | 0 | 0 | 0 |
| DRAINAGE PROC FOR ANORECTAL ABSCESS    | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR ANORECTAL FISTULA               | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER OPERATIONS FOR ANAL INCONTINENCE | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR RECTAL PROLAPSE                 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ANO-RECTAL                 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ALIM TR-ANO-RECTAL</b>        | 0 | 0 | 0 | 0 | 0 | 0 |

#### ABDOMEN-GENERAL

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| EXP LAP EXCLUSIVE OF TRAUMA-OPEN       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXP LAP EXCLUSIVE OF TRAUMA-LAPAR      | 0 | 0 | 0 | 0 | 0 | 0 |
| DRAINAGE INTRA-ABDOMINAL ABSCESS       | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJ RETROPERIT/PELVIC NODE DISSEC-OPEN | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR AB-GENERAL-LAP COMPLEX     | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR AB-GENERAL                 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-GENERAL</b>           | 0 | 0 | 0 | 0 | 0 | 0 |

#### ABDOMEN-LIVER

|                             |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|
| LOBECTOMY OR SEGMENTECTOMY  | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION/OPEN BIOPSY | 0 | 0 | 0 | 0 | 0 | 0 |
| DRAINAGE LIVER ABSCESS      | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR LIVER           | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-LIVER</b>  | 0 | 0 | 0 | 0 | 0 | 0 |

|                                       | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---------------------------------------|--------|--------|--------|--------|--------|-------|
| <b>ABDOMEN-BILIARY</b>                |        |        |        |        |        |       |
| CHOLECYSTOSTOMY                       | 0      | 0      | 0      | 0      | 0      | 0     |
| CHOLECYSTECTOMY W/WO OPER GRAMS-OPEN  | 0      | 0      | 0      | 0      | 0      | 0     |
| CHOLECYSTECTOMY W/WO OPER GRAMS-LAPAR | 0      | 0      | 0      | 0      | 0      | 0     |
| COMMON BILE DUCT EXPLOR-OPEN          | 0      | 0      | 0      | 0      | 0      | 0     |
| COMMON BILE DUCT EXPLOR-LAPAR         | 0      | 0      | 0      | 0      | 0      | 0     |
| CHOLEDOCHOENTERIC ANASTOMOSIS         | 0      | 0      | 0      | 0      | 0      | 0     |
| SPHINCTEROPLASTY (ODDI)               | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR BILIARY                   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ABDOMEN-BILIARY</b>          | 0      | 0      | 0      | 0      | 0      | 0     |

|                                   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|
| <b>ABDOMEN-PANCREAS</b>           |   |   |   |   |   |   |
| DRAINAGE PANCREATIC ABSCESS       | 0 | 0 | 0 | 0 | 0 | 0 |
| RESECTION FOR PANCREATIC NECROSIS | 0 | 0 | 0 | 0 | 0 | 0 |
| PANC RESECTION, DISTAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| PANC RESECTION, WHIPPLE           | 0 | 0 | 0 | 0 | 0 | 0 |
| PANC RESECTION, TOTAL             | 0 | 0 | 0 | 0 | 0 | 0 |
| DRAINAGE PSEUDOCYST (ALL TYPES)   | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREATICOJEJUNOSTOMY            | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR PANCREAS              | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-PANCREAS</b>     | 0 | 0 | 0 | 0 | 0 | 0 |

|                               |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|
| <b>ABDOMEN-SPLEEN</b>         |   |   |   |   |   |   |
| SPLENECTOMY FOR DISEASE-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| SPLENECTOMY FOR DISEASE-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-SPLEEN</b>   | 0 | 0 | 0 | 0 | 0 | 0 |

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>ABDOMEN-HERNIA</b>          |   |   |   |   |   |   |
| INGUINAL-FEMORAL (ALL)-OPEN    | 0 | 0 | 0 | 0 | 0 | 0 |
| INGUINAL-FEMORAL (ALL)-LAPAROS | 0 | 0 | 0 | 0 | 0 | 0 |
| VENTRAL                        | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR HERNIAS            | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-HERNIA</b>    | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>VASC - ANEURYSM REPAIR</b>                 |   |   |   |   |   |   |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, RUPTURED | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, ELECTIVE | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR ABD AORTIC/ILIAC ANEURYSM | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR OF ILIAC ARTERY           | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR SUPRARENAL AORTIC ANEURYSM             | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| REPAIR THORACIC AORTIC ANEURYSM              | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOVASCULAR REPAIR THORACIC AORTIC ANEURYSM | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR THORACOABDOMINAL AORTIC ANEURYSM      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR FEMORAL ANEURYSM                      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR POPLITEAL ANEURYSM                    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OTHER ANEURYSM - DEF CAT CREDIT       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - ANEURYSM REPAIR</b>          | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - CEREBROVASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CAROTID ENDARTERECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| REOPERATIVE CAROTID SURGERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT CAROTID ARTERY STENT       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE CAROTID BODY TUMOR                          | 0 | 0 | 0 | 0 | 0 | 0 |
| VERTEBRAL BYPASS OR REIMPLANTATION/TRANSPOSITION   | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT REPAIR AORTIC ARCH BRANCHES                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY - BRACHIOCEPHALIC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY - BRACHIOCEPHALIC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF INTRAVASC STENT, NONCOR.    | 0 | 0 | 0 | 0 | 0 | 0 |
| CERVICAL BYPASS AORTIC ARCH BRANCHES               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY BY NECK OR THORACIC INCIS | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR CEREBROVASCULAR - DEF CAT CREDIT       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - CEREBROVASCULAR</b>                | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - PERIPH OBSTRUCTIVE

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| AORTO-ILIO/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, PROSTHETIC           | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, VEIN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY AORTA OR ILIAC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY AORTA OR ILIAC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT INTRAVASC STENT AORTA   | 0 | 0 | 0 | 0 | 0 | 0 |
| ILIO-ILIAC/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE INFECTED GRAFT, ABDOMEN OR CHEST         | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR GRAFT-ENTERIC/AORTO-ENTERIC FISTULA      | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL, PROFUNDA ENDARTERECTOMY                | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, VEIN                  | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, PROSTHETIC            | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| TRANSLUMINAL BALLOON ANGIOPLASTY FEMORAL-POPLITEAL | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY FEMORAL-POPLITEAL         | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDARTERECTOMY, SUPERFICIAL FEMORAL, POPLITEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, VEIN                        | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, PROSTHETIC                  | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLON ANGIOPLASTY, TIBIOPERONEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY, TIBIOPERONEAL            | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSCATHETER PLACE OF INTRAVASCULAR STENT NON-COR | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCISE INFECTED GRAFT, PERIPHERAL                  | 0      | 0      | 0      | 0      | 0      | 0     |
| REVISE ARTERIAL BYPASS                             | 0      | 0      | 0      | 0      | 0      | 0     |
| ARTERIAL EMBOLECTOMY/THROMBECTOMY BY LEG INCISION  | 0      | 0      | 0      | 0      | 0      | 0     |
| GRAFT THROMBECTOMY                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| ADJUNCTIVE VEIN CUFF OR AVF                        | 0      | 0      | 0      | 0      | 0      | 0     |
| HARVEST ARM VEIN                                   | 0      | 0      | 0      | 0      | 0      | 0     |
| COMPOSITE LEG BYPASS GRAFT                         | 0      | 0      | 0      | 0      | 0      | 0     |
| RE-DO LOWER EXTREMITY BYPASS                       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR PERIPHERAL - DEF CAT CREDIT            | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - PERIPH OBSTRUCTIVE</b>             | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ABDOMINAL OBSTRUCTIVE

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CELIAC/SMA ENDARTERECTOMY, BYPASS          | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL ENDARTERECTOMY, BYPASS               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL    | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF STENT, RENAL ARTERY | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ABDOMINAL OBSTRUCTIVE</b>  | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - UPPER EXTREMITY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| OPEN BRACHIAL ARTERY EXPOSURE                    | 0 | 0 | 0 | 0 | 0 | 0 |
| ARM BYPASS, ENDARTERECTOMY, REPAIR               | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATH PLACE OF INTRAVASC STENT, NON CORONARY | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, BY ARM INCISION        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - UPPER EXTREMITY</b>              | 0 | 0 | 0 | 0 | 0 | 0 |

|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| <b>VASC - EXTRA-ANATOMIC</b>       |        |        |        |        |        |       |
| AXILLO-FEMORAL BYPASS              | 0      | 0      | 0      | 0      | 0      | 0     |
| AXILLO-POPLITEAL-TIBIAL BYPASS     | 0      | 0      | 0      | 0      | 0      | 0     |
| FEMORAL-FEMORAL BYPASS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - EXTRA-ANATOMIC</b> | 0      | 0      | 0      | 0      | 0      | 0     |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b>       |   |   |   |   |   |   |
| TRANSLUMINAL MECHANICAL THROMBECTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| THROMBOLYSIS, TRANSARTERIAL, TRANSCATHETER               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCHANGE OF THROMBOLYSIS CATHETER                        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b>       |   |   |   |   |   |   |
| ENDO PLACE OF ILIAC ARTERY OCCLUSION DEV                   | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER THERAPY, INFUSION NON THROMBOLYSIS           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER RETRIEVAL OF INTRAVASCULAR FOREIGN           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER ARTERIAL OCCLUSION OR EMBOLIZATION           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF WIRELESS SENSOR                     | 0 | 0 | 0 | 0 | 0 | 0 |
| PRESSURE MEASUREMENTS FROM WIRELESS SENSOR                 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>VASC - TRAUMA</b>           |   |   |   |   |   |   |
| EXPOSURE OF THORACIC VESSELS   | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR THORACIC VESSELS        | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF NECK VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR NECK VESSELS            | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF ABDOMINAL VESSELS  | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR ABDOMINAL VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF PERIPHERAL VESSELS | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERIPHERAL VESSELS      | 0 | 0 | 0 | 0 | 0 | 0 |
| FASCIOTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - TRAUMA</b>     | 0 | 0 | 0 | 0 | 0 | 0 |

|                              |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|
| <b>VASC - VENOUS</b>         |   |   |   |   |   |   |
| PORTAL-SYSTEMIC SHUNT        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPERATION FOR VARICOSE VEINS | 0 | 0 | 0 | 0 | 0 | 0 |
| SCLEROTHERAPY, PERIPH VEIN   | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| EMBOLECTOMY/THROMBECTOMY, VENOUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOLUMINAL ABLATION                         | 0      | 0      | 0      | 0      | 0      | 0     |
| OPERATIONS FOR VENOUS ULCERATION             | 0      | 0      | 0      | 0      | 0      | 0     |
| VENOUS RECONSTRUCTION                        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL MECHANICAL THROMBECTOMY, VENOUS | 0      | 0      | 0      | 0      | 0      | 0     |
| THROMBOLYSIS, TRANSVENOUS, TRANSCATHETER     | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCHANGE OF THROMBOLYSIS CATHETER            | 0      | 0      | 0      | 0      | 0      | 0     |
| INTERRUPTION OF IVC                          | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR A-V MALFORMATION                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - VENOUS</b>                   | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ENDOVASCULAR DIAGNOSTIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| ARTERIOGRAPHY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| VENOGRAPHY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| ANGIOSCOPY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| INTRAVASCULAR ULTRASOUND                    | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ENDOVASCULAR DIAGNOSTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - MISCELLANEOUS VASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| EXPLORATION OF ARTERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| POSTOPERATIVE EXP. FOR BLEED, THROMB, INFECT | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR VASCULAR LIGATION                      | 0 | 0 | 0 | 0 | 0 | 0 |
| INJECT PSEUDOANEURYSM                        | 0 | 0 | 0 | 0 | 0 | 0 |
| SPINE EXPOSURE                               | 0 | 0 | 0 | 0 | 0 | 0 |
| SYMPATHECTOMY                                | 0 | 0 | 0 | 0 | 0 | 0 |
| LYMPHATIC PROCEDURE                          | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MISCELLANEOUS VASCULAR PROCEDURE       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS VASCULAR</b>   | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - VASCULAR ACCESS

|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| A-V FISTULA                         | 0 | 0 | 0 | 0 | 0 | 0 |
| A-V GRAFT                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERCUTANEOUS-OTHER ACCESS           | 0 | 0 | 0 | 0 | 0 | 0 |
| REVISION, A-V ACCESS                | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - VASCULAR ACCESS</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - AMPUTATIONS

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| AMPUTATION, DIGIT | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------|---|---|---|---|---|---|

|                                 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---------------------------------|--------|--------|--------|--------|--------|-------|
| AMPUTATION, TRANSMETATARSAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| AMPUTATION, BELOW KNEE          | 0      | 0      | 0      | 0      | 0      | 0     |
| AMPUTATION, ABOVE KNEE          | 0      | 0      | 0      | 0      | 0      | 0     |
| AMPUTATION, UPPER EXTREMITY     | 0      | 0      | 0      | 0      | 0      | 0     |
| AMPUTATION CLOSURE, REVISION    | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - AMPUTATIONS</b> | 0      | 0      | 0      | 0      | 0      | 0     |

| <b>ENDOCRINE</b>                |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|
| THYROIDECTOMY, PARTIAL OR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 |
| PARATHYROIDECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| ADRENALECTOMY                   | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREATIC ENDOCRINE PROC       | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ENDOCRINE           | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ENDOCRINE</b>          | 0 | 0 | 0 | 0 | 0 | 0 |

| <b>HAND</b>              |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| SOFT TISSUE REPAIR/GRAFT | 0 | 0 | 0 | 0 | 0 | 0 |
| TENDON REPAIR/TRANSFER   | 0 | 0 | 0 | 0 | 0 | 0 |
| NERVE REPAIR             | 0 | 0 | 0 | 0 | 0 | 0 |
| VASCULAR REPAIR          | 0 | 0 | 0 | 0 | 0 | 0 |
| REPLANTATION             | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR HAND         | 0 | 1 | 0 | 0 | 0 | 1 |
| <b>Total HAND</b>        | 0 | 1 | 0 | 0 | 0 | 1 |

| <b>THORACIC</b>                           |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| EXPLOR THORACOTOMY-OPEN                   | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPLOR THORACOTOMY W/WO BX-THORACOS       | 0 | 0 | 0 | 0 | 0 | 0 |
| PLEURODESIS-THORACOSCOPIC                 | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR DIAPH HERNIA                       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISION MEDIASTINAL TUMOR                | 0 | 0 | 0 | 0 | 0 | 0 |
| PNEUMONECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-OPEN      | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-THORACOS  | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-OPEN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-THORACOSCOPIC        | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN DRAINAGE OF EMPYEMA                  | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARDIECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARD WINDOW FOR DRAINAGE-THORACOSCOPI | 0 | 0 | 0 | 0 | 0 | 0 |
| PACEMAKER INSERTION                       | 0 | 0 | 0 | 0 | 0 | 0 |

|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| CARDIAC PROCEDURES                        | 0      | 0      | 0      | 0      | 0      | 0     |
| SYMPATHECTOMY, THORACOLUMBAR-THORACOSCOPI | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGOMYOTOMY (HELLER)-THORACOSCOPI     | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR THORACIC                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total THORACIC</b>                     | 0      | 0      | 0      | 0      | 0      | 0     |

### PEDIATRIC

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| HERNIORRHAPHY, INGUINAL/UMBILICAL        | 0 | 2 | 0 | 0 | 0 | 2 |
| REP BRANCHIAL CLEFT ANOM/THYRO DUCT CYST | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR DEFORMITY CHEST WALL              | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR DIAPHRAGMATIC HERNIA              | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTIREFLUX PROCEDURE-OPEN (PEDS)         | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTIREFLUX PROCEDURE-LAPAROSCOPIC (PEDS) | 0 | 0 | 0 | 0 | 0 | 0 |
| REP ESOPH ATRESIA/TRACHEO-ESOPH FIST     | 0 | 0 | 0 | 0 | 0 | 0 |
| REP INTESTINAL ATRESIA/STENOSIS          | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PYLORIC STENOSIS                  | 0 | 0 | 0 | 0 | 0 | 0 |
| OPERATION FOR MALROTATION/INTUSSUSCEPT   | 0 | 0 | 0 | 0 | 0 | 0 |
| PROC FOR MECONIUM ILEUS/NEC ENTEROCOLIT  | 0 | 0 | 0 | 0 | 0 | 0 |
| DEFIN OP FOR HIRSCHSPRUNGS/IMPERF ANUS   | 0 | 0 | 0 | 0 | 0 | 0 |
| EXC WILMs TUMOR/NEUROBLASTOMA            | 0 | 0 | 0 | 0 | 0 | 0 |
| REP OMPHALOCELE/GASTROSCHISIS            | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR OF EXSTROPHY                      | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR EPI- AND HYPO-SPADIAS             | 0 | 0 | 0 | 0 | 0 | 0 |
| ORCHIOPEXY                               | 0 | 1 | 0 | 0 | 0 | 1 |
| OTHER MAJOR PEDIATRIC                    | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total PEDIATRIC</b>                   | 0 | 3 | 0 | 0 | 0 | 3 |

### GENITO-URINARY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| HYDROCELECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| CYSTOSTOMY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| CYSTECTOMY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| NEPHRECTOMY (W/ DONOR NEPH SEE TRANSPLT) | 0 | 0 | 0 | 0 | 0 | 0 |
| ILEAL URINARY CONDUIT                    | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY               | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY - LAP BASIC   | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY- LAP COMPLEX  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total GENITO-URINARY</b>              | 0 | 0 | 0 | 0 | 0 | 0 |



|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>GYNECOLOGY</b>                        |        |        |        |        |        |       |
| HYSTERECTOMY (ALL)                       | 0      | 0      | 0      | 0      | 0      | 0     |
| SALPINGO-OOPHORECTOMY                    | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY                   | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY -<br>LAPAROSCOPIC | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY</b>                  | 0      | 0      | 0      | 0      | 0      | 0     |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>PLASTIC</b>  |   |   |   |   |   |   |
| REPAIR CLEFT LIP/CLEFT PALATE                             | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR RECONSTRUCTIVE PROC                                 | 0 | 0 | 0 | 0 | 0 | 0 |
| SKIN-GRAFTING, NONBURN (ALL)                              | 0 | 0 | 0 | 0 | 0 | 0 |
| COMPOSITE TISSUE TRANSFER                                 | 0 | 0 | 0 | 0 | 0 | 0 |
| BURN DEBRIDEMENT AND/OR GRAFTING                          | 0 | 0 | 0 | 0 | 0 | 0 |
| REDUCTION AND STABILIZATION OF<br>MAXILLOFACIAL FRACTURES | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR PLASTIC                                       | 0 | 2 | 0 | 0 | 0 | 2 |
| <b>Total PLASTIC</b>                                      | 0 | 2 | 0 | 0 | 0 | 2 |

|                                   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|
| <b>NERVOUS SYSTEM</b>             |   |   |   |   |   |   |
| CRANIAL DECOMPRESSION/EXPLORATION | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR NERVOUS SYSTEM        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total NERVOUS SYSTEM</b>       | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>ORTHOPAEDICS</b>                       |   |   |   |   |   |   |
| OPEN OPERATIONS ON BONE OR JOINTS         | 0 | 0 | 0 | 0 | 0 | 0 |
| ARTHROSCOPY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REDUCTION OF OPEN/CLOSED<br>FRACTURE | 0 | 0 | 0 | 0 | 0 | 0 |
| CLOSED REDUCTION OF FRACTURE              | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORTHOPAEDICS                  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ORTHOPAEDICS</b>                 | 0 | 0 | 0 | 0 | 0 | 0 |

|                               |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|
| <b>ORGAN TRANSPLANT</b>       |   |   |   |   |   |   |
| LIVER TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREAS TRANSPLANT           | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR NEPHRECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR HEPATECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| EN BLOC ABD ORGAN RETRIEVAL   | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORGAN TRANSPLANT  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ORGAN TRANSPLANT</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>TRAUMA</b>                                    |        |        |        |        |        |       |
| DRAINAGE SUB/EXTRADURAL HEMATOMA                 | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPH TRAUMA-<br>CLOSURE/RESECT/EXCLUSION        | 0      | 0      | 0      | 0      | 0      | 0     |
| GASTRIC TRAUMA-<br>CLOSURE/RESECT/EXCLUSION      | 0      | 0      | 0      | 0      | 0      | 0     |
| DUODENAL TRAUMA-<br>CLOSURE/RESECT/EXCLUSION     | 0      | 0      | 0      | 0      | 0      | 0     |
| SM BOWEL TRAUMA-<br>CLOSURE/RESECT/EXCLUSION     | 0      | 0      | 0      | 0      | 0      | 0     |
| COLON TRAUMA-<br>CLOSURE/RESECT/EXCLUSION        | 0      | 0      | 0      | 0      | 0      | 0     |
| NECK EXPLOR FOR TRAUMA                           | 0      | 0      | 0      | 0      | 0      | 0     |
| EXPLOR THORACOTOMY-OPEN                          | 0      | 0      | 0      | 0      | 0      | 0     |
| EXPLOR THORACOTOMY-THORACOSCOPIC                 | 0      | 0      | 0      | 0      | 0      | 0     |
| EXPLOR LAPAROTOMY-OPEN                           | 0      | 0      | 0      | 0      | 0      | 0     |
| EXPLOR LAPAROTOMY - LAPAROSCOPIC                 | 0      | 0      | 0      | 0      | 0      | 0     |
| SPLENECTOMY/SPLENORRHAPHY-OPEN                   | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR/DRAINAGE HEPATIC LACS-OPEN                | 0      | 0      | 0      | 0      | 0      | 0     |
| HEPATIC RESECTION FOR INJURY                     | 0      | 0      | 0      | 0      | 0      | 0     |
| DRAINAGE PANCREATIC INJURY                       | 0      | 0      | 0      | 0      | 0      | 0     |
| RESECTION OF PANCREATIC INJURY                   | 0      | 0      | 0      | 0      | 0      | 0     |
| CLOSED REDUCTION OF FRACTURE                     | 0      | 0      | 0      | 0      | 0      | 0     |
| DEBRIDE/SUTURE MAJOR WOUNDS                      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR BLADDER INJURY                            | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR URETERAL INJURY                           | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR/RESECT FOR KIDNEY TRAUMA                  | 0      | 1      | 0      | 0      | 0      | 1     |
| REP THORAC AORTA, INNOMINATE,<br>SUBCLAVIAN      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OF CAROTID OR OTHER MAJOR<br>NECK VESSELS | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OF ABDOMINAL AORTA OR VENA<br>CAVA        | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR PERIPHERAL VESSELS                        | 0      | 0      | 0      | 0      | 0      | 0     |
| FASCIOTOMY FOR INJURY                            | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OTHER MAJOR VASC INJURY (TR1)             | 0      | 0      | 0      | 0      | 0      | 0     |
| MANAGEMENT CARDIAC INJURY                        | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR TRAUMA                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total TRAUMA</b>                              | 0      | 1      | 0      | 0      | 0      | 1     |

#### ENDOSCOPY (NOT FOR MAJOR CREDIT)

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| LARYNGOSCOPY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| BRONCHOSCOPY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| SCLEROTHERAPY/BANDING ESOPH<br>VARICES   | 0 | 0 | 0 | 0 | 0 | 0 |
| ESOPHAGO-GASTRO-DUODENOSCOPY             | 0 | 0 | 0 | 0 | 0 | 0 |
| PERCUTAN ENDOSCOPIC GASTROSTOMY<br>(PEG) | 0 | 0 | 0 | 0 | 0 | 0 |

|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| ERCP W/WO PAPILOTOMY                          | 0      | 0      | 0      | 0      | 0      | 0     |
| SIGMOIDOSCOPY, RIGID/FLEXIBLE                 | 0      | 0      | 0      | 0      | 0      | 0     |
| FLEXIBLE COLONOSCOPY W/WO BX/POLYPECT         | 0      | 0      | 0      | 0      | 0      | 0     |
| CHOLEDOCHOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| CYSTO/URETHROSCOPY                            | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER ENDOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ENDOSCOPY (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |

#### MISCELLANEOUS (NOT FOR MAJOR CREDIT)

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| REMOVAL SKIN MOLES, SMALL TUMORS, ETC             | 0 | 0 | 0 | 0 | 0 | 0 |
| REMOVAL SUBCUT SMALL TUMORS, CYSTS, FBs           | 0 | 1 | 0 | 0 | 0 | 1 |
| REPAIR MINOR WOUNDS AND GRAFTS                    | 0 | 0 | 0 | 0 | 0 | 0 |
| BANDING/INCISION THROMBOSED HEMORRHOID            | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDORECTAL ULTRASOUND [MISCELLANEOUS]             | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER PROCEDURES                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total MISCELLANEOUS (NOT FOR MAJOR CREDIT)</b> | 0 | 1 | 0 | 0 | 0 | 1 |

#### PATIENT CARE (NOT FOR MAJOR CREDIT)

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| NON-OPERATIVE TRAUMA                             | 0 | 0 | 0 | 0 | 0 | 0 |
| TEAM LEADER ASSESSMENT AND RESUSCITATION         | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total PATIENT CARE (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| Ventilatory Management: >24hrs on ventilator                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| Bleeding: non-trauma patient > 3 units  | 0 | 0 | 0 | 0 | 0 | 0 |
| Hemodynamic instability: req. inotrope/pressor                                | 0 | 0 | 0 | 0 | 0 | 0 |
| Organ dysfunction: renal, hepatic, cardiac                                    | 0 | 0 | 0 | 0 | 0 | 0 |
| Dysrhythmias: requiring drug management                                       | 0 | 0 | 0 | 0 | 0 | 0 |
| Invasive line, manage/monitor: Swan, Arterial,etc                             | 0 | 0 | 0 | 0 | 0 | 0 |
| Parenteral/enteral nutrition  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| CRITICAL CARE OTHER                                | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| OPHTHALMOLOGY                                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTOLARYNGOLOGY                                     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>UROLOGY (NOT FOR MAJOR CREDIT)</b>              |        |        |        |        |        |       |
| UROLOGY  | 0      | 2      | 0      | 0      | 0      | 2     |
| <b>Total UROLOGY (NOT FOR MAJOR CREDIT)</b>        | 0      | 2      | 0      | 0      | 0      | 2     |
| <b>NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>         |        |        |        |        |        |       |
| NEUROSURGERY                                       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| GYNECOLOGY   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>RADIOLOGY (NOT FOR MAJOR CREDIT)</b>            |        |        |        |        |        |       |
| RADIOLOGY  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total RADIOLOGY (NOT FOR MAJOR CREDIT)</b>      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>ULTRASOUND (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| MISCELLANEOUS ULTRASOUND                           | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ULTRASOUND (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>TRAUMA (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTHER TRAUMA                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total TRAUMA (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Non-Tracked Codes</b>                   |        |        |        |        |        |       |
| Non-Tracked Codes                          | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total Non-Tracked Codes</b>             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total Major Operations</b>              | 0      | 11     | 0      | 0      | 0      | 11    |



# Experience by Year

The Medical Center Navicent Health/Mercer University School of Medicine Program - 4401221083

Primary Procedures

Resident: Allison Lord

Done between 7/1/2018 and 6/30/2020

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total     |
|---|----------|----------|----------|----------|----------|-----------|
| <b>SKIN/SOFT TIS</b>                    |          |          |          |          |          |           |
| MAJ LYMPHADENECTOMIES                   | 1        | 0        | 0        | 0        | 0        | 1         |
| MAJ EXC & REP/GRAFT FOR SKIN NEOPLASM   | 5        | 1        | 0        | 0        | 0        | 6         |
| SENTINEL LYMPH NODE BIOPSY FOR MELANOMA | 0        | 0        | 0        | 0        | 0        | 0         |
| RAD EXCIS SOFT TIS TUMOR                | 0        | 0        | 0        | 0        | 0        | 0         |
| PILONIDAL CYSTECTOMY                    | 0        | 1        | 0        | 0        | 0        | 1         |
| OTHER MAJOR SKIN/SOFT TIS               | 2        | 1        | 0        | 0        | 0        | 3         |
| <b>Total SKIN/SOFT TIS</b>              | <b>8</b> | <b>3</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>11</b> |

|                                      |          |           |          |          |          |           |
|--------------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>HEAD/NECK</b>                     |          |           |          |          |          |           |
| RESECT LESION-LIPS                   | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT LESION-TONGUE                 | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT LESION-FLOOR MOUTH/BUCCAL MUC | 0        | 0         | 0        | 0        | 0        | 0         |
| PAROTIDECTOMY                        | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT OTHER SALIVARY GLND           | 0        | 0         | 0        | 0        | 0        | 0         |
| RADICAL NECK DISSECT                 | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT MANDIBLE/MAXILLA              | 0        | 0         | 0        | 0        | 0        | 0         |
| TRACHEOSTOMY                         | 1        | 11        | 0        | 0        | 0        | 12        |
| OTHER MAJOR HEAD/NECK                | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total HEAD/NECK</b>               | <b>1</b> | <b>11</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>12</b> |

|                                      |           |          |          |          |          |           |
|--------------------------------------|-----------|----------|----------|----------|----------|-----------|
| <b>BREAST</b>                        |           |          |          |          |          |           |
| BREAST BIOPSY                        | 19        | 4        | 0        | 0        | 0        | 23        |
| SENTINEL LYMPH NODE BIOPSY (BREAST)  | 1         | 0        | 0        | 0        | 0        | 1         |
| SIMPLE MASTECTOMY                    | 3         | 2        | 0        | 0        | 0        | 5         |
| MOD RAD MASTECTOMY                   | 0         | 0        | 0        | 0        | 0        | 0         |
| RADICAL MASTECTOMY                   | 0         | 0        | 0        | 0        | 0        | 0         |
| EXC BX/QUADRANT EXC W/WO AX SAMPLING | 7         | 1        | 0        | 0        | 0        | 8         |
| BREAST RECONSTRUCTION                | 0         | 0        | 0        | 0        | 0        | 0         |
| OTHER MAJOR BREAST                   | 0         | 0        | 0        | 0        | 0        | 0         |
| <b>Total BREAST</b>                  | <b>30</b> | <b>7</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>37</b> |

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| <b>ALIM TR-ESOPHAGUS</b> |   |   |   |   |   |   |
| ESOPHAGECTOMY            | 0 | 0 | 0 | 0 | 0 | 0 |
| ESOPHAGO-GASTRECTOMY     | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTIREFLUX PROC-OPEN     | 0 | 0 | 0 | 0 | 0 | 0 |

|                                   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|-----------------------------------|----------|----------|----------|----------|----------|----------|
| ANTIREFLUX PROC-LAPAROSCOPIC      | 1        | 0        | 0        | 0        | 0        | 1        |
| ESOPHAGEAL BYPASS PROCEDURE       | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF PERF-ESOPH DISEASE      | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER OPS FOR ESOPHAGEAL STENOSIS | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPHAGEAL DIVERTICULECTOMY       | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR ESOPHAGUS             | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ALIM TR-ESOPHAGUS</b>    | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> |

#### ALIM TR-STOMACH

|   |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|
| GASTROSTOMY (ALL TYPES)-OPEN            | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTROSTOMY (ALL TYPES)-LAPAROSCOPIC    | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC RESECT, PARTIAL-OPEN            | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC RESECT, PARTIAL-LAPAROSCOPIC    | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC RESECT, TOTAL                   | 0        | 0        | 0        | 0        | 0        | 0        |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-LAPAR | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERF-GASTRIC DIS                 | 0        | 0        | 0        | 0        | 0        | 0        |
| PROX GAST VAGOTOMY, HIGHLY SELECT-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| PROX GAST VAGOTOMY, HIGHLY SELECT-LAPAR | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC REDUC FOR MORBID OBESITY (ALL)  | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC REDUC FOR MORBID OBESITY-LAP    | 1        | 0        | 0        | 0        | 0        | 1        |
| OTHER MAJOR STOMACH                     | 0        | 2        | 0        | 0        | 0        | 2        |
| <b>Total ALIM TR-STOMACH</b>            | <b>1</b> | <b>2</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>3</b> |

#### ALIM TR-SMALL INT

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| ENTEROLYSIS                            | 0        | 0        | 0        | 0        | 0        | 0        |
| ENTEROLYSIS - LAPAROSCOPIC             | 0        | 0        | 0        | 0        | 0        | 0        |
| ENTERECTOMY                            | 1        | 0        | 0        | 0        | 0        | 1        |
| ENTERECTOMY-LAPAROSCOPIC               | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERF-DUODENAL DIS               | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERF-SMALL BOWEL DIS            | 0        | 0        | 0        | 0        | 0        | 0        |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY)      | 0        | 0        | 0        | 0        | 0        | 0        |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY) -LAP | 0        | 0        | 0        | 0        | 0        | 0        |
| DIVERTICULECTOMY                       | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR SMALL INT                  | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ALIM TR-SMALL INT</b>         | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> |

#### ALIM TR-LARGE INT

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| APPENDECTOMY-OPEN | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------|---|---|---|---|---|---|

|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| APPENDECTOMY-LAPAROSCOPIC          | 2      | 5      | 0      | 0      | 0      | 7     |
| COLOSTOMY (ALL TYPES)              | 2      | 2      | 0      | 0      | 0      | 4     |
| COLOSTOMY CLOSURE                  | 2      | 0      | 0      | 0      | 0      | 2     |
| COLECTOMY/PROCTECTOMY-OPEN         | 1      | 2      | 0      | 0      | 0      | 3     |
| COLECTOMY/PROCTECTOMY-LAPAROSCOPIC | 5      | 0      | 0      | 0      | 0      | 5     |
| COLECTOMY W/ ILEOANAL PULL-THRU    | 0      | 0      | 0      | 0      | 0      | 0     |
| COLECTOMY W/ CONTINENT RECONSTRUCT | 0      | 0      | 0      | 0      | 0      | 0     |
| ABDOMINO-PERINEAL RESECTION        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSANAL RECTAL TUMOR EXCISION    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR PERF-COLON DIS              | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR LARGE INT              | 1      | 0      | 0      | 0      | 0      | 1     |
| <b>Total ALIM TR-LARGE INT</b>     | 13     | 9      | 0      | 0      | 0      | 22    |

#### ALIM TR-ANO-RECTAL

|  |    |   |   |   |   |    |
|--|----|---|---|---|---|----|
| HEMORRHOIDECTOMY (ALL)                 | 4  | 0 | 0 | 0 | 0 | 4  |
| SPHINCTEROTOMY/SPHINCTEROPLASTY        | 1  | 0 | 0 | 0 | 0 | 1  |
| DRAINAGE PROC FOR ANORECTAL ABSCESS    | 5  | 0 | 0 | 0 | 0 | 5  |
| REPAIR ANORECTAL FISTULA               | 0  | 0 | 0 | 0 | 0 | 0  |
| OTHER OPERATIONS FOR ANAL INCONTINENCE | 0  | 0 | 0 | 0 | 0 | 0  |
| REPAIR RECTAL PROLAPSE                 | 0  | 0 | 0 | 0 | 0 | 0  |
| OTHER MAJOR ANO-RECTAL                 | 1  | 0 | 0 | 0 | 0 | 1  |
| <b>Total ALIM TR-ANO-RECTAL</b>        | 11 | 0 | 0 | 0 | 0 | 11 |

#### ABDOMEN-GENERAL

|  |   |   |   |   |   |    |
|--|---|---|---|---|---|----|
| EXP LAP EXCLUSIVE OF TRAUMA-OPEN       | 2 | 3 | 0 | 0 | 0 | 5  |
| EXP LAP EXCLUSIVE OF TRAUMA-LAPAR      | 0 | 5 | 0 | 0 | 0 | 5  |
| DRAINAGE INTRA-ABDOMINAL ABSCESS       | 0 | 0 | 0 | 0 | 0 | 0  |
| MAJ RETROPERIT/PELVIC NODE DISSEC-OPEN | 0 | 0 | 0 | 0 | 0 | 0  |
| OTHER MAJOR AB-GENERAL-LAP COMPLEX     | 0 | 0 | 0 | 0 | 0 | 0  |
| OTHER MAJOR AB-GENERAL                 | 0 | 0 | 0 | 0 | 0 | 0  |
| <b>Total ABDOMEN-GENERAL</b>           | 2 | 8 | 0 | 0 | 0 | 10 |

#### ABDOMEN-LIVER

|                             |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|
| LOBECTOMY OR SEGMENTECTOMY  | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION/OPEN BIOPSY | 0 | 0 | 0 | 0 | 0 | 0 |
| DRAINAGE LIVER ABSCESS      | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR LIVER           | 1 | 0 | 0 | 0 | 0 | 1 |
| <b>Total ABDOMEN-LIVER</b>  | 1 | 0 | 0 | 0 | 0 | 1 |



|                                       | Year 1   | Year 2    | Year 3   | Year 4   | Year 5   | Total     |
|---------------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>ABDOMEN-BILIARY</b>                |          |           |          |          |          |           |
| CHOLECYSTOSTOMY                       | 0        | 0         | 0        | 0        | 0        | 0         |
| CHOLECYSTECTOMY W/WO OPER GRAMS-OPEN  | 0        | 0         | 0        | 0        | 0        | 0         |
| CHOLECYSTECTOMY W/WO OPER GRAMS-LAPAR | 4        | 12        | 0        | 0        | 0        | 16        |
| COMMON BILE DUCT EXPLOR-OPEN          | 0        | 0         | 0        | 0        | 0        | 0         |
| COMMON BILE DUCT EXPLOR-LAPAR         | 0        | 0         | 0        | 0        | 0        | 0         |
| CHOLEDOCHOENTERIC ANASTOMOSIS         | 0        | 0         | 0        | 0        | 0        | 0         |
| SPHINCTEROPLASTY (ODDI)               | 0        | 0         | 0        | 0        | 0        | 0         |
| OTHER MAJOR BILIARY                   | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total ABDOMEN-BILIARY</b>          | <b>4</b> | <b>12</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>16</b> |

|                                   |          |          |          |          |          |          |
|-----------------------------------|----------|----------|----------|----------|----------|----------|
| <b>ABDOMEN-PANCREAS</b>           |          |          |          |          |          |          |
| DRAINAGE PANCREATIC ABSCESS       | 0        | 0        | 0        | 0        | 0        | 0        |
| RESECTION FOR PANCREATIC NECROSIS | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, DISTAL            | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, WHIPPLE           | 0        | 0        | 0        | 0        | 0        | 0        |
| PANC RESECTION, TOTAL             | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PSEUDOCYST (ALL TYPES)   | 0        | 0        | 0        | 0        | 0        | 0        |
| PANCREATICOJEJUNOSTOMY            | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR PANCREAS              | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-PANCREAS</b>     | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                               |          |          |          |          |          |          |
|-------------------------------|----------|----------|----------|----------|----------|----------|
| <b>ABDOMEN-SPLEEN</b>         |          |          |          |          |          |          |
| SPLENECTOMY FOR DISEASE-OPEN  | 0        | 0        | 0        | 0        | 0        | 0        |
| SPLENECTOMY FOR DISEASE-LAPAR | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-SPLEEN</b>   | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                                |          |           |          |          |          |           |
|--------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>ABDOMEN-HERNIA</b>          |          |           |          |          |          |           |
| INGUINAL-FEMORAL (ALL)-OPEN    | 2        | 6         | 0        | 0        | 0        | 8         |
| INGUINAL-FEMORAL (ALL)-LAPAROS | 0        | 0         | 0        | 0        | 0        | 0         |
| VENTRAL                        | 0        | 7         | 0        | 0        | 0        | 7         |
| OTHER MAJOR HERNIAS            | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total ABDOMEN-HERNIA</b>    | <b>2</b> | <b>13</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>15</b> |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>VASC - ANEURYSM REPAIR</b>                 |   |   |   |   |   |   |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, RUPTURED | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, ELECTIVE | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR ABD AORTIC/ILIAC ANEURYSM | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR OF ILIAC ARTERY           | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR SUPRARENAL AORTIC ANEURYSM             | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| REPAIR THORACIC AORTIC ANEURYSM              | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOVASCULAR REPAIR THORACIC AORTIC ANEURYSM | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR THORACOABDOMINAL AORTIC ANEURYSM      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR FEMORAL ANEURYSM                      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR POPLITEAL ANEURYSM                    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OTHER ANEURYSM - DEF CAT CREDIT       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - ANEURYSM REPAIR</b>          | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - CEREBROVASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CAROTID ENDARTERECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| REOPERATIVE CAROTID SURGERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT CAROTID ARTERY STENT       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE CAROTID BODY TUMOR                          | 0 | 0 | 0 | 0 | 0 | 0 |
| VERTEBRAL BYPASS OR REIMPLANTATION/TRANSPOSITION   | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT REPAIR AORTIC ARCH BRANCHES                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY - BRACHIOCEPHALIC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY - BRACHIOCEPHALIC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF INTRAVASC STENT, NONCOR.    | 0 | 0 | 0 | 0 | 0 | 0 |
| CERVICAL BYPASS AORTIC ARCH BRANCHES               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY BY NECK OR THORACIC INCIS | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR CEREBROVASCULAR - DEF CAT CREDIT       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - CEREBROVASCULAR</b>                | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - PERIPH OBSTRUCTIVE

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| AORTO-ILIO/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, PROSTHETIC           | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, VEIN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY AORTA OR ILIAC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY AORTA OR ILIAC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT INTRAVASC STENT AORTA   | 0 | 0 | 0 | 0 | 0 | 0 |
| ILIO-ILIAC/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE INFECTED GRAFT, ABDOMEN OR CHEST         | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR GRAFT-ENTERIC/AORTO-ENTERIC FISTULA      | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL, PROFUNDA ENDARTERECTOMY                | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, VEIN                  | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, PROSTHETIC            | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| TRANSLUMINAL BALLOON ANGIOPLASTY FEMORAL-POPLITEAL | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY FEMORAL-POPLITEAL         | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDARTERECTOMY, SUPERFICIAL FEMORAL, POPLITEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, VEIN                        | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, PROSTHETIC                  | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLON ANGIOPLASTY, TIBIOPERONEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY, TIBIOPERONEAL            | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSCATHETER PLACE OF INTRAVASCULAR STENT NON-COR | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCISE INFECTED GRAFT, PERIPHERAL                  | 0      | 0      | 0      | 0      | 0      | 0     |
| REVISE ARTERIAL BYPASS                             | 0      | 0      | 0      | 0      | 0      | 0     |
| ARTERIAL EMBOLECTOMY/THROMBECTOMY BY LEG INCISION  | 0      | 0      | 0      | 0      | 0      | 0     |
| GRAFT THROMBECTOMY                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| ADJUNCTIVE VEIN CUFF OR AVF                        | 0      | 0      | 0      | 0      | 0      | 0     |
| HARVEST ARM VEIN                                   | 0      | 0      | 0      | 0      | 0      | 0     |
| COMPOSITE LEG BYPASS GRAFT                         | 0      | 0      | 0      | 0      | 0      | 0     |
| RE-DO LOWER EXTREMITY BYPASS                       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR PERIPHERAL - DEF CAT CREDIT            | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - PERIPH OBSTRUCTIVE</b>             | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ABDOMINAL OBSTRUCTIVE

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CELIAC/SMA ENDARTERECTOMY, BYPASS          | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL ENDARTERECTOMY, BYPASS               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL    | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF STENT, RENAL ARTERY | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ABDOMINAL OBSTRUCTIVE</b>  | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - UPPER EXTREMITY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| OPEN BRACHIAL ARTERY EXPOSURE                    | 0 | 0 | 0 | 0 | 0 | 0 |
| ARM BYPASS, ENDARTERECTOMY, REPAIR               | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATH PLACE OF INTRAVASC STENT, NON CORONARY | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, BY ARM INCISION        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - UPPER EXTREMITY</b>              | 0 | 0 | 0 | 0 | 0 | 0 |

|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| <b>VASC - EXTRA-ANATOMIC</b>       |        |        |        |        |        |       |
| AXILLO-FEMORAL BYPASS              | 0      | 0      | 0      | 0      | 0      | 0     |
| AXILLO-POPLITEAL-TIBIAL BYPASS     | 0      | 0      | 0      | 0      | 0      | 0     |
| FEMORAL-FEMORAL BYPASS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - EXTRA-ANATOMIC</b> | 0      | 0      | 0      | 0      | 0      | 0     |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b>       |   |   |   |   |   |   |
| TRANSLUMINAL MECHANICAL THROMBECTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| THROMBOLYSIS, TRANSARTERIAL, TRANSCATHETER               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCHANGE OF THROMBOLYSIS CATHETER                        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b>       |   |   |   |   |   |   |
| ENDO PLACE OF ILIAC ARTERY OCCLUSION DEV                   | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER THERAPY, INFUSION NON THROMBOLYSIS           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER RETRIEVAL OF INTRAVASCULAR FOREIGN           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER ARTERIAL OCCLUSION OR EMBOLIZATION           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF WIRELESS SENSOR                     | 0 | 0 | 0 | 0 | 0 | 0 |
| PRESSURE MEASUREMENTS FROM WIRELESS SENSOR                 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>VASC - TRAUMA</b>           |   |   |   |   |   |   |
| EXPOSURE OF THORACIC VESSELS   | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR THORACIC VESSELS        | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF NECK VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR NECK VESSELS            | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF ABDOMINAL VESSELS  | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR ABDOMINAL VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF PERIPHERAL VESSELS | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERIPHERAL VESSELS      | 0 | 0 | 0 | 0 | 0 | 0 |
| FASCIOTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - TRAUMA</b>     | 0 | 0 | 0 | 0 | 0 | 0 |

|                              |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|
| <b>VASC - VENOUS</b>         |   |   |   |   |   |   |
| PORTAL-SYSTEMIC SHUNT        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPERATION FOR VARICOSE VEINS | 0 | 0 | 0 | 0 | 0 | 0 |
| SCLEROTHERAPY, PERIPH VEIN   | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| EMBOLECTOMY/THROMBECTOMY, VENOUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOLUMINAL ABLATION                         | 0      | 0      | 0      | 0      | 0      | 0     |
| OPERATIONS FOR VENOUS ULCERATION             | 0      | 0      | 0      | 0      | 0      | 0     |
| VENOUS RECONSTRUCTION                        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL MECHANICAL THROMBECTOMY, VENOUS | 0      | 0      | 0      | 0      | 0      | 0     |
| THROMBOLYSIS, TRANSVENOUS, TRANSCATHETER     | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCHANGE OF THROMBOLYSIS CATHETER            | 0      | 0      | 0      | 0      | 0      | 0     |
| INTERRUPTION OF IVC                          | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR A-V MALFORMATION                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - VENOUS</b>                   | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ENDOVASCULAR DIAGNOSTIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| ARTERIOGRAPHY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| VENOGRAPHY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| ANGIOSCOPY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| INTRAVASCULAR ULTRASOUND                    | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ENDOVASCULAR DIAGNOSTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - MISCELLANEOUS VASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| EXPLORATION OF ARTERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| POSTOPERATIVE EXP. FOR BLEED, THROMB, INFECT | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR VASCULAR LIGATION                      | 0 | 0 | 0 | 0 | 0 | 0 |
| INJECT PSEUDOANEURYSM                        | 0 | 0 | 0 | 0 | 0 | 0 |
| SPINE EXPOSURE                               | 0 | 0 | 0 | 0 | 0 | 0 |
| SYMPATHECTOMY                                | 0 | 0 | 0 | 0 | 0 | 0 |
| LYMPHATIC PROCEDURE                          | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MISCELLANEOUS VASCULAR PROCEDURE       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS VASCULAR</b>   | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - VASCULAR ACCESS

|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| A-V FISTULA                         | 0 | 3 | 0 | 0 | 0 | 3 |
| A-V GRAFT                           | 0 | 1 | 0 | 0 | 0 | 1 |
| PERCUTANEOUS-OTHER ACCESS           | 0 | 0 | 0 | 0 | 0 | 0 |
| REVISION, A-V ACCESS                | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - VASCULAR ACCESS</b> | 0 | 4 | 0 | 0 | 0 | 4 |

#### VASC - AMPUTATIONS

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| AMPUTATION, DIGIT | 1 | 1 | 0 | 0 | 0 | 2 |
|-------------------|---|---|---|---|---|---|

|                                 | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|---------------------------------|----------|----------|----------|----------|----------|----------|
| AMPUTATION, TRANSMETATARSAL     | 2        | 0        | 0        | 0        | 0        | 2        |
| AMPUTATION, BELOW KNEE          | 1        | 0        | 0        | 0        | 0        | 1        |
| AMPUTATION, ABOVE KNEE          | 0        | 2        | 0        | 0        | 0        | 2        |
| AMPUTATION, UPPER EXTREMITY     | 0        | 0        | 0        | 0        | 0        | 0        |
| AMPUTATION CLOSURE, REVISION    | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total VASC - AMPUTATIONS</b> | <b>4</b> | <b>3</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>7</b> |

#### ENDOCRINE

|                                 |          |          |          |          |          |          |
|---------------------------------|----------|----------|----------|----------|----------|----------|
| THYROIDECTOMY, PARTIAL OR TOTAL | 0        | 0        | 0        | 0        | 0        | 0        |
| PARATHYROIDECTOMY               | 0        | 0        | 0        | 0        | 0        | 0        |
| ADRENALECTOMY                   | 0        | 0        | 0        | 0        | 0        | 0        |
| PANCREATIC ENDOCRINE PROC       | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR ENDOCRINE           | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ENDOCRINE</b>          | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

#### HAND

|                          |          |          |          |          |          |          |
|--------------------------|----------|----------|----------|----------|----------|----------|
| SOFT TISSUE REPAIR/GRAFT | 0        | 0        | 0        | 0        | 0        | 0        |
| TENDON REPAIR/TRANSFER   | 0        | 0        | 0        | 0        | 0        | 0        |
| NERVE REPAIR             | 0        | 0        | 0        | 0        | 0        | 0        |
| VASCULAR REPAIR          | 0        | 0        | 0        | 0        | 0        | 0        |
| REPLANTATION             | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR HAND         | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total HAND</b>        | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

#### THORACIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| EXPLOR THORACOTOMY-OPEN                   | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPLOR THORACOTOMY W/WO BX-THORACOS       | 0 | 0 | 0 | 0 | 0 | 0 |
| PLEURODESIS-THORACOSCOPIC                 | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR DIAPH HERNIA                       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISION MEDIASTINAL TUMOR                | 0 | 0 | 0 | 0 | 0 | 0 |
| PNEUMONECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-OPEN      | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-THORACOS  | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-OPEN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-THORACOSCOPIC        | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN DRAINAGE OF EMPYEMA                  | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARDIECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARD WINDOW FOR DRAINAGE-THORACOSCOPI | 0 | 0 | 0 | 0 | 0 | 0 |
| PACEMAKER INSERTION                       | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|--|----------|----------|----------|----------|----------|----------|
| CARDIAC PROCEDURES                       | 0        | 0        | 0        | 0        | 0        | 0        |
| SYMPATHECTOMY, THORACOLUMBAR-THORACOSCOP | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPHAGOMYOTOMY (HELLER)-THORACOSCOPIC   | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR THORACIC                     | 1        | 0        | 0        | 0        | 0        | 1        |
| <b>Total THORACIC</b>                    | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> |

### PEDIATRIC

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| HERNIORRHAPHY, INGUINAL/UMBILICAL        | 2        | 2        | 0        | 0        | 0        | 4        |
| REP BRANCHIAL CLEFT ANOM/THYRO DUCT CYST | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR DEFORMITY CHEST WALL              | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR DIAPHRAGMATIC HERNIA              | 0        | 0        | 0        | 0        | 0        | 0        |
| ANTIREFLUX PROCEDURE-OPEN (PEDS)         | 0        | 0        | 0        | 0        | 0        | 0        |
| ANTIREFLUX PROCEDURE-LAPAROSCOPIC (PEDS) | 0        | 0        | 0        | 0        | 0        | 0        |
| REP ESOPH ATRESIA/TRACHEO-ESOPH FIST     | 0        | 0        | 0        | 0        | 0        | 0        |
| REP INTESTINAL ATRESIA/STENOSIS          | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PYLORIC STENOSIS                  | 0        | 0        | 0        | 0        | 0        | 0        |
| OPERATION FOR MALROTATION/INTUSSUSCEPT   | 0        | 0        | 0        | 0        | 0        | 0        |
| PROC FOR MECONIUM ILEUS/NEC ENTEROCOLIT  | 0        | 0        | 0        | 0        | 0        | 0        |
| DEFIN OP FOR HIRSCHSPRUNGS/IMPERF ANUS   | 0        | 0        | 0        | 0        | 0        | 0        |
| EXC WILMs TUMOR/NEUROBLASTOMA            | 0        | 0        | 0        | 0        | 0        | 0        |
| REP OMPHALOCELE/GASTROSCHISIS            | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF EXSTROPHY                      | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR EPI- AND HYPO-SPADIAS             | 0        | 0        | 0        | 0        | 0        | 0        |
| ORCHIOPEXY                               | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR PEDIATRIC                    | 1        | 0        | 0        | 0        | 0        | 1        |
| <b>Total PEDIATRIC</b>                   | <b>3</b> | <b>2</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>5</b> |

### GENITO-URINARY

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| HYDROCELECTOMY                           | 0        | 1        | 0        | 0        | 0        | 1        |
| CYSTOSTOMY                               | 0        | 0        | 0        | 0        | 0        | 0        |
| CYSTECTOMY                               | 0        | 0        | 0        | 0        | 0        | 0        |
| NEPHRECTOMY (W/ DONOR NEPH SEE TRANSPLT) | 0        | 0        | 0        | 0        | 0        | 0        |
| ILEAL URINARY CONDUIT                    | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR GENITO-URINARY               | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR GENITO-URINARY - LAP BASIC   | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR GENITO-URINARY- LAP COMPLEX  | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total GENITO-URINARY</b>              | <b>0</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> |

|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| <b>GYNECOLOGY</b>   |        |        |        |        |        |       |
| HYSTERECTOMY (ALL)  | 0      | 0      | 0      | 0      | 0      | 0     |
| SALPINGO-OOPHORECTOMY                                     | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY                                    | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY -<br>LAPAROSCOPIC                  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY</b>                                   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>PLASTIC</b>  |        |        |        |        |        |       |
| REPAIR CLEFT LIP/CLEFT PALATE                             | 0      | 0      | 0      | 0      | 0      | 0     |
| MAJOR RECONSTRUCTIVE PROC                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| SKIN-GRAFTING, NONBURN (ALL)                              | 2      | 0      | 0      | 0      | 0      | 2     |
| COMPOSITE TISSUE TRANSFER                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| BURN DEBRIDEMENT AND/OR GRAFTING                          | 0      | 0      | 0      | 0      | 0      | 0     |
| REDUCTION AND STABILIZATION OF<br>MAXILLOFACIAL FRACTURES | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR PLASTIC                                       | 3      | 2      | 0      | 0      | 0      | 5     |
| <b>Total PLASTIC</b>                                      | 5      | 2      | 0      | 0      | 0      | 7     |
| <b>NERVOUS SYSTEM</b>                                     |        |        |        |        |        |       |
| CRANIAL DECOMPRESSION/EXPLORATION                         | 0      | 1      | 0      | 0      | 0      | 1     |
| OTHER MAJOR NERVOUS SYSTEM                                | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total NERVOUS SYSTEM</b>                               | 0      | 1      | 0      | 0      | 0      | 1     |
| <b>ORTHOPAEDICS</b>                                       |        |        |        |        |        |       |
| OPEN OPERATIONS ON BONE OR JOINTS                         | 0      | 0      | 0      | 0      | 0      | 0     |
| ARTHROSCOPY   | 0      | 0      | 0      | 0      | 0      | 0     |
| OPEN REDUCTION OF OPEN/CLOSED<br>FRACTURE                 | 0      | 0      | 0      | 0      | 0      | 0     |
| CLOSED REDUCTION OF FRACTURE                              | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR ORTHOPAEDICS                                  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ORTHOPAEDICS</b>                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>ORGAN TRANSPLANT</b>                                   |        |        |        |        |        |       |
| LIVER TRANSPLANT  | 0      | 0      | 0      | 0      | 0      | 0     |
| RENAL TRANSPLANT  | 0      | 0      | 0      | 0      | 0      | 0     |
| PANCREAS TRANSPLANT                                       | 0      | 0      | 0      | 0      | 0      | 0     |
| DONOR NEPHRECTOMY   | 0      | 0      | 0      | 0      | 0      | 0     |
| DONOR HEPATECTOMY   | 0      | 0      | 0      | 0      | 0      | 0     |
| EN BLOC ABD ORGAN RETRIEVAL                               | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR ORGAN TRANSPLANT                              | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ORGAN TRANSPLANT</b>                             | 0      | 0      | 0      | 0      | 0      | 0     |



|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|---|----------|----------|----------|----------|----------|----------|
| <b>TRAUMA</b>                                 |          |          |          |          |          |          |
| DRAINAGE SUB/EXTRADURAL HEMATOMA              | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPH TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC TRAUMA-CLOSURE/RESECT/EXCLUSION       | 0        | 0        | 0        | 0        | 0        | 0        |
| DUODENAL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 0        | 0        | 0        | 0        | 0        | 0        |
| SM BOWEL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 1        | 0        | 0        | 0        | 0        | 1        |
| COLON TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 1        | 0        | 0        | 0        | 1        |
| NECK EXPLOR FOR TRAUMA                        | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR THORACOTOMY-OPEN                       | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR THORACOTOMY-THORACOSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR LAPAROTOMY-OPEN                        | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR LAPAROTOMY - LAPAROSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| SPLENECTOMY/SPLENORRHAPHY-OPEN                | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/DRAINAGE HEPATIC LACS-OPEN             | 0        | 0        | 0        | 0        | 0        | 0        |
| HEPATIC RESECTION FOR INJURY                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PANCREATIC INJURY                    | 0        | 0        | 0        | 0        | 0        | 0        |
| RESECTION OF PANCREATIC INJURY                | 0        | 0        | 0        | 0        | 0        | 0        |
| CLOSED REDUCTION OF FRACTURE                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DEBRIDE/SUTURE MAJOR WOUNDS                   | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR BLADDER INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR URETERAL INJURY                        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/RESECT FOR KIDNEY TRAUMA               | 0        | 0        | 0        | 0        | 0        | 0        |
| REP THORAC AORTA, INNOMINATE, SUBCLAVIAN      | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF CAROTID OR OTHER MAJOR NECK VESSELS | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF ABDOMINAL AORTA OR VENA CAVA        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERIPHERAL VESSELS                     | 0        | 0        | 0        | 0        | 0        | 0        |
| FASCIOTOMY FOR INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OTHER MAJOR VASC INJURY (TR1)          | 0        | 0        | 0        | 0        | 0        | 0        |
| MANAGEMENT CARDIAC INJURY                     | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR TRAUMA                            | 1        | 0        | 0        | 0        | 0        | 1        |
| <b>Total TRAUMA</b>                           | <b>2</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>3</b> |

### ENDOSCOPY (NOT FOR MAJOR CREDIT)

|                                       |    |   |   |   |   |    |
|---------------------------------------|----|---|---|---|---|----|
| LARYNGOSCOPY                          | 0  | 0 | 0 | 0 | 0 | 0  |
| BRONCHOSCOPY                          | 3  | 1 | 0 | 0 | 0 | 4  |
| SCLEROTHERAPY/BANDING ESOPH VARICES   | 0  | 0 | 0 | 0 | 0 | 0  |
| ESOPHAGO-GASTRO-DUODENOSCOPY          | 2  | 2 | 0 | 0 | 0 | 4  |
| PERCUTAN ENDOSCOPIC GASTROSTOMY (PEG) | 20 | 6 | 0 | 0 | 0 | 26 |

|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| ERCP W/WO PAPILOTOMY                          | 0      | 0      | 0      | 0      | 0      | 0     |
| SIGMOIDOSCOPY, RIGID/FLEXIBLE                 | 2      | 0      | 0      | 0      | 0      | 2     |
| FLEXIBLE COLONOSCOPY W/WO BX/POLYPECT         | 2      | 2      | 0      | 0      | 0      | 4     |
| CHOLEDOCHOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| CYSTO/URETHROSCOPY                            | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER ENDOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ENDOSCOPY (NOT FOR MAJOR CREDIT)</b> | 29     | 11     | 0      | 0      | 0      | 40    |

#### MISCELLANEOUS (NOT FOR MAJOR CREDIT)

|   |    |    |   |   |   |    |
|---|----|----|---|---|---|----|
| REMOVAL SKIN MOLES, SMALL TUMORS, ETC             | 6  | 2  | 0 | 0 | 0 | 8  |
| REMOVAL SUBCUT SMALL TUMORS, CYSTS, FBs           | 0  | 0  | 0 | 0 | 0 | 0  |
| REPAIR MINOR WOUNDS AND GRAFTS                    | 0  | 0  | 0 | 0 | 0 | 0  |
| BANDING/INCISION THROMBOSED HEMORRHOID            | 0  | 0  | 0 | 0 | 0 | 0  |
| ENDORECTAL ULTRASOUND [MISCELLANEOUS]             | 0  | 0  | 0 | 0 | 0 | 0  |
| OTHER PROCEDURES                                  | 64 | 13 | 0 | 0 | 0 | 77 |
| <b>Total MISCELLANEOUS (NOT FOR MAJOR CREDIT)</b> | 70 | 15 | 0 | 0 | 0 | 85 |

#### PATIENT CARE (NOT FOR MAJOR CREDIT)

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| NON-OPERATIVE TRAUMA                             | 0 | 0 | 0 | 0 | 0 | 0 |
| TEAM LEADER ASSESSMENT AND RESUSCITATION         | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total PATIENT CARE (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| Ventilatory Management: >24hrs on ventilator                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| Bleeding: non-trauma patient > 3 units  | 0 | 0 | 0 | 0 | 0 | 0 |
| Hemodynamic instability: req. inotrope/pressor                                | 0 | 0 | 0 | 0 | 0 | 0 |
| Organ dysfunction: renal, hepatic, cardiac                                    | 0 | 0 | 0 | 0 | 0 | 0 |
| Dysrhythmias: requiring drug management                                       | 0 | 0 | 0 | 0 | 0 | 0 |
| Invasive line, manage/monitor: Swan, Arterial,etc                             | 0 | 0 | 0 | 0 | 0 | 0 |
| Parenteral/enteral nutrition  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| CRITICAL CARE OTHER                                | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| OPHTHALMOLOGY                                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTOLARYNGOLOGY                                     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>UROLOGY (NOT FOR MAJOR CREDIT)</b>              |        |        |        |        |        |       |
| UROLOGY  | 1      | 1      | 0      | 0      | 0      | 2     |
| <b>Total UROLOGY (NOT FOR MAJOR CREDIT)</b>        | 1      | 1      | 0      | 0      | 0      | 2     |
| <b>NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>         |        |        |        |        |        |       |
| NEUROSURGERY                                       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| GYNECOLOGY   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>RADIOLOGY (NOT FOR MAJOR CREDIT)</b>            |        |        |        |        |        |       |
| RADIOLOGY  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total RADIOLOGY (NOT FOR MAJOR CREDIT)</b>      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>ULTRASOUND (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| MISCELLANEOUS ULTRASOUND                           | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ULTRASOUND (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>TRAUMA (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTHER TRAUMA                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total TRAUMA (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Non-Tracked Codes</b>                   |        |        |        |        |        |       |
| Non-Tracked Codes                          | 1      | 2      | 0      | 0      | 0      | 3     |
| <b>Total Non-Tracked Codes</b>             | 1      | 2      | 0      | 0      | 0      | 3     |
| <b>Total Major Operations</b>              | 90     | 79     | 0      | 0      | 0      | 169   |



# Experience by Year

The Medical Center Navicent Health/Mercer University School of Medicine Program - 4401221083

Primary Procedures

Resident: William Solomon

Done between 7/1/2018 and 6/30/2020

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total     |
|---|----------|----------|----------|----------|----------|-----------|
| <b>SKIN/SOFT TIS</b>                    |          |          |          |          |          |           |
| MAJ LYMPHADENECTOMIES                   | 0        | 0        | 0        | 0        | 0        | 0         |
| MAJ EXC & REP/GRAFT FOR SKIN NEOPLASM   | 2        | 3        | 0        | 0        | 0        | 5         |
| SENTINEL LYMPH NODE BIOPSY FOR MELANOMA | 0        | 0        | 0        | 0        | 0        | 0         |
| RAD EXCIS SOFT TIS TUMOR                | 0        | 0        | 0        | 0        | 0        | 0         |
| PILONIDAL CYSTECTOMY                    | 0        | 0        | 0        | 0        | 0        | 0         |
| OTHER MAJOR SKIN/SOFT TIS               | 2        | 3        | 0        | 0        | 0        | 5         |
| <b>Total SKIN/SOFT TIS</b>              | <b>4</b> | <b>6</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>10</b> |

|                                      |          |           |          |          |          |           |
|--------------------------------------|----------|-----------|----------|----------|----------|-----------|
| <b>HEAD/NECK</b>                     |          |           |          |          |          |           |
| RESECT LESION-LIPS                   | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT LESION-TONGUE                 | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT LESION-FLOOR MOUTH/BUCCAL MUC | 0        | 0         | 0        | 0        | 0        | 0         |
| PAROTIDECTOMY                        | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT OTHER SALIVARY GLND           | 0        | 0         | 0        | 0        | 0        | 0         |
| RADICAL NECK DISSECT                 | 0        | 0         | 0        | 0        | 0        | 0         |
| RESECT MANDIBLE/MAXILLA              | 0        | 0         | 0        | 0        | 0        | 0         |
| TRACHEOSTOMY                         | 0        | 11        | 0        | 0        | 0        | 11        |
| OTHER MAJOR HEAD/NECK                | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total HEAD/NECK</b>               | <b>0</b> | <b>11</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>11</b> |

|                                      |           |           |          |          |          |           |
|--------------------------------------|-----------|-----------|----------|----------|----------|-----------|
| <b>BREAST</b>                        |           |           |          |          |          |           |
| BREAST BIOPSY                        | 6         | 2         | 0        | 0        | 0        | 8         |
| SENTINEL LYMPH NODE BIOPSY (BREAST)  | 0         | 0         | 0        | 0        | 0        | 0         |
| SIMPLE MASTECTOMY                    | 0         | 0         | 0        | 0        | 0        | 0         |
| MOD RAD MASTECTOMY                   | 0         | 4         | 0        | 0        | 0        | 4         |
| RADICAL MASTECTOMY                   | 0         | 0         | 0        | 0        | 0        | 0         |
| EXC BX/QUADRANT EXC W/WO AX SAMPLING | 7         | 4         | 0        | 0        | 0        | 11        |
| BREAST RECONSTRUCTION                | 0         | 0         | 0        | 0        | 0        | 0         |
| OTHER MAJOR BREAST                   | 0         | 1         | 0        | 0        | 0        | 1         |
| <b>Total BREAST</b>                  | <b>13</b> | <b>11</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>24</b> |

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| <b>ALIM TR-ESOPHAGUS</b> |   |   |   |   |   |   |
| ESOPHAGECTOMY            | 0 | 0 | 0 | 0 | 0 | 0 |
| ESOPHAGO-GASTRECTOMY     | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTIREFLUX PROC-OPEN     | 0 | 0 | 0 | 0 | 0 | 0 |

|                                   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|-----------------------------------|--------|--------|--------|--------|--------|-------|
| ANTIREFLUX PROC-LAPAROSCOPIC      | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGEAL BYPASS PROCEDURE       | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OF PERF-ESOPH DISEASE      | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER OPS FOR ESOPHAGEAL STENOSIS | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGEAL DIVERTICULECTOMY       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR ESOPHAGUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ALIM TR-ESOPHAGUS</b>    | 0      | 0      | 0      | 0      | 0      | 0     |

#### ALIM TR-STOMACH

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| GASTROSTOMY (ALL TYPES)-OPEN            | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTROSTOMY (ALL TYPES)-LAPAROSCOPIC    | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC RESECT, PARTIAL-OPEN            | 0 | 1 | 0 | 0 | 0 | 1 |
| GASTRIC RESECT, PARTIAL-LAPAROSCOPIC    | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC RESECT, TOTAL                   | 0 | 0 | 0 | 0 | 0 | 0 |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-GASTRIC DIS                 | 0 | 0 | 0 | 0 | 0 | 0 |
| PROX GAST VAGOTOMY, HIGHLY SELECT-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| PROX GAST VAGOTOMY, HIGHLY SELECT-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC REDUC FOR MORBID OBESITY (ALL)  | 0 | 0 | 0 | 0 | 0 | 0 |
| GASTRIC REDUC FOR MORBID OBESITY-LAP    | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR STOMACH                     | 0 | 1 | 0 | 0 | 0 | 1 |
| <b>Total ALIM TR-STOMACH</b>            | 0 | 2 | 0 | 0 | 0 | 2 |

#### ALIM TR-SMALL INT

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| ENTEROLYSIS                            | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTEROLYSIS - LAPAROSCOPIC             | 0 | 0 | 0 | 0 | 0 | 0 |
| ENTERECTOMY                            | 0 | 2 | 0 | 0 | 0 | 2 |
| ENTERECTOMY-LAPAROSCOPIC               | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-DUODENAL DIS               | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERF-SMALL BOWEL DIS            | 0 | 0 | 0 | 0 | 0 | 0 |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY)      | 0 | 0 | 0 | 0 | 0 | 0 |
| ILEOSTOMY (NOT ASSOC W/COLECTOMY) -LAP | 0 | 0 | 0 | 0 | 0 | 0 |
| DIVERTICULECTOMY                       | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR SMALL INT                  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ALIM TR-SMALL INT</b>         | 0 | 2 | 0 | 0 | 0 | 2 |

#### ALIM TR-LARGE INT

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| APPENDECTOMY-OPEN | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------|---|---|---|---|---|---|

|                                    | Year 1   | Year 2    | Year 3   | Year 4   | Year 5   | Total     |
|------------------------------------|----------|-----------|----------|----------|----------|-----------|
| APPENDECTOMY-LAPAROSCOPIC          | 1        | 9         | 0        | 0        | 0        | 10        |
| COLOSTOMY (ALL TYPES)              | 0        | 1         | 0        | 0        | 0        | 1         |
| COLOSTOMY CLOSURE                  | 0        | 0         | 0        | 0        | 0        | 0         |
| COLECTOMY/PROCTECTOMY-OPEN         | 3        | 2         | 0        | 0        | 0        | 5         |
| COLECTOMY/PROCTECTOMY-LAPAROSCOPIC | 2        | 3         | 0        | 0        | 0        | 5         |
| COLECTOMY W/ ILEOANAL PULL-THRU    | 0        | 0         | 0        | 0        | 0        | 0         |
| COLECTOMY W/ CONTINENT RECONSTRUCT | 0        | 0         | 0        | 0        | 0        | 0         |
| ABDOMINO-PERINEAL RESECTION        | 0        | 2         | 0        | 0        | 0        | 2         |
| TRANSANAL RECTAL TUMOR EXCISION    | 0        | 0         | 0        | 0        | 0        | 0         |
| REPAIR PERF-COLON DIS              | 0        | 0         | 0        | 0        | 0        | 0         |
| OTHER MAJOR LARGE INT              | 0        | 0         | 0        | 0        | 0        | 0         |
| <b>Total ALIM TR-LARGE INT</b>     | <b>6</b> | <b>17</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>23</b> |

#### ALIM TR-ANO-RECTAL

|  |           |          |          |          |          |           |
|--|-----------|----------|----------|----------|----------|-----------|
| HEMORRHOIDECTOMY (ALL)                 | 2         | 0        | 0        | 0        | 0        | 2         |
| SPHINCTEROTOMY/SPHINCTEROPLASTY        | 3         | 0        | 0        | 0        | 0        | 3         |
| DRAINAGE PROC FOR ANORECTAL ABSCESS    | 1         | 1        | 0        | 0        | 0        | 2         |
| REPAIR ANORECTAL FISTULA               | 0         | 0        | 0        | 0        | 0        | 0         |
| OTHER OPERATIONS FOR ANAL INCONTINENCE | 0         | 0        | 0        | 0        | 0        | 0         |
| REPAIR RECTAL PROLAPSE                 | 1         | 0        | 0        | 0        | 0        | 1         |
| OTHER MAJOR ANO-RECTAL                 | 4         | 0        | 0        | 0        | 0        | 4         |
| <b>Total ALIM TR-ANO-RECTAL</b>        | <b>11</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>12</b> |

#### ABDOMEN-GENERAL

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| EXP LAP EXCLUSIVE OF TRAUMA-OPEN       | 2        | 3        | 0        | 0        | 0        | 5        |
| EXP LAP EXCLUSIVE OF TRAUMA-LAPAR      | 0        | 1        | 0        | 0        | 0        | 1        |
| DRAINAGE INTRA-ABDOMINAL ABSCESS       | 0        | 0        | 0        | 0        | 0        | 0        |
| MAJ RETROPERIT/PELVIC NODE DISSEC-OPEN | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR AB-GENERAL-LAP COMPLEX     | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR AB-GENERAL                 | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-GENERAL</b>           | <b>2</b> | <b>4</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>6</b> |

#### ABDOMEN-LIVER

|                             |          |          |          |          |          |          |
|-----------------------------|----------|----------|----------|----------|----------|----------|
| LOBECTOMY OR SEGMENTECTOMY  | 0        | 0        | 0        | 0        | 0        | 0        |
| WEDGE RESECTION/OPEN BIOPSY | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE LIVER ABSCESS      | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR LIVER           | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total ABDOMEN-LIVER</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|                                       | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---------------------------------------|--------|--------|--------|--------|--------|-------|
| <b>ABDOMEN-BILIARY</b>                |        |        |        |        |        |       |
| CHOLECYSTOSTOMY                       | 0      | 0      | 0      | 0      | 0      | 0     |
| CHOLECYSTECTOMY W/WO OPER GRAMS-OPEN  | 0      | 0      | 0      | 0      | 0      | 0     |
| CHOLECYSTECTOMY W/WO OPER GRAMS-LAPAR | 0      | 19     | 0      | 0      | 0      | 19    |
| COMMON BILE DUCT EXPLOR-OPEN          | 0      | 0      | 0      | 0      | 0      | 0     |
| COMMON BILE DUCT EXPLOR-LAPAR         | 0      | 0      | 0      | 0      | 0      | 0     |
| CHOLEDOCHOENTERIC ANASTOMOSIS         | 0      | 0      | 0      | 0      | 0      | 0     |
| SPHINCTEROPLASTY (ODDI)               | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR BILIARY                   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ABDOMEN-BILIARY</b>          | 0      | 19     | 0      | 0      | 0      | 19    |

|                                   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|
| <b>ABDOMEN-PANCREAS</b>           |   |   |   |   |   |   |
| DRAINAGE PANCREATIC ABSCESS       | 0 | 0 | 0 | 0 | 0 | 0 |
| RESECTION FOR PANCREATIC NECROSIS | 0 | 0 | 0 | 0 | 0 | 0 |
| PANC RESECTION, DISTAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| PANC RESECTION, WHIPPLE           | 0 | 0 | 0 | 0 | 0 | 0 |
| PANC RESECTION, TOTAL             | 0 | 0 | 0 | 0 | 0 | 0 |
| DRAINAGE PSEUDOCYST (ALL TYPES)   | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREATICOJEJUNOSTOMY            | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR PANCREAS              | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-PANCREAS</b>     | 0 | 0 | 0 | 0 | 0 | 0 |

|                               |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|
| <b>ABDOMEN-SPLEEN</b>         |   |   |   |   |   |   |
| SPLENECTOMY FOR DISEASE-OPEN  | 0 | 0 | 0 | 0 | 0 | 0 |
| SPLENECTOMY FOR DISEASE-LAPAR | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ABDOMEN-SPLEEN</b>   | 0 | 0 | 0 | 0 | 0 | 0 |

|                                |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|----|
| <b>ABDOMEN-HERNIA</b>          |   |   |   |   |   |    |
| INGUINAL-FEMORAL (ALL)-OPEN    | 2 | 1 | 0 | 0 | 0 | 3  |
| INGUINAL-FEMORAL (ALL)-LAPAROS | 1 | 0 | 0 | 0 | 0 | 1  |
| VENTRAL                        | 1 | 4 | 0 | 0 | 0 | 5  |
| OTHER MAJOR HERNIAS            | 1 | 0 | 0 | 0 | 0 | 1  |
| <b>Total ABDOMEN-HERNIA</b>    | 5 | 5 | 0 | 0 | 0 | 10 |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>VASC - ANEURYSM REPAIR</b>                 |   |   |   |   |   |   |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, RUPTURED | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REPAIR INFRARENAL A-I ANEURYSM, ELECTIVE | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR ABD AORTIC/ILIAC ANEURYSM | 0 | 0 | 0 | 0 | 0 | 0 |
| ENDOVASCULAR REPAIR OF ILIAC ARTERY           | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR SUPRARENAL AORTIC ANEURYSM             | 0 | 0 | 0 | 0 | 0 | 0 |



|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| REPAIR THORACIC AORTIC ANEURYSM              | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOVASCULAR REPAIR THORACIC AORTIC ANEURYSM | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR THORACOABDOMINAL AORTIC ANEURYSM      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR FEMORAL ANEURYSM                      | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR POPLITEAL ANEURYSM                    | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR OTHER ANEURYSM - DEF CAT CREDIT       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - ANEURYSM REPAIR</b>          | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - CEREBROVASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CAROTID ENDARTERECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| REOPERATIVE CAROTID SURGERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT CAROTID ARTERY STENT       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE CAROTID BODY TUMOR                          | 0 | 0 | 0 | 0 | 0 | 0 |
| VERTEBRAL BYPASS OR REIMPLANTATION/TRANSPOSITION   | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT REPAIR AORTIC ARCH BRANCHES                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY - BRACHIOCEPHALIC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY - BRACHIOCEPHALIC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF INTRAVASC STENT, NONCOR.    | 0 | 0 | 0 | 0 | 0 | 0 |
| CERVICAL BYPASS AORTIC ARCH BRANCHES               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY BY NECK OR THORACIC INCIS | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR CEREBROVASCULAR - DEF CAT CREDIT       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - CEREBROVASCULAR</b>                | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - PERIPH OBSTRUCTIVE

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| AORTO-ILIO/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, PROSTHETIC           | 0 | 0 | 0 | 0 | 0 | 0 |
| AORTO-ILIO/FEMORAL BYPASS, VEIN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY AORTA OR ILIAC | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY AORTA OR ILIAC         | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACEMENT INTRAVASC STENT AORTA   | 0 | 0 | 0 | 0 | 0 | 0 |
| ILIO-ILIAC/FEMORAL ENDARTERECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISE INFECTED GRAFT, ABDOMEN OR CHEST         | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR GRAFT-ENTERIC/AORTO-ENTERIC FISTULA      | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL, PROFUNDA ENDARTERECTOMY                | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, VEIN                  | 0 | 0 | 0 | 0 | 0 | 0 |
| FEMORAL-POPLITEAL BYPASS, PROSTHETIC            | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| TRANSLUMINAL BALLOON ANGIOPLASTY FEMORAL-POPLITEAL | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY FEMORAL-POPLITEAL         | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDARTERECTOMY, SUPERFICIAL FEMORAL, POPLITEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, VEIN                        | 0      | 0      | 0      | 0      | 0      | 0     |
| INFRAPOPLITEAL BYPASS, PROSTHETIC                  | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLON ANGIOPLASTY, TIBIOPERONEAL     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL ATHERECTOMY, TIBIOPERONEAL            | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSCATHETER PLACE OF INTRAVASCULAR STENT NON-COR | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCISE INFECTED GRAFT, PERIPHERAL                  | 0      | 0      | 0      | 0      | 0      | 0     |
| REVISE ARTERIAL BYPASS                             | 0      | 0      | 0      | 0      | 0      | 0     |
| ARTERIAL EMBOLECTOMY/THROMBECTOMY BY LEG INCISION  | 0      | 0      | 0      | 0      | 0      | 0     |
| GRAFT THROMBECTOMY                                 | 0      | 0      | 0      | 0      | 0      | 0     |
| ADJUNCTIVE VEIN CUFF OR AVF                        | 0      | 0      | 0      | 0      | 0      | 0     |
| HARVEST ARM VEIN                                   | 0      | 0      | 0      | 0      | 0      | 0     |
| COMPOSITE LEG BYPASS GRAFT                         | 0      | 0      | 0      | 0      | 0      | 0     |
| RE-DO LOWER EXTREMITY BYPASS                       | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR PERIPHERAL - DEF CAT CREDIT            | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - PERIPH OBSTRUCTIVE</b>             | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ABDOMINAL OBSTRUCTIVE

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| CELIAC/SMA ENDARTERECTOMY, BYPASS          | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL ENDARTERECTOMY, BYPASS               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL    | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSLUMINAL ATHERECTOMY, RENAL            | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF STENT, RENAL ARTERY | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ABDOMINAL OBSTRUCTIVE</b>  | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - UPPER EXTREMITY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| OPEN BRACHIAL ARTERY EXPOSURE                    | 0 | 0 | 0 | 0 | 0 | 0 |
| ARM BYPASS, ENDARTERECTOMY, REPAIR               | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATH PLACE OF INTRAVASC STENT, NON CORONARY | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC               | 0 | 0 | 0 | 0 | 0 | 0 |
| EMBOLECTOMY/THROMBECTOMY, BY ARM INCISION        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - UPPER EXTREMITY</b>              | 0 | 0 | 0 | 0 | 0 | 0 |

|                                    | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|------------------------------------|--------|--------|--------|--------|--------|-------|
| <b>VASC - EXTRA-ANATOMIC</b>       |        |        |        |        |        |       |
| AXILLO-FEMORAL BYPASS              | 0      | 0      | 0      | 0      | 0      | 0     |
| AXILLO-POPLITEAL-TIBIAL BYPASS     | 0      | 0      | 0      | 0      | 0      | 0     |
| FEMORAL-FEMORAL BYPASS             | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - EXTRA-ANATOMIC</b> | 0      | 0      | 0      | 0      | 0      | 0     |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b>       |   |   |   |   |   |   |
| TRANSLUMINAL MECHANICAL THROMBECTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| THROMBOLYSIS, TRANSARTERIAL, TRANSCATHETER               | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCHANGE OF THROMBOLYSIS CATHETER                        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <b>VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b>       |   |   |   |   |   |   |
| ENDO PLACE OF ILIAC ARTERY OCCLUSION DEV                   | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER THERAPY, INFUSION NON THROMBOLYSIS           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER RETRIEVAL OF INTRAVASCULAR FOREIGN           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER ARTERIAL OCCLUSION OR EMBOLIZATION           | 0 | 0 | 0 | 0 | 0 | 0 |
| TRANSCATHETER PLACE OF WIRELESS SENSOR                     | 0 | 0 | 0 | 0 | 0 | 0 |
| PRESSURE MEASUREMENTS FROM WIRELESS SENSOR                 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>VASC - TRAUMA</b>           |   |   |   |   |   |   |
| EXPOSURE OF THORACIC VESSELS   | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR THORACIC VESSELS        | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF NECK VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR NECK VESSELS            | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF ABDOMINAL VESSELS  | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR ABDOMINAL VESSELS       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPOSURE OF PERIPHERAL VESSELS | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR PERIPHERAL VESSELS      | 0 | 0 | 0 | 0 | 0 | 0 |
| FASCIOTOMY                     | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - TRAUMA</b>     | 0 | 0 | 0 | 0 | 0 | 0 |

|                              |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|
| <b>VASC - VENOUS</b>         |   |   |   |   |   |   |
| PORTAL-SYSTEMIC SHUNT        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPERATION FOR VARICOSE VEINS | 0 | 0 | 0 | 0 | 0 | 0 |
| SCLEROTHERAPY, PERIPH VEIN   | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| EMBOLECTOMY/THROMBECTOMY, VENOUS             | 0      | 0      | 0      | 0      | 0      | 0     |
| ENDOLUMINAL ABLATION                         | 0      | 0      | 0      | 0      | 0      | 0     |
| OPERATIONS FOR VENOUS ULCERATION             | 0      | 0      | 0      | 0      | 0      | 0     |
| VENOUS RECONSTRUCTION                        | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS     | 0      | 0      | 0      | 0      | 0      | 0     |
| TRANSLUMINAL MECHANICAL THROMBECTOMY, VENOUS | 0      | 0      | 0      | 0      | 0      | 0     |
| THROMBOLYSIS, TRANSVENOUS, TRANSCATHETER     | 0      | 0      | 0      | 0      | 0      | 0     |
| EXCHANGE OF THROMBOLYSIS CATHETER            | 0      | 0      | 0      | 0      | 0      | 0     |
| INTERRUPTION OF IVC                          | 0      | 0      | 0      | 0      | 0      | 0     |
| REPAIR A-V MALFORMATION                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - VENOUS</b>                   | 0      | 0      | 0      | 0      | 0      | 0     |

#### VASC - ENDOVASCULAR DIAGNOSTIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| ARTERIOGRAPHY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| VENOGRAPHY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| ANGIOSCOPY                                  | 0 | 0 | 0 | 0 | 0 | 0 |
| INTRAVASCULAR ULTRASOUND                    | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - ENDOVASCULAR DIAGNOSTIC</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### VASC - MISCELLANEOUS VASCULAR

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| EXPLORATION OF ARTERY                        | 0 | 0 | 0 | 0 | 0 | 0 |
| POSTOPERATIVE EXP. FOR BLEED, THROMB, INFECT | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR VASCULAR LIGATION                      | 1 | 0 | 0 | 0 | 0 | 1 |
| INJECT PSEUDOANEURYSM                        | 0 | 0 | 0 | 0 | 0 | 0 |
| SPINE EXPOSURE                               | 0 | 0 | 0 | 0 | 0 | 0 |
| SYMPATHECTOMY                                | 0 | 0 | 0 | 0 | 0 | 0 |
| LYMPHATIC PROCEDURE                          | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MISCELLANEOUS VASCULAR PROCEDURE       | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - MISCELLANEOUS VASCULAR</b>   | 1 | 0 | 0 | 0 | 0 | 1 |

#### VASC - VASCULAR ACCESS

|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| A-V FISTULA                         | 0 | 1 | 0 | 0 | 0 | 1 |
| A-V GRAFT                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERCUTANEOUS-OTHER ACCESS           | 0 | 0 | 0 | 0 | 0 | 0 |
| REVISION, A-V ACCESS                | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total VASC - VASCULAR ACCESS</b> | 0 | 1 | 0 | 0 | 0 | 1 |

#### VASC - AMPUTATIONS

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| AMPUTATION, DIGIT | 0 | 3 | 0 | 0 | 0 | 3 |
|-------------------|---|---|---|---|---|---|

|                                 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---------------------------------|--------|--------|--------|--------|--------|-------|
| AMPUTATION, TRANSMETATARSAL     | 0      | 1      | 0      | 0      | 0      | 1     |
| AMPUTATION, BELOW KNEE          | 1      | 5      | 0      | 0      | 0      | 6     |
| AMPUTATION, ABOVE KNEE          | 0      | 2      | 0      | 0      | 0      | 2     |
| AMPUTATION, UPPER EXTREMITY     | 0      | 2      | 0      | 0      | 0      | 2     |
| AMPUTATION CLOSURE, REVISION    | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total VASC - AMPUTATIONS</b> | 1      | 13     | 0      | 0      | 0      | 14    |

#### ENDOCRINE

|                                 |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|
| THYROIDECTOMY, PARTIAL OR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 |
| PARATHYROIDECTOMY               | 0 | 0 | 0 | 0 | 0 | 0 |
| ADRENALECTOMY                   | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREATIC ENDOCRINE PROC       | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ENDOCRINE           | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ENDOCRINE</b>          | 0 | 0 | 0 | 0 | 0 | 0 |

#### HAND

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| SOFT TISSUE REPAIR/GRAFT | 0 | 0 | 0 | 0 | 0 | 0 |
| TENDON REPAIR/TRANSFER   | 0 | 0 | 0 | 0 | 0 | 0 |
| NERVE REPAIR             | 0 | 0 | 0 | 0 | 0 | 0 |
| VASCULAR REPAIR          | 0 | 0 | 0 | 0 | 0 | 0 |
| REPLANTATION             | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR HAND         | 0 | 3 | 0 | 0 | 0 | 3 |
| <b>Total HAND</b>        | 0 | 3 | 0 | 0 | 0 | 3 |

#### THORACIC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| EXPLOR THORACOTOMY-OPEN                   | 0 | 0 | 0 | 0 | 0 | 0 |
| EXPLOR THORACOTOMY W/WO BX-THORACOS       | 0 | 0 | 0 | 0 | 0 | 0 |
| PLEURODESIS-THORACOSCOPIC                 | 0 | 0 | 0 | 0 | 0 | 0 |
| REPAIR DIAPH HERNIA                       | 0 | 0 | 0 | 0 | 0 | 0 |
| EXCISION MEDIASTINAL TUMOR                | 0 | 0 | 0 | 0 | 0 | 0 |
| PNEUMONECTOMY                             | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-OPEN      | 0 | 0 | 0 | 0 | 0 | 0 |
| LOBECTOMY/SEGMENTAL RESECT LUNG-THORACOS  | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-OPEN                 | 0 | 0 | 0 | 0 | 0 | 0 |
| WEDGE RESECTION LUNG-THORACOSCOPIC        | 0 | 0 | 0 | 0 | 0 | 0 |
| THORACIC OUTLET DECOMPRESSION PROC        | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN DRAINAGE OF EMPYEMA                  | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARDIECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| PERICARD WINDOW FOR DRAINAGE-THORACOSCOPI | 0 | 0 | 0 | 0 | 0 | 0 |
| PACEMAKER INSERTION                       | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| CARDIAC PROCEDURES                       | 0      | 0      | 0      | 0      | 0      | 0     |
| SYMPATHECTOMY, THORACOLUMBAR-THORACOSCOP | 0      | 0      | 0      | 0      | 0      | 0     |
| ESOPHAGOMYOTOMY (HELLER)-THORACOSCOPIC   | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR THORACIC                     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total THORACIC</b>                    | 0      | 0      | 0      | 0      | 0      | 0     |

### PEDIATRIC

|  |   |    |   |   |   |    |
|--|---|----|---|---|---|----|
| HERNIORRHAPHY, INGUINAL/UMBILICAL        | 1 | 7  | 0 | 0 | 0 | 8  |
| REP BRANCHIAL CLEFT ANOM/THYRO DUCT CYST | 0 | 0  | 0 | 0 | 0 | 0  |
| REPAIR DEFORMITY CHEST WALL              | 0 | 0  | 0 | 0 | 0 | 0  |
| REPAIR DIAPHRAGMATIC HERNIA              | 0 | 0  | 0 | 0 | 0 | 0  |
| ANTIREFLUX PROCEDURE-OPEN (PEDS)         | 0 | 0  | 0 | 0 | 0 | 0  |
| ANTIREFLUX PROCEDURE-LAPAROSCOPIC (PEDS) | 0 | 0  | 0 | 0 | 0 | 0  |
| REP ESOPH ATRESIA/TRACHEO-ESOPH FIST     | 0 | 0  | 0 | 0 | 0 | 0  |
| REP INTESTINAL ATRESIA/STENOSIS          | 0 | 0  | 0 | 0 | 0 | 0  |
| REPAIR PYLORIC STENOSIS                  | 0 | 0  | 0 | 0 | 0 | 0  |
| OPERATION FOR MALROTATION/INTUSSUSCEPT   | 0 | 1  | 0 | 0 | 0 | 1  |
| PROC FOR MECONIUM ILEUS/NEC ENTEROCOLIT  | 0 | 0  | 0 | 0 | 0 | 0  |
| DEFIN OP FOR HIRSCHSPRUNGs/IMPERF ANUS   | 0 | 0  | 0 | 0 | 0 | 0  |
| EXC WILMs TUMOR/NEUROBLASTOMA            | 0 | 1  | 0 | 0 | 0 | 1  |
| REP OMPHALOCELE/GASTROSCHISIS            | 0 | 0  | 0 | 0 | 0 | 0  |
| REPAIR OF EXSTROPHY                      | 0 | 0  | 0 | 0 | 0 | 0  |
| REPAIR EPI- AND HYPO-SPADIAS             | 0 | 0  | 0 | 0 | 0 | 0  |
| ORCHIOPEXY                               | 0 | 1  | 0 | 0 | 0 | 1  |
| OTHER MAJOR PEDIATRIC                    | 1 | 1  | 0 | 0 | 0 | 2  |
| <b>Total PEDIATRIC</b>                   | 2 | 11 | 0 | 0 | 0 | 13 |

### GENITO-URINARY

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| HYDROCELECTOMY                           | 0 | 0 | 0 | 0 | 0 | 0 |
| CYSTOSTOMY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| CYSTECTOMY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| NEPHRECTOMY (W/ DONOR NEPH SEE TRANSPLT) | 0 | 0 | 0 | 0 | 0 | 0 |
| ILEAL URINARY CONDUIT                    | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY               | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY - LAP BASIC   | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR GENITO-URINARY- LAP COMPLEX  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total GENITO-URINARY</b>              | 0 | 0 | 0 | 0 | 0 | 0 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>GYNECOLOGY</b>                        |        |        |        |        |        |       |
| HYSTERECTOMY (ALL)                       | 0      | 0      | 0      | 0      | 0      | 0     |
| SALPINGO-OOPHORECTOMY                    | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY                   | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER MAJOR GYNECOLOGY -<br>LAPAROSCOPIC | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY</b>                  | 0      | 0      | 0      | 0      | 0      | 0     |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>PLASTIC</b>  |   |   |   |   |   |   |
| REPAIR CLEFT LIP/CLEFT PALATE                             | 0 | 0 | 0 | 0 | 0 | 0 |
| MAJOR RECONSTRUCTIVE PROC                                 | 3 | 1 | 0 | 0 | 0 | 4 |
| SKIN-GRAFTING, NONBURN (ALL)                              | 0 | 0 | 0 | 0 | 0 | 0 |
| COMPOSITE TISSUE TRANSFER                                 | 0 | 0 | 0 | 0 | 0 | 0 |
| BURN DEBRIDEMENT AND/OR GRAFTING                          | 0 | 0 | 0 | 0 | 0 | 0 |
| REDUCTION AND STABILIZATION OF<br>MAXILLOFACIAL FRACTURES | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR PLASTIC                                       | 1 | 0 | 0 | 0 | 0 | 1 |
| <b>Total PLASTIC</b>                                      | 4 | 1 | 0 | 0 | 0 | 5 |

|                                   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|
| <b>NERVOUS SYSTEM</b>             |   |   |   |   |   |   |
| CRANIAL DECOMPRESSION/EXPLORATION | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR NERVOUS SYSTEM        | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total NERVOUS SYSTEM</b>       | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>ORTHOPAEDICS</b>                       |   |   |   |   |   |   |
| OPEN OPERATIONS ON BONE OR JOINTS         | 0 | 0 | 0 | 0 | 0 | 0 |
| ARTHROSCOPY                               | 0 | 0 | 0 | 0 | 0 | 0 |
| OPEN REDUCTION OF OPEN/CLOSED<br>FRACTURE | 0 | 0 | 0 | 0 | 0 | 0 |
| CLOSED REDUCTION OF FRACTURE              | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORTHOPAEDICS                  | 0 | 1 | 0 | 0 | 0 | 1 |
| <b>Total ORTHOPAEDICS</b>                 | 0 | 1 | 0 | 0 | 0 | 1 |

|                               |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|
| <b>ORGAN TRANSPLANT</b>       |   |   |   |   |   |   |
| LIVER TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| RENAL TRANSPLANT              | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREAS TRANSPLANT           | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR NEPHRECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| DONOR HEPATECTOMY             | 0 | 0 | 0 | 0 | 0 | 0 |
| EN BLOC ABD ORGAN RETRIEVAL   | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER MAJOR ORGAN TRANSPLANT  | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total ORGAN TRANSPLANT</b> | 0 | 0 | 0 | 0 | 0 | 0 |

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total    |
|---|----------|----------|----------|----------|----------|----------|
| <b>TRAUMA</b>                                 |          |          |          |          |          |          |
| DRAINAGE SUB/EXTRADURAL HEMATOMA              | 0        | 0        | 0        | 0        | 0        | 0        |
| ESOPH TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 0        | 0        | 0        | 0        | 0        |
| GASTRIC TRAUMA-CLOSURE/RESECT/EXCLUSION       | 0        | 0        | 0        | 0        | 0        | 0        |
| DUODENAL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 0        | 0        | 0        | 0        | 0        | 0        |
| SM BOWEL TRAUMA-CLOSURE/RESECT/EXCLUSION      | 0        | 0        | 0        | 0        | 0        | 0        |
| COLON TRAUMA-CLOSURE/RESECT/EXCLUSION         | 0        | 0        | 0        | 0        | 0        | 0        |
| NECK EXPLOR FOR TRAUMA                        | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR THORACOTOMY-OPEN                       | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR THORACOTOMY-THORACOSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| EXPLOR LAPAROTOMY-OPEN                        | 0        | 1        | 0        | 0        | 0        | 1        |
| EXPLOR LAPAROTOMY - LAPAROSCOPIC              | 0        | 0        | 0        | 0        | 0        | 0        |
| SPLENECTOMY/SPLENORRHAPHY-OPEN                | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/DRAINAGE HEPATIC LACS-OPEN             | 0        | 0        | 0        | 0        | 0        | 0        |
| HEPATIC RESECTION FOR INJURY                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DRAINAGE PANCREATIC INJURY                    | 0        | 0        | 0        | 0        | 0        | 0        |
| RESECTION OF PANCREATIC INJURY                | 0        | 0        | 0        | 0        | 0        | 0        |
| CLOSED REDUCTION OF FRACTURE                  | 0        | 0        | 0        | 0        | 0        | 0        |
| DEBRIDE/SUTURE MAJOR WOUNDS                   | 1        | 0        | 0        | 0        | 0        | 1        |
| REPAIR BLADDER INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR URETERAL INJURY                        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR/RESECT FOR KIDNEY TRAUMA               | 0        | 0        | 0        | 0        | 0        | 0        |
| REP THORAC AORTA, INNOMINATE, SUBCLAVIAN      | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF CAROTID OR OTHER MAJOR NECK VESSELS | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OF ABDOMINAL AORTA OR VENA CAVA        | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR PERIPHERAL VESSELS                     | 0        | 0        | 0        | 0        | 0        | 0        |
| FASCIOTOMY FOR INJURY                         | 0        | 0        | 0        | 0        | 0        | 0        |
| REPAIR OTHER MAJOR VASC INJURY (TR1)          | 0        | 0        | 0        | 0        | 0        | 0        |
| MANAGEMENT CARDIAC INJURY                     | 0        | 0        | 0        | 0        | 0        | 0        |
| OTHER MAJOR TRAUMA                            | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total TRAUMA</b>                           | <b>1</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>2</b> |

### ENDOSCOPY (NOT FOR MAJOR CREDIT)

|                                       |    |   |   |   |   |    |
|---------------------------------------|----|---|---|---|---|----|
| LARYNGOSCOPY                          | 0  | 0 | 0 | 0 | 0 | 0  |
| BRONCHOSCOPY                          | 1  | 0 | 0 | 0 | 0 | 1  |
| SCLEROTHERAPY/BANDING ESOPH VARICES   | 0  | 0 | 0 | 0 | 0 | 0  |
| ESOPHAGO-GASTRO-DUODENOSCOPY          | 0  | 5 | 0 | 0 | 0 | 5  |
| PERCUTAN ENDOSCOPIC GASTROSTOMY (PEG) | 15 | 6 | 0 | 0 | 0 | 21 |



|   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| ERCp W/WO PAPILOTOMY                          | 0      | 0      | 0      | 0      | 0      | 0     |
| SIGMOIDOSCOPY, RIGID/FLEXIBLE                 | 1      | 2      | 0      | 0      | 0      | 3     |
| FLEXIBLE COLONOSCOPY W/WO BX/POLYPECT         | 1      | 13     | 0      | 0      | 0      | 14    |
| CHOLEDOCHOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| CYSTO/URETHROSCOPY                            | 0      | 0      | 0      | 0      | 0      | 0     |
| OTHER ENDOSCOPY                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ENDOSCOPY (NOT FOR MAJOR CREDIT)</b> | 18     | 26     | 0      | 0      | 0      | 44    |

#### MISCELLANEOUS (NOT FOR MAJOR CREDIT)

|   |    |    |   |   |   |    |
|---|----|----|---|---|---|----|
| REMOVAL SKIN MOLES, SMALL TUMORS, ETC             | 0  | 2  | 0 | 0 | 0 | 2  |
| REMOVAL SUBCUT SMALL TUMORS, CYSTS, FBs           | 5  | 0  | 0 | 0 | 0 | 5  |
| REPAIR MINOR WOUNDS AND GRAFTS                    | 0  | 0  | 0 | 0 | 0 | 0  |
| BANDING/INCISION THROMBOSED HEMORRHOID            | 0  | 0  | 0 | 0 | 0 | 0  |
| ENDORECTAL ULTRASOUND [MISCELLANEOUS]             | 0  | 0  | 0 | 0 | 0 | 0  |
| OTHER PROCEDURES                                  | 29 | 17 | 0 | 0 | 0 | 46 |
| <b>Total MISCELLANEOUS (NOT FOR MAJOR CREDIT)</b> | 34 | 19 | 0 | 0 | 0 | 53 |

#### PATIENT CARE (NOT FOR MAJOR CREDIT)

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| NON-OPERATIVE TRAUMA                             | 0 | 0 | 0 | 0 | 0 | 0 |
| TEAM LEADER ASSESSMENT AND RESUSCITATION         | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>Total PATIENT CARE (NOT FOR MAJOR CREDIT)</b> | 0 | 0 | 0 | 0 | 0 | 0 |

#### SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)

|   |   |     |   |   |   |     |
|---|---|-----|---|---|---|-----|
| Ventilatory Management: >24hrs on ventilator                                  | 0 | 36  | 0 | 0 | 0 | 36  |
| Bleeding: non-trauma patient > 3 units  | 0 | 3   | 0 | 0 | 0 | 3   |
| Hemodynamic instability: req. inotrope/pressor                                | 0 | 23  | 0 | 0 | 0 | 23  |
| Organ dysfunction: renal, hepatic, cardiac                                    | 0 | 10  | 0 | 0 | 0 | 10  |
| Dysrhythmias: requiring drug management                                       | 0 | 10  | 0 | 0 | 0 | 10  |
| Invasive line, manage/monitor: Swan, Arterial,etc                             | 0 | 16  | 0 | 0 | 0 | 16  |
| Parenteral/enteral nutrition  | 0 | 6   | 0 | 0 | 0 | 6   |
| <b>Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT (NOT FOR MAJOR CREDIT)</b> | 0 | 104 | 0 | 0 | 0 | 104 |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| CRITICAL CARE OTHER                                | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total CRITICAL CARE (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>        |        |        |        |        |        |       |
| OPHTHALMOLOGY                                      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OPHTHALMOLOGY (NOT FOR MAJOR CREDIT)</b>  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTOLARYNGOLOGY                                     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>UROLOGY (NOT FOR MAJOR CREDIT)</b>              |        |        |        |        |        |       |
| UROLOGY  | 0      | 1      | 0      | 0      | 0      | 1     |
| <b>Total UROLOGY (NOT FOR MAJOR CREDIT)</b>        | 0      | 1      | 0      | 0      | 0      | 1     |
| <b>NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>         |        |        |        |        |        |       |
| NEUROSURGERY                                       | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total NEUROSURGERY (NOT FOR MAJOR CREDIT)</b>   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| GYNECOLOGY   | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total GYNECOLOGY (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>RADIOLOGY (NOT FOR MAJOR CREDIT)</b>            |        |        |        |        |        |       |
| RADIOLOGY  | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total RADIOLOGY (NOT FOR MAJOR CREDIT)</b>      | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>ULTRASOUND (NOT FOR MAJOR CREDIT)</b>           |        |        |        |        |        |       |
| MISCELLANEOUS ULTRASOUND                           | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total ULTRASOUND (NOT FOR MAJOR CREDIT)</b>     | 0      | 0      | 0      | 0      | 0      | 0     |

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|--------|--------|--------|--------|--------|-------|
| <b>TRAUMA (NOT FOR MAJOR CREDIT)</b>       |        |        |        |        |        |       |
| OTHER TRAUMA                               | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Total TRAUMA (NOT FOR MAJOR CREDIT)</b> | 0      | 0      | 0      | 0      | 0      | 0     |
| <b>Non-Tracked Codes</b>                   |        |        |        |        |        |       |
| Non-Tracked Codes                          | 3      | 1      | 0      | 0      | 0      | 4     |
| <b>Total Non-Tracked Codes</b>             | 3      | 1      | 0      | 0      | 0      | 4     |
| <b>Total Major Operations</b>              | 50     | 109    | 0      | 0      | 0      | 159   |