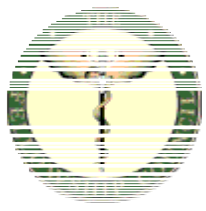


# MIS Advanced Laparoscopic Fellowship Program:



In 2003 The University of Nebraska Medical Center (UNMC) started an Advanced Laparoscopic Fellowship Program. Our Fellowship program is accredited through the Fellowship Council, as of 2006. UNMC offers **2 paid positions that are one-year in duration** starting on **July 1** and completing on **June 30**.

This Advanced Laparoscopic Fellowship has exposure to Foregut, Bariatrics, Robotics, Solid Organ and Colorectal surgical training. Minimally Invasive operative techniques that will be learned include: Heller Myotomy, Nissen, Lap Gastric Bypass, adjustable Lap Banding, Lap Solid Organ, Lap Colon, Lap Common Bile Duct, Lap Esophagectomy, Lap Hernia Repair. These techniques will be performed in the newly opened Minimally Invasive equipped operating rooms.

Salary is contingent upon level and experience based on graduate medical education parameters. For **application information** please see the [Fellowship Council](#) web site.

## Areas of skill mastery in MIS Advanced Laparoscopic Surgery:

- MIS (Minimally Invasive Surgery)
- Bariatric Surgery
- Flexible Endoscopy

## Requirements to be completed during the fellowship:

- Participation in the department's Journal Club – the 1<sup>st</sup> Wednesday of every month
- Assist in instructing the six (6) General Surgery Resident MIS lab sessions
- Assist in instructing outside surgeons during laparoscopic courses sponsored by UNMC.
- Participation in clinical research.
- Participation in all non-clinical research surgeries.
- HANDS ON laparoscopic skills are stressed in order to provide the fellow with a broad experience. The fellow at UNMC is the primary surgeon on such cases as: Lap Gastric Bypass, Lap Band, Lap Ventral and Inguinal Hernias, Lap Nissen, Lap Colon and Lap Paraesophageal. Leadership in the OR is learned as well. The clinical fellow will perform 275 – 375 cases throughout the course of the year.
- Endoscopic skills are polished in the operating room and through the endoscopy lab.
- Interpretation of upper GI studies is required.
- Post-operative patient management is expected on a daily basis by rounding with the residents and faculty.
- Fellows will demonstrate an understanding of the surgical and nonsurgical options for managing pathologic conditions of the entire GI tract, abdominal cavity, abdominal wall, and solid organs in the abdominal cavity and retroperitoneum.
- Fellows are expected to be able to read and interpret manometry studies.
- Basic FLS certification must be obtained during the Fellowship year.
- The MIS program director expects 2-3 publications to be produced during the year.

## ACCREDITATION:

We have been accredited through the Fellowship Council since 2006.

**APPLICATION CRITERIA:**

- Passage of USMLE Steps 1, 2 and 3 or Equivalent. Copy of Score Report required.
- Completion of a US Surgical Residency.
- Board eligible.
- For foreign medical graduates, you must have passed your ECFMG English Test to be considered for the fellowship.

To apply for our fellowship please go to the [Fellowship Council](#) web site.

**TIME AND CASE LOAD INFORMATION:**

**Clinical/Surgical Activity = 80%**  
**Research Activity = 20%**

Number of Cases completed by fellow in one year: approximately 300  
*95% of cases will be advanced laparoscopic; 5% of cases are open*

<b>TYPE OF CASES</b>	<b>PERCENTAGE</b>
CBDE	5%
Fundoplication	10%
Para-esophageal hernia	3%
Esophagectomy	5%
Gastrectomy	1%
Colectomy	5%
Splenectomy	3%
Adrenalectomy	3%
Gastric Bypass	55%
Gastric Band	6%
Pancreas	1%
Other	5%