#GettingToKnowDOS—Dr. Patrick Javid

What attracted you to pediatric surgery?

PJ: I always knew I wanted to be a surgeon and I love working with children. Each age group represents its own unique challenges in terms of how you relate to the patient and their families, and I really enjoy that aspect of my work. You also get to see very unique diagnoses in pediatric surgery. It is very often that we come across something that we have never seen before, and that is its own type of challenge. What we do in the OR is very broad and technically precise. We have to be able to operate in the abdomen, chest, and all over the body. From 500 gram babies to 150 kg teenagers. And of course, children are so brave and resilient—it’s inspiring to be part of that.

What is an interesting fact about yourself that many people don’t know?

PJ: I’m a huge fan of the band Radiohead. Last year as a birthday present to myself I actually flew to Kansas City post call to see them and came back to do cases in the OR the next day. My wife, Sara, (Dr. Sara Javid, Associate Professor, Division of General Surgery) and I have also seen U2, Pearl Jam, Counting Crows and Toad the Wet Sprocket in concert recently.

What do you enjoy doing during your leisure time?

PJ: I try to spend as much time as possible with my family. This is not always easy in a household with two academic surgeons! I do lots of running and in the winter I try to ski with my kids. Crystal Mountain is our current favorite place to go—it has good terrain and isn’t too crowded. We got a puppy this past spring, so I spend as much time as I can walking and playing with Trixie and my kids. As you can see from looking around my office, I also love football. I’m a big New England Patriots fan (sorry…) and have been following them since I did residency in Boston. Actually,
I have been following Tom Brady since his college days in Michigan when I was there for med school. I try to catch what games I can, I listen to a few football–related podcasts, and enjoy reading about it as well. My wife would probably say I spend a little too much time on football.

SS: What do you like about it? PJ: First, it’s the ultimate team sport and it’s exciting to watch. Even a boring game is interesting to watch. But another reason is that it really brings people together. People can be polar opposites but football can bring them together through a common interest. At Children’s we have a couple of really active and competitive OR fantasy football leagues with surgeons, scrub techs, radiology techs, nurses, you name it, all competing against each other for fun and a fake trophy at the end of the season! I think it’s so great that something like football creates this comradery and brings us all together.

What was the last book you read? What is next on your reading list?

PJ: I recently read Tubes—A Journey to the Center of the Internet by Andrew Blum. That was such an interesting book. I highly recommend it if you want to know how the internet actually works. My next book is Gridiron Genius by Michael Lombardi, but I think I’d also like to read a good thriller or mystery. I need suggestions!

What has been your favorite travel destination? Where would you like to travel to next?

PJ: I love Kapalua, Maui for family vacations. It’s a little bit off from the busy beach. We enjoy hiking, boogie boarding, jogging, tennis and visiting the different beaches. Our next travel destination as a family will be Belize. We’re going with three other families and will start off staying in the rainforest, then spend the second part at the beach.

What are your biggest pet peeves?

PJ: Here’s a recent one—when someone texts you one or two sentences in 3 or 4 text bursts. Your phone just goes crazy with all these alerts and it drives me nuts. I am starting to sound like an old man now!

Do you have any guilty pleasures?

PJ: Football of course! [laughs] Tillamook ice cream for dessert after dinner (especially chocolate chip). And, for sure, a shot of espresso or short cup of coffee every afternoon around 2–3pm. I can’t live without that even on weekends. Finally, we live on a steep hill and I hate running up it. So every once in a while I will run as far as I have time for (usually about 6 miles), and the guilty pleasure is that I will sometimes take an Uber home. I do that a couple of times each year. I don’t know what the drivers must think about me getting in their cars in my sweaty running clothes!

What is your personal motto?

PJ: I think it would be something like “live today like there’s no tomorrow.” Life is short and you just never know what’s around the corner. It’s so important to make the most of the time you have with family and friends and try to do something fun every day.
Dr. Arbabi is Professor of Surgery in the Division of Trauma, Burn, & Critical Care Surgery at Harborview Medical Center. He is also the Acute Care Section Head at Harborview Injury Prevention and Research Center (HIPRC). Dr. Arbabi’s areas of active research are in trauma outcomes, long-term critical care outcomes, trauma systems, wound healing, burn wound healing, inflammatory signaling, and inflammatory response to injury. His early research focused on inflammatory response after trauma and burn injury, and was funded by the American Association for Surgery of Trauma and the Surgical Infection Society. He subsequently obtained an NIH K08 grant, followed by an NIH R01 and DOD funding, and maintains multiple areas of investigation:

**Long-term trauma patient outcomes:** Much of the research in this area has focused on short-term outcomes, but Dr. Arbabi and his colleagues have shifted focus to the long-term outcomes of trauma patients, which includes outcomes of patients discharged to in-patient rehabilitation centers or skilled nursing facilities (SNF). He and colleagues demonstrated for the first time that outcomes of patients discharged to in-patient rehabilitation centers are significantly improved as compared to patients that qualified for rehabilitation but did not receive it. These patients had improved mortality with significantly decreased readmission rates. In addition

(continued on page 22)