Research

SURGICAL CARE OF THE AGING POPULATION

Volume-Outcome Relationships in Geriatric Trauma Patients 319

It is not known whether outcomes of trauma care for geriatric trauma patients are affected differently by the institutional volume of geriatric and nongeriatric cases. Matsushima and colleagues test the hypothesis that outcomes of trauma care for geriatric patients (aged >65 years) are affected differently by the volume of geriatric cases and nongeriatric cases of an institution. They showed that larger volumes of geriatric trauma patients were significantly associated with lower odds of in-hospital mortality, major complications, and failure to rescue. In contrast, larger nongeriatric trauma volumes were significantly associated with higher odds of major complications in geriatric patients.

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Author Audio Interview jamasurgery.com

PACIFIC COAST SURGICAL ASSOCIATION

Laparoscopic Sleeve Gastrectomy and GERD 328

Laparoscopic sleeve gastrectomy (LSG) is an increasingly popular bariatric surgical procedure, but there are concerns about the potential for a new or worsened case of gastroesophageal reflux disease (GERD) after LSG. DuPree et al examined preoperative and postoperative reflux symptoms among 4832 patients who underwent LSG and compared these results with those from a cohort undergoing gastric bypass (GB). The majority of patients with GERD who underwent LSG had continued or worse symptoms postoperatively, whereas most patients undergoing GB had an improvement or complete resolution of GERD.

Morphometric Age and Mortality After Liver Transplant 335

Waits et al describe a novel approach to the quantification of postoperative mortality risk after liver transplant that they term morphometric age. By using computed tomographic scans to measure core muscle size and density, as well as aortic calcification, a composite metric of internal age was calculated. Results showed that patients who were morphometrically older than their chronologic age had a 1-year survival that was 20% lower than those patients who were morphometrically younger than their chronologic age.

Standardized Online Surgical Curricula 341

Globally, Internet access is increasingly available in resource-limited settings but has not been fully utilized for medical education. Goldstein et al investigated the use of standardized online surgical curricula by surgeons and trainees in 12 low- and middle-income countries. Notably, 2 independently developed platforms were consistently well received despite regional variations in surgical practice.

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Surgical Complications and Hospital Readmission 348

Readmissions after surgery are costly and may reflect quality of care in the index hospitalization. Morris and coauthors conducted a retrospective cohort study of 59,273 major surgical procedures performed at 112 Department of Veterans hospitals to determine the timing of postoperative complications with respect to hospital discharge and the frequency of readmission stratified by predischarge and postdischarge occurrence of complications. Predischarge complications were not significantly associated with readmission, whereas postdischarge complications were strongly associated with readmission.

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Reappraisal of Central Pancreatectomy

In this large single-center experience with central pancreatectomy for benign or low-grade pancreatic neoplasms (100 consecutive patients undergoing central pancreatectomy with pancreaticogastrostomy), Goudard and colleagues showed that central pancreatectomy, as an alternative to standard resection, effectively preserves pancreatic function in more than 90% of patients at the expense of a significant morbidity rate (72%) and a significant non-nil mortality rate (3%), underestimated by the published literature, and appears best indicated for benign or low-grade lesions in young and fit patients.

Invited Commentary

Missed Doses of Enoxaparin and Increased Incidence of DVT

Missed doses of enoxaparin therapy occur commonly among inpatients. Louis and colleagues conducted a prospective review of 202 trauma and general surgery patients admitted to a level I trauma center that revealed interrupted enoxaparin therapy to be an independent risk factor for deep vein thrombosis (DVT) formation that can be ameliorated by physicians.

Invited Commentary

StomaphyX vs Sham Procedure

Revisional laparoscopic surgery after Roux-en-Y gastric bypass (RYGB) has been linked to substantial complications and morbidity. In a prospective, single-center, randomized, single-blinded study, Eid and coauthors investigated the safety and effectiveness of endoscopic gastric plication with the StomaphyX device vs a sham procedure for revisional surgery in RYGB patients to reduce regained weight. One year after gastric plication using the StomaphyX procedure, clinically meaningful weight reduction was not achieved for at least half of treated patients.

Invited Commentary

Abdominal Insufflation for Laparoscopy and ICP

Increased abdominal pressure may have a negative effect on intracranial pressure (ICP). Kamine et al performed a retrospective medical record review of laparoscopic ventriculoperitoneal shunt operations to determine the effect of insufflation on ICP. They found that ICP significantly increases with abdominal insufflation and correlates with laparoscopic insufflation pressure, suggesting that laparoscopy should be used cautiously in patients with a baseline elevated ICP or head trauma.