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New England Surgical Society Presidential Address

- 819** Surgical Mentorship of John Homans by Harvey Cushing: The Untold Story
Robert James Touloukian, MD, FACS

New England Surgical Society Articles

- 831** Subtotal Parathyroidectomy vs Total Parathyroidectomy with Autotransplantation for
CME Secondary Hyperparathyroidism in Dialysis Patients: Short- and Long-Term Outcomes
Polina V Zmijewski, MD, MA, Jonathan A Staloff, BA, Madeline J Wozniak, BS,
Peter J Mazzaglia, MD, FACS

In dialysis patients undergoing parathyroidectomy, both subtotal parathyroidectomy and total parathyroidectomy with autotransplantation are curative. The long-term control of parathyroid hormone elevation and avoidance of recurrent disease is improved with total parathyroidectomy with autotransplantation, but carries a higher risk of long-term hypoparathyroidism.

- 838** Invited Commentary
Taylor C Brown, MD, MHS, Peter S Yoo, MD, FACS

- 839** Practice Patterns and Guideline Non-Adherence in Surgical Management of Appendiceal
Carcinoid Tumors
Danielle R Heller, MD, Raymond A Jean, MD, Jiajun Luo, MPH, Vadim Kurbatov, MD,
Gabriella Grisotti, MD, PhD, Daniel Jacobs, BS, Alexander S Chiu, MD, MPH,
Yawei Zhang, MD, PhD, Sajid A Khan, MD, FACS

We found that although one-third of patients undergo a non-recommended procedure, outcomes do not appear to be affected. This supports less aggressive surgical treatment for appendiceal carcinoids and revisiting the treatment guidelines.

- 851** Invited Commentary
Laura A Lambert, MD

- 852** Frailty Identification and Care Pathway: An Interdisciplinary Approach to Care for Older
CME Trauma Patients
Elizabeth A Bryant, MPH, Samir Tulebaev, MD, Manuel Castillo-Angeles, MD, MPH,
Esther Moberg, MPH, Steven S Senglaub, MS, Lynne O'Mara, PAC,
Meghan McDonald, RN, MSN, Ali Salim, MD, FACS, Zara Cooper, MD, MSc, FACS

Frail, geriatric patients are a growing proportion of the trauma population and are at high risk for delirium and other complications. This retrospective cohort study, at an academic level I trauma center, determined that an interdisciplinary standardized pathway of care can reduce delirium and readmission rates without requiring additional resources.

859 Invited Commentary
Andrew R Doben, MD

861 **Frailty Cost: Economic Impact of Frailty in the Elective Surgical Patient**
Justin G Wilkes, MD, Jessica L Evans, MS, B Stephen Prato, MS,
Steven A Hess, MD, FACP, FACCP, Dougald C MacGillivray, MD, FACS,
Timothy L Fitzgerald, MD, FACS

Frailty is a significant predictor of increased cost and decreased net hospital income in elective surgery patients independent of age. This was studied using a simple preoperative questionnaire operationalized to a validated frailty index that does not require cumbersome and costly frailty measures.

870 Invited Commentary
Peter J Mazzaglia, MD, FACS

871 **Transferred Emergency General Surgery Patients Are at Increased Risk of Death: A NSQIP Propensity Score Matched Analysis**
Manuel Castillo-Angeles, MD, MPH, Tarsicio Uribe-Leitz, MD, MPH, Molly Jarman, PhD,
Ginger Jin, MS, Timothy Feeney, MD, MPH, Ali Salim, MD, FACS,
Joaquim M Havens, MD, FACS

Interhospital transfer status has a small effect on overall mortality and morbidity in the emergency general surgery population after rigorous risk adjustment. Therefore, the critical patient can be safely transported and resources should focus on creating centers of excellence for emergency general surgery care.

877 Invited Commentary
Brent C White, MD

879 **Outcomes of Extended Lymphadenectomy for Gastroesophageal Carcinoma: A Large Western Series**
Selena S Li, BA, Christina L Costantino, MD, David W Rattner, MD, FACS,
John T Mullen, MD, FACS

In the contemporary era, gastrectomy with extended (D1+/D2) lymphadenectomy can be safely performed with low morbidity and minimal mortality. Importantly, although it might not confer a survival advantage, extended lymphadenectomy does improve nodal yield and ensures accurate pathologic staging for patients with gastroesophageal carcinoma undergoing potentially curative resection.

891 Invited Commentary
Timothy L Fitzgerald, MD

893 Short-Term Outcomes of Inflammatory Bowel Disease after Roux-en-Y Gastric Bypass vs Sleeve Gastrectomy

Keyvan Heshmati, MD, Tammy Lo, MD, Ali Tavakkoli, MD, FACS, Eric Sheu, MD, DPhil, FACS

We found improvement with inflammatory bowel disease (IBD) course in many patients after both sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB). However, RYGB also increased IBD medication requirement in a subset of Crohn's disease patients. SG may be a safer option in patients with IBD.

901 Invited Commentary

John R Romanelli, MD, FACS

902 Impact of Autologous Blood Transfusion on Survival and Recurrence among Patients Undergoing Partial Hepatectomy for Colorectal Cancer Liver Metastases

Ravinder Kang, MD, MS, Bronte E Seath, BS, Viola Huang, MD, Richard J Barth Jr, MD, FACS

Transfusion of salvaged autologous blood during a partial hepatectomy for colorectal cancer metastases is safe. There are no differences in overall survival or recurrence-free survival when comparing patients who received an autologous transfusion with those who received no blood transfusion.

908 Invited Commentary

Dougald C MacGillivray, MD, FACS

910 Hospital Operative Volume and Quality Indication for General Surgery Operations Performed Emergently in Geriatric Patients

Robert D Becher, MD, MS, Michael P DeWane, MD, Nitin Sukumar, MS, Marilyn J Stolar, PhD, Thomas M Gill, MD, Robert M Becher, MD, FACS, Adrian A Maung, MD, FACS, Kevin M Schuster, MD, MPH, FACS, Kimberly A Davis, MD, MBA, FACS

Survival rates for geriatric patients were significantly higher when emergency general surgery operations were performed at hospitals with higher emergency geriatric operative volumes. Operative volume seems to be a key quality indicator and determinant of survival for older emergency general surgery patients, and a principle driver of variation in emergency general surgery hospital performance.

923 Invited Commentary

Jonathan D Gates, MD, FACS

- 925** **Comparison of Outcomes Between Total Abdominal and Partial Colectomy for the Management of Severe, Complicated *Clostridium Difficile* Infection**
CME David Peprah, MA, Alexander S Chiu, MD, Raymond A Jean, MD, Kevin Y Pei, MD, FACS
- No significant differences were found between partial and total abdominal colectomy in 30-day mortality or complications for severe, complicated *Clostridium difficile* infection. Despite practice guidelines recommending total abdominal colectomy as the standard operation, many patients undergo partial colectomy.
- 931** **Invited Commentary**
John P Welch, MD
- 932** **Twenty-Five Year Trends in the Incidence of Ductal Carcinoma in Situ in US Women**
CME Tawakalitu O Oseni, MD, FACS, Biqi Zhang, BS, Suzanne B Coopey, MD, FACS, Michele A Gadd, MD, FACS, Kevin S Hughes, MD, FACS, David C Chang, PhD, MPH, MBA
- The rising incidence of ductal carcinoma in situ in the US has been directly associated with wider adoption of mammography screening. Trends in screening, however, do not fully explain incidence patterns for women of different racial and ethnic groups. Revision of national screening guidelines to reflect these subgroup differences can maximize the benefits of screening for all women.
- 939** **Invited Commentary**
Jennifer LaFemina, MD, FACS
- 941** **Moose—Motor Vehicle Collision: A Continuing Hazard in Northern New England**
David E Clark, MD, FACS, Gwendolyn Fulton, BSN, Julianne B Ontengco, DNP, Tammy Lachance, BSN, John E Sutton Jr, MD, FACS
- Moose-motor vehicle collisions are common in Scandinavia, Canada, and the northernmost regions of the USA. The height and mass of the animal typically result in collapse of the vehicle roof and severe head, neck, and facial injuries. Trauma services should be aware of these injury patterns and collaborate on preventive efforts.
- 947** **Invited Commentary**
Paul H Kispert, MD, FACS

Continuing Medical Education Program

948 Twenty-five year trends in the incidence of ductal carcinoma in situ in US women. Oseni TO, Zhang B, Coopey SB, et al.

Frailty identification and care pathway: an interdisciplinary approach to care for older trauma patients. Bryant EA, Tulebaev S, Castillo-Angeles M, et al.

Additional Articles for June 2019 Online at <http://jacscme.facs.org>

Comparison of outcomes between total abdominal and partial colectomy for the management of severe, complicated *Clostridium difficile* infection. Peprah D, Chiu AS, Jean RA, et al.

Subtotal parathyroidectomy vs total parathyroidectomy with autotransplantation for secondary hyperparathyroidism in dialysis patients: short- and long-term outcomes. Zmijewski PV, Staloff JA, Wozniak MJ, Mazzaglia PJ.

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