



Volume 229
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Original Scientific Articles

- 335 Cluster-Randomized Trial of Opiate-Sparing Analgesia after Discharge from Elective Hip Surgery**
Andrew N Fleischman, MD, Majd Tarabichi, MD, Carol Foltz, PhD, Gabriel Makar, BS, William J Hozack, MD, Matthew S Austin, MD, Antonia F Chen, MD, MBA, for the Opioid Prescription in Orthopedic Surgery after Discharge Research Group
- A cluster-randomized trial demonstrating that a scheduled-dose multimodal analgesic regimen with a minimal opiate supply improved pain control while significantly decreasing opiate use and opiate-related adverse effects. It is now time to rethink the traditional reliance on opiates after elective surgical procedures.
- 346 Improving Operating Room Efficiency: Machine Learning Approach to Predict Case-Time Duration**
Matthew A Bartek, MD, MPH, Rajeev C Saxena, MD, MBA, Stuart Solomon, MD, Christine T Fong, MS, Lakshmana D Behara, MS, Ravitheja Venigandla, MS, Kalyani Velagapudi, PhD, John D Lang, MD, Bala G Nair, PhD
- Accurately estimating operative case-time duration is critical for optimizing operating room use. Current estimates are inaccurate and earlier models include data not available at the time of scheduling. Machine learning approaches can improve case duration estimates, enabling improved operating room scheduling, efficiency, and reduced cost.
- 355 Development and Validation of Procedure-Specific Risk Score for Predicting Postoperative Pulmonary Complication: A NSQIP Analysis**
Carrie A Foster, MPH, Eric J Charles, MD, PhD, Florence E Turrentine, PhD, RN, Min-Woong Sohn, PhD, Irving L Kron, MD, FACS, R Scott Jones, MD, MSc, FACS
- The type of surgical procedure being performed is one of the largest risk factors of postoperative pulmonary complication (PPC). This study developed procedure-specific risk scores for the 6 procedures with the highest rates of PPC to identify the greatest risk factors for PPC within these procedures.

366 Ongoing Challenges with Clinical Assessment of Nodal Status in T1 Esophageal Adenocarcinoma

CME

Tamar B Nobel, MD, Arianna Barbetta, MD, Meier Hsu, MS, Kay See Tan, PhD, Smita Sihag, MD, MPH, Manjit S Bains, MD, FACS, David R Jones, MD, FACS, Daniela Molena, MD, FACS

Reliable tools to identify nodal metastasis in early esophageal cancer are limited. External validation of 2 published risk-assessment scores demonstrated high false-positive rate with minimal false negatives. Better diagnostic methods are needed to maximize use of organ-preserving therapy for early-stage disease.

374 Multicenter Observational Study Examining the Implementation of Enhanced Recovery Within the Virginia Surgical Quality Collaborative in Patients Undergoing Elective Colectomy

CME

Traci L Hedrick, MD, MS, FACS, Robert H Thiele, MD, Taryn E Hassinger, MD, MS, Jean Donovan, RN, MSN, H David Reines, MD, FACS, Edward Damico Jr, RN, Sandy Fogel, MD, FACS, James E Jones, BSN, RN, Jorge Posadas, MD, FACS, R Scott Jones, MD, MS, FACS, Florence E Turrentine, PhD, RN

Implementation of enhanced recovery protocols through the Virginia Surgical Quality Collaborative was associated with reduction in length of stay and complication in patients undergoing elective laparoscopic colectomy.

383 Who Would Have Benefited from the Prehospital Use of Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)? An Autopsy Study

CME

Reynold Henry, MD, MPH, Kazuhide Matsushima, MD, FACS, Rachel N Henry, BA, Victor Wong, BS, Zachary Warriner, MD, Aaron Strumwasser, MD, MS, FACS, Christopher P Foran, MD, Kenji Inaba, MD, FACS, Todd E Rasmussen, MD, Demetrios Demetriades, MD, PhD, FACS

Non-compressible truncal hemorrhage is the leading cause of trauma patient mortality. In this article, we use an autopsy review to identify patients who might have been candidates for prehospital deployment of the resuscitative endovascular balloon occlusion of the aorta catheter and the unique characteristics of candidates for its placement.

389 **Impact of Race, Insurance Status, and Primary Language on Presentation, Treatment, and Outcomes of Patients with Pancreatic Adenocarcinoma at a Safety-Net Hospital**

Praveen Sridhar, MD, Priya Misir, MD, Hyunjee Kwak, MD, Susanna WL deGeus, MD, PhD, Frederick T Drake, MD, FACS, Michael R Cassidy, MD, David A McAneny, MD, FACS, Jennifer F Tseng, MD, MPH, FACS, Teviah E Sachs, MD, MPH, FACS

Differences in outcomes for pancreatic adenocarcinoma among previously identified high-risk demographic groups can be attenuated at hospitals that treat relatively high volumes of these vulnerable populations.

397 **Trends in Gender Representation at the American College of Surgeons Clinical Congress and the Academic Surgical Congress: A Mixed Picture of Progress**

Allison R Wilcox, MD, Spencer W Trooboff, MD, MBA, Christine S Lai, MBBS, FACS, Patricia L Turner, MD, FACS, Sandra L Wong, MD, MS, FACS

Women are in the minority of panelists and moderators at the Academic Surgical Congress and American College of Surgeons meetings, and a significant proportion of panels are composed entirely of men. However, progress has been made toward the goal of equitable gender representation at both meetings in the past 6 years.

404 **Who Hurts More? A Multicenter Prospective Study of In-Hospital Opioid Use in Pediatric Trauma Patients in the Midwest****CME**

Carlos A Pelaez, MD, FACS, Jonathan W Davis, PhD, Sarah K Spilman, MA, Hope M Guzzo, MD, Kristel M Wetjen, RN, Kimberly A Randell, MD, MSc, Henry W Ortega, MD, Graeme J Pitcher, MD, FACS, Justin Kenardy, PhD, Marizen R Ramirez, MPH, PhD

More than 80% of pediatric trauma patients received an opioid in the first 48 hours of hospitalization, although exposure varied by age, injury, and acuity. Opioid amount increased with child age, injury severity, and fracture, and one-third of children received more than 100 morphine milligrams equivalent in 48 hours.

Special Article**415** **Proceedings from the Medical Summit on Firearm Injury Prevention: A Public Health Approach to Reduce Death and Disability in the US**

Eileen M Bulger, MD, FACS, Deborah A Kuhls, MD, FACS, Brendan T Campbell, MD, FACS, Stephanie Bonne, MD, FACS, Rebecca M Cunningham, MD, FACEP, Marian Betz, MD, FACEP, Rochelle Dicker, MD, FACS, Megan L Ranney, MD, MPH, FACEP, Chris Barsotti, MD, FACEP, Stephen Hargarten, MD, MPH, Joseph V Sakran, MD, MPH, FACS, Frederick P Rivara, MD, MPH, FAAP, Thea James, MD, FACEP, Dorian Lamis, PhD, Gary Timmerman, MD, FACS, Selwyn O Rogers, MD, FACS, Bechara Choucair, MD, Ronald M Stewart, MD, FACS

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John R Potts III, MD, FACS

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Chengcheng Zhang, MD, Haisu Dai, MD, Zhiyu Chen, MD
- 436** Propensity Score Matching: In Reply to Zhang and colleagues
Jason T Wiseman, MD, MSPH, Jordan M Cloyd, MD
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Thomas R McLean, MD, JD, FACS
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- 440** Guideline Recommendations for Cholecystectomy in Pregnancy: Need for Emphasis on Neonatal Outcomes: In reply to Pearl et al
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- 441** Case Fatality Rates Do Not Tell the Whole Story
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Babak Sarani, MD, FACS

Continuing Medical Education

444 Multicenter observational study examining the implementation of enhanced recovery within the Virginia Surgical Quality Collaborative in patients undergoing elective colectomy. Hedrick TL, Thiele RH, Hassinger TE, et al.

Who would have benefited from the prehospital use of resuscitative endovascular balloon occlusion of the aorta (REBOA)? An autopsy study. Henry R, Matsushima K, Henry RN, et al.

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

Who hurts more? A multicenter prospective study of in-hospital opioid use in pediatric trauma patients in the Midwest. Pelaez CA, Davis JW, Spilman SK, et al.

Ongoing challenges with clinical assessment of nodal status in T1 esophageal adenocarcinoma. Nobel TB, Barbetta A, Hsu M, et al.

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