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- 1082 **Teaching practicing surgeons what not to do: An analysis of instruction fluidity during a simulation-based continuing medical education course**
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BURNS

- 1100 **Feasibility and safety of enzymatic debridement for the prevention of operative escharotomy in circumferential deep burns of the distal upper extremity**
S. Fischer, MD, V. Haug, MD, Y. Diehm, MD, P. Rhodius, MD, T. Cordts, MD, V.J. Schmidt, MD, D. Kotsougiani, MD, J. Horter, MD, U. Kneser, MD, C. Hirche, MD
- This study describes successful prevention from burn induced compartment syndrome at the upper extremity with means of early enzymatic debridement. The importance of this finding is that early enzymatic debridement can replace surgical escharotomy, if specific contraindications are respected.
- 1106 **Commentary: Enzymatic escharotomy: A step backward?**
D.G. Greenhalgh, MD

TRAUMA/CRITICAL CARE

Presented at the Academic Surgical Congress 2019

- 1108 **Higher mortality in pediatric and adult trauma patients with traumatic coagulopathy, using age-adjusted diagnostic criteria**
C.R. Reed, MD, H. Williamson, MS, C. Vatsaas, MD, R. Kamyszek, BS, H.J. Leraas, MD, C. Ray, MD, J. Otto, PhD, T. Fitzgerald, MD, PhD, S. Agarwal, MD, E.T. Tracy, MD
- Age-adjusted normal reference values were used to retrospectively diagnose coagulopathy among trauma patients of all ages. Mortality was closely associated with deranged partial thromboplastin time, international normalized ratio, and fibrinogen in children and adults but not older adults.

Presented at the Academic Surgical Congress 2019

- 1116 **Failure to rescue as a center-level metric in pediatric trauma**
L.W. Ma, J.S. Hatchimonji, MD, MBE, E.J. Kaufman, MD, MSHP, C.E. Sharoky, MD, B.P. Smith, MD, D.N. Holena, MD, MSCE
- The goal of this study was to define the relationship of mortality, complication, and failure-to-rescue rates at centers caring for pediatric trauma patients. The importance of this finding is a better understanding of failure to rescue and its validity as a center-level metric for quality of care in the pediatric trauma population.

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- 1122 **Sex-based differences in transfusion need after severe injury: Findings of the PROPPR study**
M.L. McCrum, MD, MPH, B. Leroux, PhD, T. Fang, BS, E. Bulger, MD, S. Arbabi, MD, MPH, C.E. Wade, PhD, E. Fox, PhD, J.B. Holcomb, MD, B. Robinson, MD, MS, the PROPPR Study Group
- In patients with severe traumatic hemorrhage, women required less blood product than men after initial hemostasis. The significance of this finding is that women may benefit from sex-specific management strategies after severe hemorrhage.

PANCREAS

Presented at the Academic Surgical Congress 2019

- 1128 **Predictors and outcomes of nonroutine discharge after hepatopancreatic surgery**
A.Z. Paredes, MD, MS, J.M. Hyer, MS, D.I. Tsimigras, MD, F. Bagante, MD, E.W. Beal, MD, MS, K. Merath, MD, R. Mehta, MPH, BDS, T.M. Pawlik, MD, MPH, PhD
- The Nationwide Readmissions Database was queried to determine predictors of nonroutine discharge after hepatopancreatic surgery. The significance of our findings is that patient factors and the perioperative course were associated with nonroutine discharge.

Presented at the Academic Surgical Congress 2019

- 1136 **Predictors and outcomes of jejunostomy tube placement at the time of pancreatoduodenectomy**
Y. Song, MD, A.D. Tieniber, MD, C.M. Vollmer, MD, M.K. Lee, MD, PhD, R.E. Roses, MD, D.L. Fraker, MD, R.R. Kelz, MD, MBA, MSCE, G.C. Karakousis, MD
- The aim of this study was to determine current national practice in patient selection for jejunostomy tube placement at the time of pancreatoduodenectomy and the associated complications of jejunostomy tube placement. Jejunostomy tube placement was not driven by risk factors for clinically relevant postoperative pancreatic fistula or delayed gastric emptying but rather by practice patterns. This is important, because selective use of jejunostomy tubes may be indicated in high-risk patients.
- 1144 **Nodal downstaging as a treatment goal for node-positive pancreatic cancer**
J.I. Portuondo, MD, N.N. Massarweh, MD, MPH, Q. Zhang, MPH, C.Y. Chai, MD, H.S. Tran Cao, MD
- For node-positive pancreatic cancer, neoadjuvant therapy that includes radiation had the greatest chance of achieving nodal downstaging. This finding identifies nodal downstaging as a treatment goal because it is associated with a survival advantage.
- 1151 **Low lymphocyte monocyte ratio after neoadjuvant therapy predicts poor survival after pancreatotomy in patients with borderline resectable pancreatic cancer**
M. Kawai, MD, PhD, S. Hirono, MD, PhD, K.-i. Okada, MD, PhD, M. Miyazawa, MD, PhD, A. Shimizu, MD, PhD, Y. Kitahata, MD, PhD, R. Kobayashi, MD, M. Ueno, MD, PhD, S. Hayami, MD, PhD, K. Tanioka, PhD, H. Yamaue, MD, PhD
- We evaluated the impact on survival of systemic immune inflammatory markers in patients with borderline resectable pancreatic cancer. A low lymphocyte-to-monocyte ratio after neoadjuvant therapy is useful prognostic information for patients with borderline resectable pancreatic cancer.

LIVER

- 1161 **Postoperative α -fetoprotein response predicts tumor recurrence and survival after hepatectomy for hepatocellular carcinoma: A propensity score matching analysis**
X.-L. Li, MD, X.-D. Zhu, MD, H. Cai, MD, Y. Li, MD, J. Zhou, MD, J. Fan, MD, Z.-Y. Tang, MD, H.-C. Sun, MD
- We found that the change of α -fetoprotein within 1 week after the resection of hepatocellular carcinoma could predict tumor recurrence and patients survival. The significance of this report is revealing a new clinical utility of an old tumor marker.
- 1168 **Predictive model for microvascular invasion of hepatocellular carcinoma among candidates for either hepatic resection or liver transplantation**
H. Nitta, MD, PhD, FACS, M.-A. Allard, MD, M. Sebagh, MD, V. Karam, PhD, O. Ciaccio, MD, G. Pittau, MD, E. Vibert, MD, PhD, A.S. Cunha, MD, D. Cherqui, MD, D. Castaing, MD, H. Bismuth, MD, PhD, C. Guettier, MD, PhD, D. Samuel, MD, PhD, H. Baba, MD, PhD, FACS, R. Adam, MD, PhD
- We developed a predictive model for microvascular invasion of hepatocellular carcinoma. The importance of this report is that the predictive model is suitable for use in potential candidates for either hepatic resection or liver transplantation.

INTESTINE

Presented at the Academic Surgical Congress 2019

- 1176 **Necrotizing enterocolitis totalis: High mortality in the absence of an aggressive surgical approach**
K. Dukleska, MD, C.L. Devin, MD, A.E. Martin, MD, J.M. Miller, MD, K.M. Sullivan, MD, C. Levy, MD, S. Prestowitz, BA, K. Flathers, MLIS, C.D. Vinocur, MD, L. Berman, MD
- In this study, we concluded that the term "necrotizing enterocolitis totalis" is not defined and there is a high mortality rate in these patients, largely attributable to the fact that the surgical aggressiveness is low. The importance of this report is that it elucidates an important issue in pediatric surgery in that many infants with necrotizing enterocolitis totalis are not undergoing aggressive surgical interventions for a condition that used to be uniformly fatal because of the resistant short bowel syndrome.
- 1182 **Reconstructive operations for enteric and colonic fistulas: Low mortality and recurrence in a single-surgeon series with long follow-up**
M.P. Bannon, MD, MA, S.F. Heller, MD, M. Rivera, MD, A.L. Leland, DNP, APRN, CNP, C.D. Schleck, BS, W.S. Harmsen, MS
- This review of enteric and colonic fistula takedowns by a single surgeon found 5% recurrence and 3% mortality. The importance of this report is it demonstrates excellent results and quantifies the adverse impact of the open versus closed abdomen.

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COLON/RECTUM

Presented at the Academic Surgical Congress 2019

- 1193 **Neoadjuvant chemoradiation followed by transanal local excision for T2 rectal cancer confers equivalent survival benefit as traditional transabdominal resection**
O.K. Jawitz, MD, M.A. Adam, MD, M.C. Turner, MD, B.F. Gilmore, MD, J. Migaly, MD

We found comparable survival among cT2N0M0 rectal cancer patients who underwent induction therapy with transabdominal resection or transanal excision. The importance of these findings is that select T2 patients may be treated with local excision.

Presented at the Academic Surgical Congress 2019

- 1199 **Utilization of a specimen retrieval bag during laparoscopic appendectomy for both uncomplicated and complicated appendicitis is not associated with a decrease in postoperative surgical site infection rates**
S.A. Turner, MD, H.S. Jung, MD, FACS, J.E. Scarborough, MD, FACS

Our aim was to determine whether retrieval bag utilization during laparoscopic appendectomy is associated with postoperative surgical site infection rates. This study is important because use of a retrieval bag during laparoscopic appendectomy for both uncomplicated and complicated appendicitis is not associated with a statistically significant decrease in postoperative surgical site infections.

ESOPHAGUS

- 1203 **Impact of pathologically assessing extranodal extension in the thoracic field on the prognosis of esophageal squamous cell carcinoma**
N. Okada, MD, PhD, H. Daiko, MD, PhD, FACS, J. Kanamori, MD, PhD, A. Sato, MD, Y. Horikiri, MD, T. Sato, MD, H. Fujiwara, MD, PhD, T. Tomioka, MD, T. Fujita, MD, PhD, FACS, T. Kojima, MD, PhD, S. Fujii, MD, PhD

According to a novel grading system in this study, extranodal extensions were pathologically assessed in the thoracic field of patients with esophageal squamous cell carcinoma. Extranodal extension is an independent poor prognostic factor for this population.

STOMACH

- 1211 **Long-term oncologic outcomes of a randomized controlled trial comparing laparoscopic versus open gastrectomy with D2 lymph node dissection for advanced gastric cancer**
Y. Shi, MD, X. Xu, MD, Y. Zhao, MD, F. Qian, MD, B. Tang, MD, Y. Hao, MD, H. Luo, MD, J. Chen, MD, P. Yu, MD

We launched a randomized controlled trial comparing laparoscopic and open gastrectomy for advanced gastric cancer. The long-term results of this study demonstrated that laparoscopic surgery can provide comparable long-term survival without an increase in recurrence and metastasis.

ENDOCRINE

Presented at the Academic Surgical Congress 2019

- 1217 **Post-thyroidectomy neck appearance and impact on quality of life in thyroid cancer survivors**
S.K. Kurumety, BA, I.B. Helenowski, PhD, S. Goswami, BA, B.J. Peipert, BA, S.E. Yount, PhD, C. Sturgeon, MD, MS

We surveyed 1,710 thyroid cancer survivors and found that age >45 years and >2 years since surgery were independently associated with better self-reported neck appearance and that perception of neck appearance returned to preoperative baseline 2 years after surgery. The significance of these findings is that there may be less benefit to remote-access techniques than previously believed.

VASCULAR

Presented at the Academic Surgical Congress 2019

- 1222 **Trends in mortality, readmissions, and complications after endovascular and open infrainguinal revascularization**

H. Khoury, BS, R.R. Morales, BS, Y. Sanaiha, MD, S. Rudasill, BA, R. Jaman, H. Gelabert, MD, P. Benharash, MD

This study aimed to compare the complications, mortality, and 30-day readmission between open and endovascular infrainguinal revascularization for inpatients across the United States. The significance of this report is that the open technique is independently associated with increased complications, mortality, and 30-day readmission after adjusting for baseline differences.

THORACIC

- 1228 **Pretransplant malignancy among lung transplant recipients in the modern era**
S.E. Rudasill, BA, A. Iyengar, MD, MSE, Y. Sanaiha, MD, H. Khoury, BS, A.L. Mardock, BA, H. Xing, BS, M.H. Kwon, MD, C. Hunter, MD, P. Benharash, MD

We reviewed 18,032 lung transplants to ascertain the role of recipient pretransplant malignancy on posttransplant survival. The significance of this work is that patients with a history of malignancy face increased 5-year mortality.

PEDIATRICS

Presented at the Academic Surgical Congress 2018

- 1234 **The disproportionate cost of operation and congenital anomalies in infancy**
J.C. Apfeld, MD, Z.J. Kastenber, MD, A.T. Gibbons, MD, C.S. Phibbs, PhD, H.C. Lee, MD, K.G. Sylvester, MD

In California, 40% of newborn inpatient expenditures are attributable to 3% of infants with major operations or anomalies. Our results highlight the disproportionate costs associated with congenital and acquired neonatal surgical disease.

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S. Lopes, MD, J. Maciel, MD, P. Pinho, MD

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Walter J. Pories, MD, *Greenville, NC*

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