

SURGERY

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HEALTHCARE

- 1 Impact of skilled nursing facility quality on postoperative outcomes after pancreatic surgery**
A.Z. Paredes, MD, MS, J.M. Hyer, MS, E.W. Beal, MD, MS, F. Bagante, MD, K. Merath, MD, R. Mehta, MPH, BDS, S. White, PhD, RHIA, CHDA, T.M. Pawlik, MD, MPH, PhD
- Patients discharged to a below-average SNF were more likely to be readmitted. The significance of this finding is that it highlights the need of continued management of patients post discharge and to improve outcomes for patients discharged to a SNF.

PANCREAS

- 8 Robotic pancreatoduodenectomy with vascular resection: Outcomes and learning curve**
J.D. Beane, MD, M. Zenati, MD, PhD, MPH, A. Hamad, MD, M.E. Hogg, MD, H.J. Zeh III, MD, A.H. Zureikat, MD
- In this retrospective review of patients who underwent robotic pancreatoduodenectomy with vascular resection, we found that, for surgeons who have surpassed the learning curve of robotic pancreatoduodenectomy, improvements in operative performance of robotic pancreatoduodenectomy with vascular resection can be observed after 35 cases. This study is significant because it supports the safety and feasibility of robotic pancreatoduodenectomy with vascular resection.
- 15 The conundrum of < 2-cm pancreatic neuroendocrine tumors: A preoperative risk score to predict lymph node metastases and guide surgical management**
A.G. Lopez-Aguiar, MD, MS, C.G. Ethun, MD, MS, M.Y. Zaidi, MD, MS, F.G. Rocha, MD, G.A. Poultsides, MD, M. Dillhoff, MD, R.C. Fields, MD, K. Idrees, MD, C.S. Cho, MD, D.E. Abbott, MD, K. Cardona, MD, S.K. Maithel, MD
- We created a lymph node risk score for <2-cm pancreatic endocrine tumors, using readily available preoperative factors from the data at 8 institutions of the US Neuroendocrine Tumor Study Group 2000–2016. The importance of this finding is that it may be used to accurately stratify risk for lymph node metastasis and guide management of these tumors.

LIVER

- 22 Enhanced recovery in liver surgery decreases postoperative outpatient use of opioids**
H.A. Lillemoe, MD, R.K. Marcus, MD, R.W. Day, MD, B.J. Kim, MD, MHS, N. Narula, MD, C.H. Davis, MD, MPH, V. Gottumukkala, MD, T.A. Aloia, MD, FACS
- This study describes the use of a program of enhanced recovery to decrease opioid prescriptions and outpatient opioid use after liver surgery. The importance of this report is that, if used widely, such programs of enhanced recovery can decrease persistent opioid use.

ESOPHAGUS

- 28 The association between preoperative cardiopulmonary exercise—test variables and short-term morbidity after esophagectomy: A hospital-based cohort study**
S. Lam, MD, MRCS, L. Alexandre, PhD, MRCP, G. Hardwick, MBBS, A.R. Hart, MD, FRCP
- We found no associations between preoperative cardiopulmonary exercise variables and morbidity after esophagectomy. These findings do not support the use of preoperative cardiopulmonary exercise as an isolated preoperative screening tool to predict short-term morbidity after esophagectomy.
- 34 Laparoscopic antireflux surgery (LARS) is highly effective in the treatment of select patients with chronic cough**
A. Park, MD, FACS, A.S. Weltz, MD, Z. Sanford, MD, A. Addo, MD, MPH, H.R. Zahir, DO
- Patients with objective signs of gastroesophageal reflux disease and associated chronic cough demonstrate long-term benefit from laparoscopic antireflux surgery. The importance of this finding is that chronic cough related to gastroesophageal reflux disease can be managed effectively with surgery.

ENDOCRINE

- 41 Changes in total thyroidectomy versus thyroid lobectomy for papillary thyroid cancer during the past 15 years**
B.C. James, MD, MS, L. Timsina, PhD, R. Graham, BS, P. Angelos, MD, PhD, FACS, D.A. Haggstrom, MD, MAS
- We evaluated changes in total thyroidectomy versus lobectomy for papillary thyroid cancer during the past 15 years and found that practice patterns have not changed. This is significant because it shows a continued aggressive surgical approach to thyroid cancer.

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- 50 **Intraoperative parathyroid hormone levels ≤ 40 pg/mL are associated with the lowest persistence rates after parathyroidectomy for primary hyperparathyroidism**
J. Clafin, BSE, A. Dhir, BBA, N.M. Espinosa, BS, A.G. Antunez, BA, M.S. Cohen, MD, P.G. Gauger, MD, B.S. Miller, MD, D.T. Hughes, MD
- An intraoperative parathyroid hormone criterion of a postexcision level of <40 pg/mL has the best cure rates after parathyroidectomy for primary hyperparathyroidism. This is significant because modification of the established intraoperative parathyroid hormone criterion could lead to lower failure rates.
- 55 **Risk factors for skip metastasis and lateral lymph node metastasis of papillary thyroid cancer**
H. Zhao, PhD, T. Huang, MD, PhD, H. Li, PhD
- We investigated the clinicopathologic risk factors for skip metastases and lateral lymph node metastases from papillary thyroid cancer. The importance of this report is in the ability to predict skip metastasis and lateral lymph node metastases from PTC and to promote a standardized complete technique of central and lateral lymph node dissection to decrease nodal recurrence.
- 61 **Clinical outcomes after surgery for primary aldosteronism: Evaluation of the PASO-investigators’ consensus criteria within a worldwide cohort of patients**
W.M.C.M. Vorselaars, MD, D.-J. van Beek, MD, E.L. Postma, MD, W. Spiering, MD, I.H.M. Borel Rinkes, MD, G.D. Valk, MD, M.R. Vriens, MD, the International CONNsorTium study group
- This study showed the limitations of the Primary Aldosteronism Surgical Outcomes consensus criteria for clinical outcomes after adrenalectomy for primary aldosteronism. This finding is important for future prognostic studies regarding these clinical outcomes after adrenalectomy.
- 69 **Clinical factors associated with worse quality-of-life scores in United States thyroid cancer survivors**
S. Goswami, BA, B.J. Peipert, BA, M.N. Mongelli, BS, S.K. Kurumety, BA, I.B. Helenowski, PhD, S.E. Yount, PhD, C. Sturgeon, MD, MS
- Here we characterize the clinical factors that drive poor health-related quality-of-life scores in thyroid cancer survivors. It is important to evaluate health-related quality of life in patients to identify the burden of illness and identify the optimal treatment approach.

OUTCOMES

- 75 **Compliance to an enhanced recovery pathway among patients with a high frailty index after major gastrointestinal surgery results in improved 30-day outcomes**
J.P. Hampton, BS, O.P. Owodunni, MD, MPH, D. Bettick, MSN, CNS, RN, S.Y. Chen, MD, MPH, S. Sateri, MD, T. Magnuson, MD, FACS, S.L. Gearhart, MD, MEHP, FACS
- We studied the effects of enhanced recovery pathway implementation and compliance on surgical outcomes in risk-stratified colorectal surgery patients. The importance of this report is that it highlights the feasibility and benefit of enrolling high-risk patients in enhanced recovery pathway programs.

- 82 **Frailty predicts increased costs in emergent general surgery patients: A prospective cohort cost analysis**
G.J. Eamer, MD, F. Clement, PhD, J. Holroyd-Leduc, MD, FRCPC, A. Wagg, MD, FRCP, R. Padwal, MD, FRCPC, R.G. Khadaroo, MD, PhD, FRCSC
- We conducted a cost analysis of emergency general surgery patients and found that frailty, not age, drives cost. The importance of this finding is that frailty is a better marker of higher cost than age and consequently may better predict outcomes.

HERNIA

- 88 **History of surgical site infection increases the odds for a new infection after open incisional hernia repair**
L. Tastaldi, MD, C.C. Petro, MD, D.M. Krpata, MD, H. Alkhatib, MD, A. Fafaj, MD, C. Tu, MS, S. Rosenblatt, MD, FACS, A.S. Prabhu, MD, FACS, B.K. Poulouse, MD, MPH, FACS, M.J. Rosen, MD, FACS
- A history of surgical site infection increases the odds for a new surgical site infection after open incisional hernia repair, even in clean cases. This finding is of the utmost importance because surgical site history is not a common factor involved in surgical decision-making for hernia repair.
- 94 **Impact of modifiable comorbidities on 30-day wound morbidity after open incisional hernia repair**
H. Alkhatib, MD, L. Tastaldi, MD, D.M. Krpata, MD, C.C. Petro, MD, L.-C. Huang, PhD, S. Phillips, MSPH, A. Fafaj, MD, S. Rosenblatt, MD, FACS, M.J. Rosen, MD, FACS, A.S. Prabhu, MD, FACS
- We aim to identify which comorbid combination accounts for the highest odds for wound morbidity. The importance of this study is to guide future research on the effect of preoperative optimization, highlighting the expected recovery in such patients.

TRANSPLANTATION

- 102 **Listing practices and graft utilization of hepatitis C–positive deceased donors in liver and kidney transplant**
C.E. Kling, MD, J.D. Perkins, MD, S.W. Biggins, MD, C.K. Johnson, MD, A.P. Limaye, MD, L. Sibulesky, MD
- Our study found that the transplantation of kidneys and livers from donors with the hepatitis C virus is increasing and that more recipients of these organs are hepatitis C virus negative. HVC-positive organs may be under-utilized in HVC-negative patients and represent a potential source for increased organ utilization.

TRAUMA/CRITICAL CARE

- 109 **Cross-border antibiotic resistance patterns in trauma patients**
A.E. Berndtson, MD, R. Bricker-Ford, PharmD, K. Box, PharmD, G.Z. Madsen, MD, L. Malany, BS, A.M. Smith, PhD, MPH, T.W. Costantini, MD, R. Coimbra, MD, PhD
- We analyzed early infections in trauma patients and found a significant rate of resistant organisms in patients initially treated in Mexico. This finding is significant as it shows severe resistance close to home, and the resistance is crossing into US hospitals.

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EDUCATION

- 116 **A comparison of patient satisfaction when office-based procedures are performed by general surgery residents versus an attending surgeon**

B.M. Wojcik, MD, S.K. McKinley, MD, EdM, N. Amari, BA, D.C. Chang, MPH, MBA, PhD, H. Wachtel, MD, E. Petrusa, PhD, J.T. Mullen, MD, R. Phitayakorn, MD, MHPE

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- 127 **Reply to: Preoperative enteral access is not necessary prior to multimodality treatment of esophageal cancer**
K. Ben-David, MD, FACS, R.M. Thomas, MD, FACS

- 127 **Re: Does retrieval bag use during laparoscopic appendectomy reduce postoperative infection?**
C.P. Childers, MD, PhD, M. Maggard-Gibbons, MD, MSHS

- 128 **Reply: Does retrieval bag use during laparoscopic appendectomy reduce postoperative infection?**
A.C. Fields, MD, P. Lu, MD, N. Melnitchouk, MD, MSc

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Walter J. Pories, MD, Greenville, NC

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