Does Resident Participation Influence Otolaryngology-Head and Neck Surgery Morbidity and Mortality? An Examination of 27,018 Operations

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Objective

- Patients may perceive resident procedural participation as detrimental to their postsurgical outcome
- Our objective is to investigate whether otolaryngology-head and neck surgery (OHNS) housestaff participation is associated with surgical morbidity and mortality

Methods

- OHNS patients were analyzed from the American College of Surgeons National Surgical Quality Improvement Program 2006-2013 databases
- We compared the incidence of 30-day postoperative morbidity, mortality, readmissions, and reoperations in patients operated on by resident surgeons with attending supervision (AR) with patients operated on by an attending surgeon alone (AO) using cross tabulations and multivariable regression

Conclusions

- 27,018 cases with primary surgeon data available, with 9,511 AR cases and 17,507 AO cases
- 3.62% had ≥ postoperative complication
- AR cohort = 5.73% v. AO cohort = 2.48% (p<0.001)
- After multivariable analysis, no significant difference in:
  - morbidity (OR=1.05 [0.89-1.24])
  - mortality (OR=0.91 [0.49-1.70])
  - readmission (OR=1.29 [0.92-1.81])
  - reoperation (OR=1.28 [0.91-1.80])
- No difference between PGY-levels for adjusted 30-day morbidity or mortality


References