

SURGERY

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DATABASE RESEARCH: BEST PRACTICES

- 499 **Databases for surgical health services research: National cancer database**
Q. Lina Hu, MD, R.J. Ellis, MD, C.Y. Ko, MD, MS, MSHS, FACS

HEALTHCARE

- 501 **Care fragmentation is associated with increased short-term mortality during postoperative readmissions: A systematic review and meta-analysis**
Y.-Y. Juo, MD, MPH, Y. Sanaiha, MD, U. Khrucharoen, MD, B.H. Chang, MHA, E. Dutson, MD, P. Benharash, MD

The current review found that nonindex readmission is a common phenomenon after surgery and is associated with increased mortality. Enhancing care continuity pathways may be helpful for mitigating the adverse consequences of regionalization.

- 510 **Satisfaction with surgeon care as measured by the Surgery-CAHPS survey is not related to NSQIP outcomes**
R.K. Schmocker, MD, MS, L.M. Cherney Stafford, MPH, E.R. Winslow, MD, MS, FACS

We examined patient satisfaction via Surgery-Consumer Assessment of Healthcare Providers and Systems scores as a function of National Surgical Quality Improvement Program-defined postoperative complications and found no relationship between the two. The significance of this finding is that at the level of the individual patient (rather than the institution), patient satisfaction is a unique outcome that is not clearly related to morbidity as traditionally defined.

LIVER

- 516 **Sex difference in recurrence and survival after liver resection for hepatocellular carcinoma: A multicenter study**
H. Zhang, MD, J. Han, MD, H. Xing, MD, Z.-L. Li, MD, M.E. Schwartz, MD, FACS, Y.-H. Zhou, MD, T.-H. Chen, MD, H. Wang, MD, W.-M. Gu, MD, W.Y. Lau, MD, FRCS, FACS, FRACS (Hon), H. Wu, MD, M.-C. Wu, MD, F. Shen, MD, PhD, T. Yang, MD

This large multicenter study found that late recurrence and cancer-specific mortality (CSM) in men were higher after resection for HCC. The importance of this finding is to suggest a tailored follow-up strategy based on a patient's sex for those patients with HCC.

- 525 **Simultaneous hepatic and portal vein ligation induces rapid liver hypertrophy: A study in pigs**
E. Schadde, MD, FACS, FEBS, B. Guiu, MD, R. Deal, MD, J. Kalil, MD, B. Arslan, MD, J. Tasse, MD, P.B. Olthof, MD, PhD, J. Heil, MD, A.A. Schnitzbauer, MD, FACS, FEBS, S. Jakate, MD, S. Breitenstein, MD, FEBS, M. Schläpfer, MD, B.B. Schimmer, MD, M. Hertl, MD, PhD, FACS

A preclinical pig model with double ligation of portal and hepatic veins was found to induce more liver hypertrophy than portal veins ligation alone. This model will allow the study of volume and function of rapid hypertrophy in the future.

- 534 **Dexamethasone for postoperative hyperbilirubinemia in patients after liver resection: An open-label, randomized controlled trial**
C. Huang, MD, X.-D. Zhu, MD, G.-M. Shi, MD, Y.-H. Shen, MD, G.-Y. Ding, MD, J.-B. Cai, MD, J. Zhou, MD, J. Fan, MD, H.-C. Sun, MD

Dexamethasone administration accelerated recovery from hyperbilirubinemia in patients after hepatectomy. The importance of this report is that dexamethasone could be a choice for the patients with jaundice after liver resection.

BILE DUCT/GALLBLADDER

- 541 **Surgery in node-positive gallbladder cancer: The implication of an involved superior retro-pancreatic lymph node**
R.K. Chaudhary, DNB, R. Higuchi, MD, PhD, T. Yazawa, MD, PhD, S. Uemura, MD, PhD, W. Izumo, MD, PhD, T. Furukawa, MD, PhD, K. Kiyohara, MD, PhD, M. Yamamoto, MD, PhD

Gallbladder cancer patients with positive postero-superior retro-pancreatic lymph node (level 13a) is often deemed inoperable. This study emphasizes that this node actually behaves like a regional lymph node and that these patients may benefit from surgery.

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PANCREAS

- 548 **Margin status and long-term prognosis of primary pancreatic neuroendocrine tumor after curative resection: Results from the US Neuroendocrine Tumor Study Group**
 X.-F. Zhang, MD, PhD, Z. Wu, MD, J. Cloyd, MD, A.G. Lopez-Aguilar, MD, G. Poultsides, MD, E. Makris, MD, F. Rocha, MD, Z. Kanji, MD, S. Weber, MD, A. Fisher, MD, R. Fields, MD, B.A. Krasnick, MD, K. Idrees, MD, P.M. Smith, MD, C. Cho, MD, M. Beems, MD, C.R. Schmidt, MD, M. Dillhoff, MD, S.K. Maithel, MD, T.M. Pawlik, MD, MPH, PhD
 Margin status was not associated with long-term outcomes (overall survival) of pNET, and resection of an initially positive margin to achieve a negative margin did not improve the outcome in about 1,000 patients reviewed from the US Neuroendocrine Tumor Study Group. The study highlights the importance of the biology of the tumor rather than the surgical margin, which suggests that parenchymal-sparing pancreatic resections may have a role in selected patients.
- 557 **Re-evaluating resection of primary pancreatic neuroendocrine tumors**
 R.F. Pommier, MD
- 559 **Third-generation cephalosporin for antimicrobial prophylaxis in pancreatoduodenectomy in patients with internal preoperative biliary drainage**
 S. Sano, MD, T. Sugiura, MD, I. Kawamura, MD, Y. Okamura, MD, T. Ito, MD, Y. Yamamoto, MD, R. Ashida, MD, K. Ohgi, MD, H. Kurai, MD, K. Uesaka, MD
 The prophylactic administration of third-generation cephalosporin reduced the incidence of surgical site infection after pancreatoduodenectomy in patients who underwent preoperative endoscopic biliary stenting. The importance of this finding is the appropriate use of prophylactic antibiotic before PD.

BARIATRIC

- 565 **Heterogeneity of weight loss after gastric bypass, sleeve gastrectomy, and adjustable gastric banding**
 D. Azagury, MD, Tara E Mokhtari, MD, L. Garcia, MS, BA, Ulysses S Rosas, MD, T. Garg, MD, H. Rivas, MD, MBA, FACS, J. Morton, MD, MPH, FACS, FASMBS
 There is now variability in weight loss after bariatric surgery. We compared this variability after laparoscopic Roux-en-Y gastric bypass, laparoscopic sleeve gastrectomy, and laparoscopic adjustable gastric band and found significantly higher variability after sleeve and band compared to bypass.
- 571 **Serum FABP4 concentrations decrease after Roux-en-Y gastric bypass but not after intensive medical management**
 C. Jahansouz, MD, H. Xu, PhD, S. Kizy, MD, A.J. Thomas, MS, A. Josephraj, BA, A.V. Hertz, PhD, R. Foncea, PhD, J.C. Connett, PhD, C.J. Billington, MD, M. Jensen, MD, J. Korner, MD, PhD, D.A. Bernlohr, PhD, S. Ikramuddin, MD
 Serum FABP4 is decreased after Roux-en-Y gastric bypass in obese patients with type 2 diabetes. The importance of this finding is that FABP4, which correlates with cardiovascular risk, may provide insight to the benefits of bariatric surgery.

COLON/RECTUM

- 579 **Tumor regression grade as a clinically useful outcome predictor in patients with rectal cancer after preoperative chemoradiotherapy**
 J.W. Huh, MD, PhD, H.C. Kim, MD, PhD, S.H. Kim, MD, PhD, Y.A. Park, MD, Y.B. Cho, MD, PhD, S.H. Yun, MD, PhD, W.Y. Lee, MD, PhD, H.C. Park, MD, PhD, D.H. Choi, MD, PhD, J.O. Park, MD, PhD, Y.S. Park, MD, PhD, H.-K. Chun, MD, PhD
 The tumor regression grade is a significant predictor of survival in patients with rectal cancer after preoperative chemoradiotherapy. The importance of this finding is that the tumor regression grade may enhance the prognostic value of the tumor, node, metastasis staging system.
- 586 **Effect of lateral lymph node dissection for mid and low rectal cancer: An ad-hoc analysis of the ACTS-RC (JFMC35-C1) randomized clinical trial**
 E. Oki, MD, PhD, FACS, M. Shimokawa, PhD, K. Ando, MD, PhD, A. Murata, MD, PhD, T. Takahashi, MD, PhD, K. Maeda, MD, PhD, T. Kusumoto, MD, PhD, FACS, Y. Munemoto, MD, PhD, R. Nakanishi, MD, PhD, Y. Nakashima, MD, PhD, H. Saeki, MD, PhD, FACS, Y. Maehara, MD, PhD, FACS
 This ad-hoc analysis of a phase III trial of rectal cancer did not show a positive impact of lateral lymph node dissection (LLND) on patient survival. However, LLND may have some prognostic impact on patients with highly invasive rectal cancer.
- 593 **The contemporary appendectomy for acute uncomplicated appendicitis in adults**
 C.P. Childers, MD, J.Q. Dworsky, MD, MS, M. Maggard-Gibbons, MD, MSHS, M.M. Russell, MD
 We generated contemporary epidemiologic data for adult patients undergoing surgery for acute uncomplicated appendicitis. These data can inform the ongoing debate surrounding nonoperative therapy for appendicitis.
- 602 **National Surgical Quality Improvement Program analysis of unplanned reoperation in patients undergoing low anterior resection or abdominoperineal resection for rectal cancer**
 L.V. Saadat, MD, A.C. Fields, MD, H. Lyu, MD, R.D. Urman, MD, MBA, E.E. Whang, MD, J. Goldberg, MD, MPH, R. Bleday, MD, N. Melnitchouk, MD, MSc
 We identify risk factors for reoperation after low anterior resection and abdominoperineal resection and characterize the postoperative complications after reoperation. The importance of these findings are that they may guide surgical planning, technique, and postoperative management.

ENDOCRINE

- 608 **Comparison of short-term oncologic outcome of robotic thyroid surgery using dynamic risk stratification: A propensity score-matched comparison study**
 J.W. Cho, MD, J.H. Park, MD, PhD, Y.-m. Lee, MD, PhD, S.J. Hong, MD, PhD, J.H. Yoon, MD, PhD
 This study aimed to deduce long-term oncologic outcome of robotic surgery in papillary thyroid carcinoma. The significance of this study was to use dynamic risk stratification, which did not differ between robotic and open surgery groups.

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- 617 **Financial implications of telemedicine visits in an academic endocrine surgery program**
F. Zheng, MD, K.W. Park, BS, W.J. Thi, BS, C.C. Ro, BS, B.L. Bass, MD, M.W. Yeh, MD

Telemedicine visits provide a favorable financial reimbursement profile and allow for reallocation of clinic resources. The importance of this finding is that surgical practices should implement telemedicine visits for low-risk patients.

- 622 **Risk of severe erectile dysfunction in primary hyperaldosteronism: A population-based propensity score matching cohort study**
C.-H. Chang, MD, Shih-Chieh J. Chueh, MD, PhD, V.-C. Wu, MD, PhD, L. Chen, Y.-H. Lin, MD, PhD, Y.-H. Hu, MD, K.-D. Wu, MD, PhD, Y.-C. Tsai, MD, PhD

We found that the risk of erectile dysfunction increased after men who have primary aldosteronism (PA) underwent adrenalectomy. The importance of this report may change the standard treatment for men who have Aldosterone-producing adenoma (APA).

- 629 **Total thyroidectomy's association with survival in papillary thyroid cancers and the high proportion of total thyroidectomy in low-risk patients: Analysis of Korean nationwide data**
H.-S. Zhang, MPH, E.-K. Lee, MD, PhD, Y.-S. Jung, MD, PhD, B.-H. Nam, PhD, K.-W. Jung, MS, H.-J. Kong, MS, Y.-J. Won, PhD, B. Park, MD, PhD

Despite no survival advantage, many low risk papillary thyroid cancer patients in Korea received total thyroidectomy. The importance of this report is evidence of overtreatment in a country that experienced an unprecedented thyroid cancer epidemic.

- 637 **Operation duration and adrenal gland size, but not BMI, are correlated with complication rate for posterior retroperitoneoscopic adrenalectomy for benign diseases**
I. Christakis, MD, PhD, C.S. Ng, MD, PhD, C. Chen, MD, Y.H. Yiin, MD, E.G. Grubbs, MD, N.D. Perrier, MD, J.E. Lee, MD, P.H. Graham, MD

We have shown that longer operation duration and smaller adrenal gland size were better predictors of complications following posterior retroperitoneoscopic adrenalectomy (PRA). The significance of this is that patients with these features are at a higher risk for post-operative complications.

- 644 **Resection of primary tumor may prolong survival in metastatic gastroenteropancreatic neuroendocrine tumors**
J.F. Tierney, MD, S.V. Chivukula, MD, X. Wang, MD, S.G. Pappas, MD, E. Schadde, MD, M. Hertl, MD, PhD, J. Poirier, PhD, X.M. Keutgen, MD

Removal of the primary tumor in patients with stage IV gastroenteropancreatic neuroendocrine tumors is associated with prolonged survival. We identify the factors that influence prolonged survival after primary tumor surgery and we propose criteria for consideration of resection of primary tumors.

- 652 **The definition of lymph node micrometastases in pathologic N1a papillary thyroid carcinoma should be revised**
Y.-M. Lee, MD, PhD, J.H. Park, MD, PhD, J.W. Cho, MD, S.J. Hong, MD, PhD, J.H. Yoon, MD, PhD

The metastatic foci of lymph nodes (LNs) >3.5 mm was an independent risk factor for recurrence in pathologic N1a PTC patients. The significance of this finding is that the definition of LN micrometastases can be revised and the American Thyroid Association (ATA) initial risk estimates modified.

ONCOLOGY/GENETICS

- 657 **Influence of carcinoid syndrome on the clinical characteristics and outcomes of patients with gastroenteropancreatic neuroendocrine tumors undergoing operative resection**
C.W. Kimbrough, MD, MPH, E.W. Beal, MD, MS, M.E. Dillhoff, MD, C.R. Schmidt, MD, T.M. Pawlik, MD, MPH, PhD, A.G. Lopez-Aguilar, MD, G. Poultsides, MD, E. Makris, MD, F.G. Rocha, MD, A. Crown, MD, D.E. Abbott, MD, A.V. Fisher, MD, R.C. Fields, MD, B.A. Krasnick, MD, K. Idrees, MD, P. Marincola-Smith, MD, C.S. Cho, MD, M. Beems, MD, S.K. Maithel, MD, J.M. Cloyd, MD

In a multi-institutional analysis of neuroendocrine tumors that underwent operative surgical resection, carcinoid syndrome was rare. Although carcinoid syndrome was associated with increased tumor burden, there was no difference in survival outcomes or perioperative morbidity compared to patients without carcinoid syndrome.

LETTERS TO THE EDITOR

- 664 **An insufficient number of examined lymph nodes may offset the survival benefit from neoadjuvant therapy in esophageal squamous cell carcinoma**
Y.-S. Yang, MD, W.-P. Hu, MD, W.-P. Wang, MD, Y. Yuan, MD, L.-Q. Chen, MD, PhD

- 664 **Reply to: Insufficient number of examined lymph nodes may offset the survival benefit from neoadjuvant therapy in esophageal squamous cell carcinoma**
J. Franko, MD, PhD, S. McAvoy, MD

- 665 **Comments on: Effect of wound massage on neck discomfort and voice changes after thyroidectomy**
S. M, MCh trainee, S. Mouli V, MCh trainee, K.R. Singh, MCh, P. Ramakant, MCh, A.K. Mishra, MCh

- 665 **Re: Comments on effect of wound massage on neck discomfort and voice change after thyroidectomy**
J.S. Lee, MS, J.P. Kim, MD, S.H. Woo, MD

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- 666 **Re: Cost-effectiveness of immediate biopsy versus surveillance of intermediate-suspicion thyroid nodules**
F.N. Tessler, MD, CM, W.D. Middleton, MD, E.G. Grant, MD,
J.K. Hoang, MBBS

- 666 **Response to “Re: Cost-effectiveness of immediate biopsy versus surveillance of intermediate-suspicion thyroid nodules”**
E.J. Kuo, MD, J.X. Wu, MD, K.A. Zanooco, MD, MS

MISCELLANEOUS

- 663 **The I. V. League (cartoon)**
Walter J. Pories, MD, Greenville, NC

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