

# SURGERY

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## CONTENTS *October 2022* Volume 172 Number 4

### EDITOR'S NOTE

- 1039 **Why say « statistically significant » rather than just « significant »? a plea to rid the medical literature of linguistic ambiguity**  
A. Fingerhut, S. Wexner, K. Behrns, A. Arrezo, L. Buhler,  
N. Francis, D.S. Keller, W. Knoefel, P. Salminen,  
L. Swanstrom, D. Winter

### BEST IN SURGERY

- 1041 **Variation in the volume-outcome relationship after rectal cancer surgery in the United States: Retrospective study with implications for regionalization**  
A.Z. Becerra, PhD, C.T. Aquina, MD, MPH,  
M.W. Grunvald, MD, J.M. Underhill, MD, A.R. Bhamra, MD,  
D.M. Hayden, MD, MPH

In this cohort study that included 120,522 patients treated at 763 hospitals who underwent resection for rectal adenocarcinoma, higher-volume hospitals have improved outcomes after rectal cancer surgery. However, there exists significant variation in these effects induced by individual within-hospital differences, suggesting that regionalization policies should be flexible in identifying hospitals that achieve improved outcomes.

- 1048 **Invited commentary on: Variation in the volume-outcome relationship after rectal cancer surgery in the United States: Retrospective study with implications for regionalization**  
T.L. Hull, MD

### APPENDIX

- 1050 **Caveat emptor: The accuracy of claims data in appendicitis research**  
S. Duraiswamy, BA, S.E. Sanchez, MD, MPH,  
D.R. Flum, MD, MPH, M.K. Paasche-Orlow, MD, MA, MPH,  
K.M. Kenzik, PhD, MS, J.F. Tseng, MD, MPH,  
F.T. Drake, MD, MPH

International Classification of Disease, ninth and tenth revision codes did not accurately identify surgeon-described complicated appendicitis: sensitivity = 0.68 and positive predictive value = 0.77. Nearly one-third of cases of surgeon-described complicated appendicitis had misclassification of disease severity by principal discharge International Classification of Disease, ninth and tenth revision codes, which can negatively impact the reimbursement for complicated appendicitis care, and may lead to misleading results in research and quality improvement activities that rely on these codes.

### BILARY

- 1057 **Management of choledocholithiasis in the elderly: Same-admission cholecystectomy remains the standard of care**  
A.E. Berndtson, MD, T.W. Costantini, MD,  
A.M. Smith, PhD, MPH, S.B. Edwards, MD,  
L. Kobayashi, MD, J.J. Doucet, MD, L.N. Godat, MD

We used the Nationwide Readmissions Database to evaluate the treatment of emergent choledocholithiasis in patients aged  $\geq 65$ , finding that the majority of patients presenting with choledocholithiasis do not undergo same-admission cholecystectomy despite national recommendations, and that the patients who do undergo same-admission cholecystectomy have lower rates of readmissions for biliary disease, complications, and death than the patients undergoing ERCP alone or no intervention. The importance of this finding will help support an increased adoption of same-admission cholecystectomy, thus improving patient outcomes.

- 1065 **Invited commentary on "Management of choledocholithiasis in the elderly: Same-admission cholecystectomy remains the standard of care"**  
W.Y. Rockne, MD, C. Sakae, MD, J. Nahmias, MD, MPHE

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USA POSTMASTER: Send address changes to Surgery, Elsevier Health Sciences Division, Subscription Customer Service, 3251 Riverport Lane, Maryland Heights, MO 63043.

1067 **Vascular injury during cholecystectomy: A multicenter critical analysis behind the drama**

V. Lopez-Lopez, MD, PhD, C. Kuemmerli, MD, J. Cutillas, MD, J. Maupoey, MD, PhD, R. López-Andujar, MD, PhD, E. Ramos, MD, PhD, K. Miils, MD, A. Valdivieso, MD, PhD, A.P. Valero, MD, P.A. Martinez, MD, S. Paterna, MD, A. Serrablo, MD, PhD, T. Reese, MD, PhD, K. Oldhafer, MD, PhD, R. Brusadin, MD, PhD, A.L. Conesa, MD, PhD, L.D. Valladares, MD, PhD, C. Loinaz, MD, PhD, M. Garcés-Albir, MD, PhD, L. Sabater, MD, PhD, F. Mocchegiani, MD, M. Vivarelli, MD, PhD, S.A. Pérez, MD, B. Flores, MD, PhD, J.L. Lucena, MD, PhD, S. Sánchez-Cabús, MD, PhD, A. Calero, MD, PhD, A. Minguillon, MD, J.M. Ramia, MD, PhD, C. Alcazar, MD, PhD, J. Aguilo, MD, J.A. Ruiperez-Valiente, PhD, L.F. Grochola, MD, PhD, P.-A. Clavien, MD, PhD, H. Petrowsky, MD, PhD, R. Robles-Campos, MD, PhD

The patients with a vascular injury should be immediately referred to a specialized center to decrease the number of accumulated major complications until the definitive repair.

**COLON/RECTUM/ANUS**

1076 **Failure to rescue after reoperation for major complications of elective and emergency colorectal surgery: A population-based multicenter cohort study**

M.T. Grönroos-Korhonen, MD, L.E. Koskenvuo, MD, PhD, P.J. Mentula, MD, PhD, S.K. Koskensalo, MD, PhD, A.K. Leppäniemi, MD, PhD, V.J. Sallinen, MD, PhD

The aim of this retrospective multicenter study was to characterize and compare postoperative complications needing reoperation after elective and emergency colorectal surgery. The FTR rate was more than 3 times higher after emergency colorectal operation than elective operation (27.1% vs 8.0%), and 4 complication types (anastomotic dehiscence, fascial rupture, bleeding, bowel obstruction) constituted three-fourths of all complications.

1085 **Assessment of mesorectal fascia status in MRI compared with circumferential resection margin after total mesorectal excision and predictors of involved margins**

S.H. Emile, MBBCh, MSc, MD, N. Horesh, MD, M.R. Freund, MD, A. Parlade, MD, A. Nagarajan, MD, Z. Garoufalia, MD, R. Gefen, MD, E. Silva-Alvarenga, MD, G. Dasilva, MD, S.D. Wexner, MD

A change of clear mesorectal fascia in magnetic resonance imaging to involved circumferential resection margin (CRM) in pathology was recorded in 2.8% of patients, and abdominoperineal resection and transabdominal approach were significantly associated with this change; approximately 7% of patients had persistent involvement of CRM in pathology. The omission of total neoadjuvant therapy was significantly associated with persistent margin involvement, with significant independent predictors of involved CRM being body mass index and abdominoperineal resection.

1093 **Local transplantation of syngeneic adipose stromal vascular fraction ameliorates damaged anal sphincter function in a rat model of vaginal distension**

S. Kishimoto, DVM, PhD, M. Ishizuka, MD, PhD, K.-i. Inoue, PhD, T. Yamanishi, MD, PhD, T. Shimizu, MD, PhD, K. Kaga, MD, PhD, T. Aoki, MD, PhD, K. Kubota, MD, PhD

Syngeneic and heterotopic transplanted adipose derived mesenchymal stem cells engrafted in the internal anal sphincter and ameliorated damaged anal sphincter function in a rat model.

**EDUCATION**

1102 **To page or not to page? A qualitative study of communication practices of general surgery residents and nurses**

L.K. Krecko, MD, S.R. Pavuluri Quamme, MD, MS, S. Carnahan, L.M. Steege, PhD, S. Tipple, MSN, RN, CNML, L. Bavery, MSN, RN, C.C. Greenberg, MD, MPH, S. Jung, PhD

We used qualitative methods to explore inpatient communication practices of surgical residents and nurses and to characterize the impact of workflow differences, disruptive communication patterns, and technology on surgical patient and provider well-being. Our findings are important to inform communication best practices and future interprofessional interventions.

1109 **Faculty and resident perceptions of surgical resident workload in comparison to objective data**

E. Walsler, MD, C.J. Zhang, BSc, S. Cristancho, PhD, L. Lingard, PhD, M. Ott, MD, MSc, MHPE

In a comparison of resident and faculty perceptions to observational data of surgical resident workload, the residents had more accurate perceptions of the workload than faculty. The faculty underestimated the time spent on educational activities, and both groups underestimated the time spent on indirect patient care.

**ENDOCRINE**

1114 **Smaller parathyroids have higher near-infrared autofluorescence intensity in hyperparathyroidism**

S.M. Lee, BS, P.H. Dedhia, MD, PhD, C. Shen, MD, PhD, J.E. Phay, MD

In primary hyperparathyroidism, small pathologic glands have higher near-infrared autofluorescence intensity than larger pathologic glands and glands from older patients have greater intensity than glands from younger patients. The importance of this finding is that intraoperative near-infrared cameras may be more helpful when the pathologic tissue is expected to be small or in older patients

**GASTRIC**

1119 **Safety and feasibility of laparoscopy-assisted surgery for gastrointestinal stromal tumors larger than 5 cm: Results of a retrospective, single-center series of 1,802 consecutive patients**

T. Wang, PhD, Z. Xiong, PhD, Y. Huang, PhD, W. Yang, PhD, J. Lv, MD, X. Zeng, MD, X. Chen, MD, W. Liu, PhD, X. Zeng, PhD, K. Tao, PhD, P. Zhang, MD

This study has revealed that laparoscopy-assisted resection for >5 cm GIST was associated with improved postoperative and comparable oncological outcomes, regardless of whether the tumor had a gastric or nongastric location. The importance of this finding is that the study is the largest cohort of patients who underwent laparoscopy-assisted surgery for primary GISTs with a tumor larger than 5 cm to date, meaning that it can provide some guidance on the choice of surgical procedures for specialists and clinicians.

**HEALTHCARE**

**1126 Preventable operating room delays in robotic-assisted thoracic surgery: Identifying opportunities for cost reduction**

D.M. Kenawy, MD, R.L. Ackah, MD,  
M. Abdel-Rasoul, MS, MPH, M.M. Tamimi, BS,  
G.M. Thomas, BS, T.A. Roach, BS, D.M. D'Souza, MD, FACS,  
R.E. Merritt, MD, FACS, P.J. Kneuert, MD, FACS

This work characterized the length and costs of intraoperative delays during robotic-assisted thoracic surgery, as well as significantly decreased the perception of delays by operating room team members compared with third-party observers. The importance of this finding is in the need to increase the perceptions of intraoperative delays to improve operating room efficiency.

**HEPATIC**

**1133 Impact of anatomical liver resection on patient survival in KRAS-wild-type colorectal liver metastasis: A multicenter retrospective study**

T. Kawai, MD, PhD, T. Ishii, MD, PhD, Y. Uchida, MD, PhD,  
A. Sato, MD, PhD, S. Naito, MD, K. Kitaguchi, MD,  
T. Komatsubara, MD, I. Nakamura, MD, PhD,  
S. Ogiso, MD, PhD, K. Fukumitsu, MD, PhD, S. Seo, MD, PhD,  
T. Fujikawa, MD, PhD, K. Yasuchika, MD, PhD,  
T. Hirose, MD, PhD, M. Zaima, MD, PhD, K. Taura, MD, PhD,  
E. Hatano, MD, PhD, H. Terajima, MD, PhD

In contrast to KRAS-mutated colorectal liver metastases with higher extrahepatic recurrence after liver resection, local liver control via anatomical liver resection improved the postoperative survival in patients with KRAS-wild-type colorectal liver metastases. The importance of this finding would contribute to the realization of personalized liver resection for colorectal liver metastases.

**1141 Applicability and reproducibility of the validated intraoperative bleeding severity scale (VIBe scale) in liver surgery: A multicenter study**

J.M. Ramia, MD, PhD, D. Aparicio-López, MD,  
J.M. Asencio-Pascual, MD, PhD,  
G. Blanco-Fernández, MD, PhD,  
E. Cugat-Andorrá, MD, PhD, M.Á. Gómez-Bravo, MD, PhD,  
E. López-Ben, MD, E. Martín-Pérez, MD, PhD,  
L. Sabater, MD, PhD, M. Serradilla-Martín, MD, PhD

This study observed a high reproducibility and repeatability of the clinician-reported validated intraoperative bleeding severity (VIBe) scale in liver surgery, with interobserver and intraobserver agreements that were classified as excellent. Besides clarifying definitions, standardizing evidence, and building a “common language,” the VIBe scale may help surgeons to be able to choose the right hemostatic agent, in the right patient, in the right procedure, and at the right step of the procedure.

**1147 Risk factors and long-term prognosis of beyond-Milan recurrence after hepatectomy for BCLC stage 0/A hepatocellular carcinoma: A large-scale multicenter study**

Z.-H. Feng, MD, M.-D. Wang, MD, Z. Chen, MD,  
L.-Y. Sun, MD, X. Xu, MD, Q.-Y. Kong, MD, Z.-X. Chen, MD,  
Y.-Y. Zeng, MD, Y.-J. Liang, MD, Z.-Y. Chen, MD,  
H. Wang, MD, Y.-H. Zhou, MD, T.-H. Chen, MD,  
L.-Q. Yao, MD, C. Li, MD, T.M. Pawlik, MD, MPH, PhD,  
W.Y. Lau, MD, F. Shen, MD, PhD, T. Yang, MD

For the patients who received curative hepatectomy for early-stage hepatocellular carcinoma, besides several tumor-specific characteristics of initial tumors, no surveillance or irregular surveillance for recurrence were also independent risk factors for beyond-Milan recurrence. As such, enhancing a regular surveillance strategy is an important and actionable measure in avoiding beyond-Milan recurrence and improving the long-term survival outcomes for patients treated with hepatectomy for hepatocellular carcinoma.

**1156 Proof of concept of improved fluorescence-guided surgery of colon cancer liver metastasis using color-coded imaging of a tumor-labeling fluorescent antibody and indocyanine green restricted to the adjacent liver segment**

H. Nishino, MD, PhD, M.A. Turner, MD,  
S. Amirfakhri, PhD, DVM, H.M. Hollandsworth, MD,  
T.M. Lwin, MD, MS, M. Hosseini, MD, B. Framery, MSc,  
F. Cailler, PhD, André Pèlerin, PhD, R.M. Hoffman, PhD,  
M. Bouvet, MD

The present study provided a proof-of-concept of fluorescence-guided surgery (FGS) in an orthotopic mouse model, labeling the metastatic liver tumor with SGM-101 and the adjacent liver segment with indocyanine green. The importance of this report is that FGS with double labeling can be effective for both partial and anatomic liver resection.

**1164 Systematic review and meta-analysis of 90-day and 30-day mortality after liver resection in the elderly**

A. Ghanie, MD, MPH, M.K. Formica, MSPH, PhD,  
M. Dhir, MD

This study used a large national database and logistic regression to compare nonmetastatic rectal cancer patients who refused surgery with patients for whom surgery was not part of the recommended course of treatment. The importance of this study is to demonstrate that these cohorts are distinct demographically, which has implications for how to best ensure the equitable and appropriate implementation of nonoperative management in rectal cancer.

**1174 Optimal tumor numbers in surgical candidates for multiple hepatocellular carcinomas**

T. Kokudo, MD, T. Ishizawa, MD, R. Nagata, MD,  
A. Ichida, MD, Y. Mihara, MD, Y. Kawaguchi, MD,  
N. Akamatsu, MD, J. Kaneko, MD, J. Arita, MD,  
N. Kokudo, MD, K. Hasegawa, MD

Overall survival after liver resection was significantly worse for the patients with >3 tumors than for those with <3 tumors. However, liver resection can be recommended for patients with 2 or 3 hepatocellular carcinomas because an acceptable median survival (>5 years) can be expected.

**INFECTION/INFLAMMATION**

- 1179 **Evaluating the effectiveness of using negative pressure wound therapy in the preservation of the infected prosthetic aortic graft**  
C.-H. Chang, MD, C.-C. Huang, MD, C.-M. Lin, MD, S.-M. Huang, MD, C.-C. Lin, MD, C.-C. Chuang, MD, H. Hsu, MBChB

Infected deep sternal infection due to an associated infection of the prosthetic aortic graft is a devastating condition. This small study showed that negative pressure wound therapy could be used successfully for the management of the deep sternal infection due to infected prosthetic aortic grafts and eliminate the need to replace the infected prosthetic aortic graft in high-risk patients.

**NUTRITION/METABOLISM**

- 1185 **Prognostic value of myosteatosis and sarcopenia for elderly patients with colorectal cancer: A large-scale double-center study**  
W.-Z. Chen, MD, Z.-L. Shen, MD, F.-M. Zhang, MD, X.-Z. Zhang, MD, W.-H. Chen, MD, X.-L. Yan, MD, C.-L. Zhuang, MD, PhD, X.-L. Chen, MD, Z. Yu, MD, PhD

To date, there is limited data on the impact of myosteatosis and sarcopenia in older patients. This large-scale double-center study found that myosteatosis and sarcopenia have different characteristics and poor prognoses in older patients with colorectal cancer.

**OUTCOMES**

- 1194 **Long-term bowel dysfunction and decision regret in diverticulitis: A mixed methods study**  
N.J. Harrison, MMSc, M.M. Ford, MD, E.M. Wolf Horrell, MD, PhD, M. Feng, BS, F. Ye, PhD, K.C. Zhang, MS, A.T. Hawkins, MD, MPH

This mixed-methods, survey-based study of patients with recurrent diverticulitis found that 1 in 4 experience severe bowel dysfunction and 1 in 6 regret their decision to pursue a surgical versus observational management strategy. The importance of this finding is that surgeons will be better able to inform patients about the expected outcomes after colectomy for recurrent diverticulitis.

**PANCREAS**

- 1202 **Pancreatic resections for benign intraductal papillary mucinous neoplasms: Collateral damages from friendly fire**  
F. Aleotti, MD, S. Crippa, MD, PhD, G. Belfiori, MD, D. Tamburrino, MD, PhD, S. Partelli, MD, PhD, E. Longo, MD, D. Palumbo, MD, Nicolò Pecorelli, MD, M.S. Lena, MD, G. Capurso, MD, PhD, P.G. Arcidiacono, MD, M. Falconi, MD

Patients who underwent surgery for intraductal papillary mucinous neoplasms that resulted in low-grade dysplasia at final pathology had relevant rates of postoperative morbidity, postoperative pancreatic insufficiency, and diabetes associated with a risk of tumor recurrence in the remnant, thus requiring persistent surveillance. Surgeons should attentively balance the risk of progression to cancer in IPMNs with the risks of short- and long-term complications after surgical resection in these patients.

- 1210 **Resection of the splenic vessels during laparoscopic central pancreatectomy is safe and does not compromise preservation of the distal pancreas**  
C. de Ponthaud, MD, J. Grégory, MD, J. Pham, MD, G. Martin, MD, B. Aussilhou, MD, F.S. Ftériche, MD, M. Lesurtel, MD, PhD, A. Sauvanet, MD, PhD, S. Dokmak, MD, PhD

Resection of splenic vessels during laparoscopic central pancreatectomy (LCP) may be necessary for hemostasis or inflammatory and tumor adhesions. We demonstrated that the resection of the splenic vessels during LCP is safe and does not increase either postoperative pancreatic fistula or pancreatic insufficiency compared with preservation of splenic vessels.

- 1220 **The clinical impact of modified transpancreatic mattress sutures with polyglactin 910 woven mesh on postoperative pancreatic fistula in distal pancreatectomy**

H. Imamura, MD, H. Takahashi, MD, PhD, H. Akita, MD, PhD, H. Wada, MD, PhD, Y. Mukai, MD, PhD, K. Asukai, MD, PhD, S. Hasegawa, MD, PhD, Y. Fujii, MD, T. Sugase, MD, PhD, M. Yamamoto, MD, PhD, T. Takeoka, MD, PhD, N. Shinno, MD, PhD, H. Hara, MD, PhD, T. Kanemura, MD, PhD, N. Haraguchi, MD, PhD, J. Nishimura, MD, PhD, C. Matsuda, MD, PhD, M. Yasui, MD, PhD, T. Omori, MD, PhD, H. Miyata, MD, PhD, M. Ohue, MD, PhD, M. Sakon, MD, PhD

We report our surgical technique of pancreatic stump closure in distal pancreatectomy using horizontal transpancreatic mattress sutures with the combination of fibrin sealant and polyglycolic acid felt. The importance of this finding is that our stump-closure method effectively prevents postoperative pancreatic fistula in distal pancreatectomy, especially in cases with thick pancreas.

- 1228 **Development and validation of the Massachusetts General Hospital/Memorial Sloan Kettering nomogram to predict overall survival of resected patients with pancreatic ductal adenocarcinoma treated with neoadjuvant therapy**

G. Qiao, MD, PhD, C.H. Ilagan, MD, C. Fernandez-del Castillo, MD, C.R. Ferrone, MD, Q.P. Janseen, MD, V.P. Balachandran, MD, N.M. Sell, MD, J.A. Drebin, MD, PhD, T. Hank, MD, T.P. Kingham, MD, M.I. D'Angelica, MD, W.R. Jarnagin, MD, K.D. Lillemoe, MD, A.C. Wei, MD, M. Qadan, MD, PhD

In this study, a neoadjuvant pancreas cancer nomogram with statistically significant prognostic factors was established based on institutional data and demonstrated excellent discriminatory power with external validation. This model allows clinicians to better estimate the survival of patients who underwent neoadjuvant therapy and improved predictive capacity compared with the 8th American Joint Committee on Cancer tumor-nodes-metastasis staging system.

## CONTENTS *continued*

- 1236 **Preoperative assessment of microvessel density in nonfunctioning pancreatic neuroendocrine tumors (NF-PanNETs)**  
A. Battistella, MD, S. Partelli, MD, PhD,  
V. Andreasi, MD, PhD, I. Marinoni, PhD, D. Palumbo, MD,  
M. Tacelli, MD, M.S. Lena, MD, F. Muffatti, MD,  
J. Mushtaq, MD, G. Capurso, MD, PhD,  
P.G. Arcidiacono, MD, F. De Cobelli, MD, C. Dogliani, MD,  
A. Perren, MD, M. Falconi, MD
- The contrast-enhanced computed tomography arterial hypoenhancement and contrast-enhanced endoscopic ultrasound late washout proved to be independent predictors of low microvessel density in pancreatic neuroendocrine tumors, a feature strongly associated with a higher disease aggressiveness. The importance of this finding lies in its possible clinical implications, as a preoperative assessment of microvessel density through imaging studies could allow an early prognostic stratification, helping in the choice of the most appropriate therapeutic approach.

- 1245 **Resection of pancreatic adenocarcinomas with synchronous liver metastases: A retrospective study of prognostic factors for survival**  
P. Bachelier, MD, P. Addeo, MD, MPH, PhD, FACS,  
G. Averous, MD, P. Dufour, MD
- Survival after resection of oligometastatic liver disease remains limited, reflecting the poor prognosis of metastatic disease even after aggressive treatment. Large comparative studies with exclusive chemotherapy are needed to validate and identify best candidates for surgery. Pre-resection CA19-9 serum levels represent a useful tool for patient selection, and administration of adjuvant chemotherapy has a major impact on overall survival.

## PEDIATRICS

- 1251 **Multimodality treatment of pediatric Ewing sarcoma: A single-center 10-year analysis of outcomes**  
J.C. Jacobson, MD, R.A. Clark, MD, S.B. Cairo, MD, MPH,  
J.T. Murphy, MD, D.H. Chung, MD
- This retrospective review of Ewing sarcoma patients treated over a decade (2010–2020) shows that there is no significant difference in local progression, event-free survival, or overall survival based on the treatment modality used for local control, regardless of tumor margin status. The findings from this report aid in addressing a long-debated clinical question by evaluating the data on Ewing sarcoma patients to determine the optimal modality of local control and the effectiveness of aggressive tumor resection with tumor-free margin.

## TRANSPLANTATION

- 1257 **Is there value in volume? An assessment of liver transplant practices in the United States since the inception of MELD**  
M.S. Patel, MD, MBA, ScM, B.K. Wang, BS,  
M. MacConmara, MD, PhD, C. Hwang, MD, J.A. Shah, DO,  
L. De Gregorio, MD, S.I. Hanish, MD, D.M. Desai, MD, PhD,  
S. Zhang, PhD, H.J. Zeh III, MD, P.A. Vagefi, MD
- The costly nature of liver transplantation makes it an ideal specialty for defining and delivering value. As center volume was found to be associated with health care value, and cost containment is paramount, it is imperative that value-based best practices from large centers are identified and broadly implemented.

- 1263 **Starting the conversation about value in liver transplantation: Invited Commentary on “Is there value in volume? An assessment of liver transplant practices in the United States since the inception of MELD”**  
A.M. Meinders, MD, M.J. Hobeika, MD, FACS
- In this issue of *Surgery*, Patel et al present a definition of value in liver transplantation and correlate the magnitude of value with transplant center volume. This commentary places this novel value definition into context within the current, complex liver transplantation environment.

## TRAUMA/CRITICAL CARE

- 1265 **Optimal time to thoracoscopy for trauma patients with retained hemothorax**  
B.R. Zambetti, R.H. Lewis Jr., S.R. Chintalapani, N. Desai,  
G.S. Valaulikar, L.J. Magnotti
- Using a large, national database, this study sought to find the optimal time to VATS for a retained hemothorax after trauma to minimize pulmonary morbidity. The optimal time (<3.9 days) to VATS was identified as the only modifiable risk factor associated with decreased pulmonary morbidity for patients with retained hemothorax.
- 1270 **Evaluating the effect of age on postoperative and clinical outcomes in patients admitted to the intensive care unit after gastrointestinal cancer surgery**  
J.Y. Lee, MD, H. Park, MD, M.K. Kim, MD, I.-k. Kim, MD, PhD
- In patients admitted to the intensive care unit after gastrointestinal cancer surgery, comorbidities increase with age, though there was no significant difference in postoperative and clinical outcomes related to age.
- 1278 **Prehospital plasma is associated with survival principally in patients transferred from the scene of injury: A secondary analysis of the PAMPer trial**  
R.E. Lewis, MD, S.L. Muluk, BA, K.M. Reitz, MD,  
F.X. Guyette, MD, MPH, J.B. Brown, MD, MSc,  
R.S. Miller, MD, B.G. Harbrecht, MD, J.A. Claridge, MD,  
H.A. Phelan, MD, MSCS, M.H. Yazer, MD, R.E. Heidel, PhD,  
A.S. Rowe, PharmD, J.L. Sperry, MD, MPH,  
B.J. Daley, MD, MBA, PAMPer Study Group
- Prehospital plasma is associated with the survival principally in patients who have a transfer origin from the scene of injury. These findings may be important when planning prehospital interventional trials in trauma.
- 1285 **Early pulmonary artery catheterization is not associated with survival benefits in critically ill patients with cardiac disease: An analysis of the MIMIC-IV database**  
J. Wu, MD, Q. Liang, MD, H. Hu, MD, S. Zhou, MD,  
Y. Zhang, MD, S. An, MD, T. Sha, MD, L. Li, MD,  
Y. Zhang, MD, Z. Chen, MD, S. An, MD, Z. Zeng, MD
- PAC placement is not associated with survival benefits in critically ill patients with cardiac diseases, either in surgical or nonsurgical patients. Thus, clinicians should carefully consider the clinical risks and benefits on a patient-by-patient basis.

**IMAGES IN SURGERY**

e37 **Small bowel obstruction after laparoscopic adjustable gastric band: The gastric band is not always the one involved**  
T. Vicenty, MD, V. Zoratti, MD, S. Ravaud, MD,  
D.J. Birnbaum, MD, PhD  
Laparoscopic adjustable gastric banding is still a common procedure in bariatric surgery. Our case describes an uncommon occlusion due to the connecting tube. The evidence of the diagnosis has been done during the surgery. This article brings another etiology in case of occlusion in bariatric patients, and for the following could help to do the diagnosis earlier.

e39 **Accidental ingestion of hydrogen peroxide**  
J. Caillot, MD, R. Grellet, MD, F. Robelin, MD, P. Rat, MD,  
P. Ortega Deballon, MD, PhD  
Accidental ingestion of hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) in a 50-year-old man without any clinical consequence. Computed tomography–scan images were impressive, with massive gas embolism in the wall of the oeso-cardial junction and portal venous gas throughout the liver; management was only medical.

e41 **Transmitral excision of primary left ventricular thrombi presenting with acute limb ischemia**  
Z. Brennan, BS, N. Reed, DO, R. Rajagopal, MD,  
V. Barodka, MD, M. Atwal, DO,  
K. Mandal, MD, MPH, MS, FHRS, FESC, FRCS (CTh)  
This article uses a notable image to aid readers in making a correct diagnosis in the case of left ventricular thrombus presenting as acute limb ischemia requiring surgical intervention, as seen at our institution. This report is significant for its educational value to aid other clinicians in the recognition of this unusual presentation and the subsequent management.

e43 **Physical exam reveals etiology of liver and pancreatic tumors**  
L.B. Kone, MD, MHS, A.V. Maker, MD  
We present our experience with a middle-aged woman who underwent an extensive workup for incidentally identified hepatic and pancreatic tumors considered to be metastatic disease on referral. After extensive radiographic and endoscopic workup, which included a nondiagnostic biopsy, surgical resection of one of the lesions revealed premalignant inflammatory hepatic adenoma on final pathology. She committed to surveillance imaging for potential malignant transformation until a physical exam finding revealed the true cause of her tumors.

e45 **About an unusual biliary cystic liver tumor**  
A. Marichez, MD, B. Fernandez, MD, L. Chiche, MD  
In front of an atypical cystic liver lesion with radiographic criteria of malignancy, biliary adenofibroma could be a diagnostic. We reported the unusual radiologic and intraoperative findings that may suggest these tumors.

e47 **A large pancreatic mass in a young adult**  
B. Kowalski, BS, P.N. Chotai, MD, A. Perez, MD,  
K. Idrees, MD, MSCI  
We describe a case of primary extraosseous Ewing Sarcoma of the pancreas—only the 28th such case to be reported in the literature. A timely diagnosis and treatment with local control and neoadjuvant are associated with the overall survival of 80% for localized disease and 29% for metastatic disease.

**READER SERVICES**

- A1 **Information for readers**
- A8 **Information for authors**
- 1113 **Change of address**
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