Outcomes Of Attending Surgeons After Overnight Trauma Shifts

The J*ournal of the American College of Surgeons* recently offered a look at the surgical outcomes performed by surgeons comming off an overnight trauma shift. According to the authors, to date, work-hour restrictions have not been imposed on attending surgeons in the United States. The purpose of this study was to investigate the impact of working an overnight trauma shift on outcomes of general surgery operations performed the next day by the post-call attending physician.

Consecutive patients over a 3.5-year period undergoing elective general surgical procedures were reviewed. Procedures were limited to hernia repairs (inguinal and ventral), cholecystectomies, and intestinal operations. Any operations that were performed the day after the attending surgeon had taken an overnight trauma shift were considered post-call (PC) cases. All other cases were considered nonpost-call (NP). Outcomes from the PC operations were compared with those from the NP operations.

There were 869 patients identified; 132 operations were performed PC and 737 were NP. The majority of operations included hernia repairs (46 percent), followed by cholecystectomies (35 percent), and intestinal procedures (19 percent). Overall, the PC operations did not differ from the NP operations with respect to complication rate or readmission within 30 days. Additionally, multi-variable logistic regression failed to identify an association between PC operations and the development of adverse outcomes. Follow-up was obtained for an average of 3 months.

Based on their findings, the authors concluded that performance of general surgery operations the day after an overnight in-hospital trauma shift did not affect complication rates or readmission rates. At this time, there is no compelling evidence to mandate work-hour restrictions for attending general surgeons.

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