Rest Doesn't Help Resident's Outcomes In Common Surgeries

As the Accreditation Council for Graduate Medical Education seeks to improve patient care by further limiting the hours worked by medical residents, the *Journal of Surgical Research* has published a new study reporting that outcomes in two common surgeries – appendectomy and laparoscopic cholecystectomy – were similar among residents who had worked less than 16 hours and those who had worked more than 16 hours.

The research team, led by investigators at Los Angeles Biomedical Research Institute, concluded that requiring a five-hour rest period at night for surgical residents after 16 hours of work is unlikely to improve the outcomes for these commonly performed operations.

The researchers compared outcomes in these two operations when they were performed during the day by surgical residents who had worked less than 16 hours and at night by surgical residents who had worked 16 or more hours. The researchers concluded that appendectomy and cholecystectomy operations performed at night by less rested and possibly sleep-deprived residents had similar good outcomes compared with those performed during the regular work day.

“In terms of the two most commonly performed operations by surgical trainees, the study suggests that limiting resident shifts to 16 hours of work is unlikely to improve surgical outcomes,” said corresponding author Christian de Virgilio, MD, a LA BioMed principal investigator.

“Training surgeons takes more time than many other medical disciplines because the residents must learn the craft of surgery along with patient care. By reducing the hours per day available for surgical training, residents would miss out on critical aspects of a patient's care. It will also further increase the costs and length of time to train surgeons.”

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