General Thoracic Surgeons Leading Providers Of Non-Cardiac Thoracic Surgery

While thoracic surgeons are traditionally known as the experts who perform heart surgeries, a UC Davis study has found that general thoracic surgeons, especially those at academic health centers, perform the vast majority of complex non-cardiac operations, including surgeries of the esophagus and lungs. The authors said their results, published in the October issue of *The Annals of Thoracic Surgery*, support the designation of general thoracic surgery as a distinct specialty, which will benefit patients when selecting surgeons for specific procedures.

"In years past, most non-cardiac thoracic surgeries were performed by general or cardiac surgeons," said study lead author David Cooke, a UC Davis assistant professor of clinical surgery. "Our study shows just how much those practice patterns have evolved and the value of academic centers for non-cardiac thoracic surgical treatments, which is certainly a consideration for patients and their families as they make choices about where to have surgery performed."

The new specialty designation would also help teaching hospitals plan their surgery residency curricula, according to David Wisner, senior author of the study and UC Davis professor of surgery. "Given the prevalence of lung and esophageal diseases, especially cancers, all surgeons-in-training need to know the best and most current thoracic surgery techniques in order to provide skilled, curative approaches for these patient populations," said Wisner.

In conducting the study, Cooke and Wisner evaluated billing patterns among more than 5,000 clinically active U.S. physicians in academic medical centers over three fiscal years, from 2007 to 2010. The data came from the University Health System Consortium and the Association of American Medical Colleges Faculty Practice Solution Center databases, which track details related to procedures performed at academic hospitals. The team focused on academic institutions because they perform many non-cardiac thoracic surgeries and tend to set standards for medical practice. The study showed that the vast majority (77.5 percent) of complex non-cardiac thoracic surgical procedures in academic settings were performed by general thoracic surgeons, compared with 9.9 percent by cardiac surgeons, 8.9 percent by general surgeons and 3.7 percent by surgical oncologists.

They also found that specific chest procedures were more likely to be performed by general thoracic surgeons. For example:

- General thoracic surgeons averaged 51.1 pulmonary resections (removal of part of the lung) per year, while cardiac surgeons averaged 9.4 per year.
- General thoracic surgeons averaged 12.2 esophagectomies (removal of the esophagus) per year, and cardiac surgeons averaged less than one per year.

- General thoracic surgeons averaged 16 lobectomies (removal of parts of the lung) per year using a minimally invasive procedure known as video-assisted thoracoscopic surgery, compared to approximately one per year for other surgical specialists.

The analysis showed no differences for pneumonectomies (removal of a lung) performed by general thoracic and cardiac surgeons, who both averaged 2.1 per year. General surgeons and surgical oncologists averaged no more than 1.6 cases per year for all procedure categories included in the study. "It's clear that general thoracic surgeons in academic settings perform the lion's share of pulmonary resections and esophagectomies and nearly all of the minimally invasive procedures," said Cooke. "It's important to consider the current state of the field when defining specialties, along with policies for referrals, credentialing and training."

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