

Duty hour restrictions don't impair thyroid surgery outcomes

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(HealthDay)—Implementation of duty hour reform does not negatively

impact thyroid and parathyroid procedure outcomes, according to a study published online Feb. 9 in *JAMA Otolaryngology-Head & Neck Surgery*.

Aaron Smith, M.D., from the University of Tennessee Health Science Center in Memphis, and colleagues conducted a retrospective cross-sectional analysis of the National Inpatient Sample for procedure codes associated with thyroid and parathyroid procedures for 2000 to 2002 and 2006 to 2008. Hospitals were categorized as nonteaching hospitals (NTHs), [teaching hospitals](#) without otolaryngology programs (THs), and teaching hospitals with otolaryngology programs (THs-OTO).

Data were included for 34,685 head and neck procedures in 2000 to 2002 and 39,770 procedures in 2006 to 2008 (14.7 percent increase). The researchers found that in 2006 to 2008, THs-OTO contributed a greater share of procedures (from 18 to 25 percent). Compared with 2000 to 2002, length of stay remained constant in 2006 to 2008 (21 days) but there was an increase in total [hospital](#) charges (from \$12,978 to \$23,708; P odds ratios, 1.21, 1.27, and 1.36) with NTHs, THs, and THs-OTO (odds ratios, 1.26, 1.65, and 1.98) accounting for these differences, respectively. Following a decrease in the THs-OTO mortality rate (odds ratio, 0.34), there was a decrease in overall mortality (odds ratio, 0.66).

"This finding refutes the concern that duty hour restrictions result in poorer overall outcomes," the authors write.

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