

Surgeon case experience impacts peds cholecystectomy morbidity

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(HealthDay)—High-volume general surgeons have lower morbidity rates

than low-volume pediatric surgeons for laparoscopic cholecystectomy in pediatric patients, independent of pediatric volume, according to a study published online Jan. 17 in *JAMA Surgery*.

Gileh-Gol Akhtar-Danesh, M.D., from McMaster University in Hamilton, Canada, and colleagues conducted a retrospective, population-based study of Canadian children age 17 and younger undergoing laparoscopic cholecystectomy from April 1, 2008, to March 31, 2015. The objective was to assess patient and health system factors associated with outcomes and costs after the procedure. A total of 3,519 [laparoscopic cholecystectomies](#) were performed during the study period, and 98 percent were for [gallstone](#) disease.

The researchers found that the overall morbidity rate was 3.9 percent. Patients with comorbidities were more susceptible to morbidity, after adjustment (odds ratio, 2.68). There was less morbidity in operations for gallstones. Lower [morbidity](#) rates were seen for high-volume general surgeons versus low-volume pediatric surgeons (odds ratio, 0.32), independent of pediatric volumes. For laparoscopic cholecystectomy, the mean unadjusted cost was \$4,115. Cost associations included operative indication, complications, comorbidities, emergency admission, and surgeon volume.

"As the rate of pediatric gallstone disease increases, surgeon volume, rather than specialty training, should be considered when pursuing operative management," the authors write.

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