

Operating overnight not tied to worse outcomes for next-day surgeries

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Operating overnight is not associated with worse outcomes for

operations performed by surgeons the subsequent day, according to a study published online May 23 in *JAMA Internal Medicine*.

Eric C. Sun, M.D., Ph.D., from the Stanford University School of Medicine in California, and colleagues examined the association between an attending surgeon operating overnight and outcomes for operations performed by that surgeon the next day. The analysis included data from 1,131 surgeons from 20 high-volume U.S. institutions (498,234 patients) for surgical procedures performed during the day (between 7 a.m. and 5 p.m.) between Jan. 1, 2010, and Aug. 30, 2020.

The researchers found that 2.6 percent of procedures involved an attending surgeon who operated the night before. The adjusted incidence of in-hospital death or major complications was 5.89 percent among daytime operations when the attending surgeon operated the night before versus 5.87 percent among daytime operations when the same surgeon did not operate the night before, when adjusting for operation type, surgeon fixed effects, and observable patient characteristics. Only operation length differed significantly with overnight work status, with operating the previous night associated with a statistically significant decrease in length of daytime operations (adjusted difference, -4.7 minutes), although this difference is unlikely to be meaningful.

"These results provide reassurance concerning the practice of having attending [surgeons](#) take overnight call and still perform operations the following morning," the authors write.

Several authors disclosed financial ties to the telehealth, data science, and [pharmaceutical industries](#).

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