

Resident trainees up operative times for hysterectomy

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(HealthDay)—Resident participation in laparoscopic hysterectomy procedures for benign disease is associated with longer surgical time and small increases in the rates of postoperative reoperation and readmission, according to a study published in the November issue of the *American Journal of Obstetrics & Gynecology*.

Elena Igwe, M.D., from Temple University in Philadelphia, and colleagues retrospectively reviewed data from the National Surgical Quality Improvement Program and identified 3,441 laparoscopic hysterectomies for benign disease. Of those, 1,591 were performed with resident involvement and 1,850 were performed with the attending physician alone. All were from 2008 to 2011.

The researchers found that cases with resident involvement had higher mean age, Charlson morbidity scoring, and American Society of Anesthesiologists classification, and were more likely to be inpatient cases. The mean operative time increased with resident involvement. Rates of experiencing at least one complication, composite severe morbidity, and the 30-day mortality rate were similar with or without residents. There were significantly increased rates of postoperative transfusion of packed red blood cells, reoperation, and 30-day [readmission](#) for cases with resident involvement, with similar results seen with adjustments for differences between the two groups.

"Resident involvement in total laparoscopic hysterectomy for benign disease was associated with clinically appreciable longer surgical time and small differences in the rates of postoperative transfusions, reoperation, and readmission," the authors write.

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