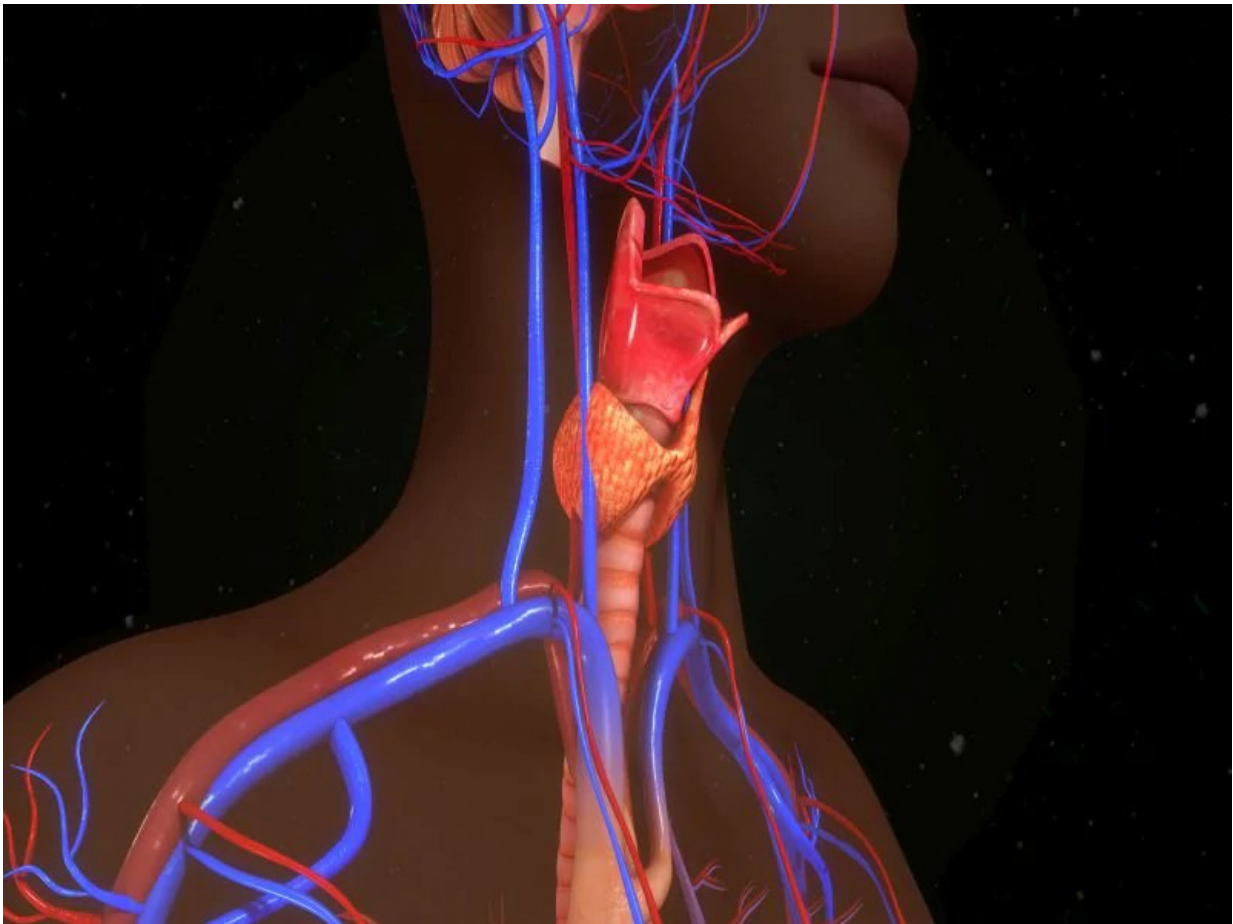


Higher-volume hospitals have better laryngectomy outcomes

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(HealthDay)—Laryngectomy outcomes appear to be associated with

hospital volume for such cases, according to a study published online Nov. 21 in *JAMA Otolaryngology-Head & Neck Surgery*.

Christine G. Gourin, M.D., from Johns Hopkins University in Baltimore, and colleagues evaluated the volume-outcome association for laryngectomy surgery to identify a minimum [hospital](#) volume threshold associated with improved outcomes. Data from the Nationwide Inpatient Sample was used to identify 45,156 [patients](#) who underwent laryngectomy procedures for a malignant laryngeal or hypopharyngeal neoplasm between 2001 and 2011.

The researchers found that higher-volume hospitals were more likely to be teaching hospitals in urban locations and to treat patients who had hypopharyngeal cancer. Higher-volume hospitals were more likely to treat patients of white race/ethnicity, who were admitted electively, who had no comorbidity, and who had private insurance. Further, higher-volume hospitals were more likely to perform flap reconstruction or concurrent neck dissection. In adjusted analysis, hospitals treating more than six cases per year were associated with lower odds of surgical and medical complications. The reduction in the odds of complications was greater with increasing hospital volume. Hospitals in the top-volume quintile (>28 cases per year) were associated with decreased odds of in-hospital mortality (odds ratio, 0.45), postoperative surgical complications (odds ratio, 0.63), and acute medical complications (odds ratio, 0.63). A statistically meaningful negative association was observed between the care at very high-volume hospitals and the mean incremental length of hospitalization (−3.7 days) and hospital-related costs (−\$4,777).

"These data support the concept of centralization of complex care at centers able to meet minimum volume thresholds to improve patient outcomes," the authors write.

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