

Selected procedures may be performed by surgical residents alone

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(HealthDay)—For appropriately selected cases, patient outcomes are

similar whether surgical procedures are performed by residents alone, attending surgeons alone, or residents with the assistance of attending surgeons, according to a study published online Dec. 22 in *JAMA Surgery*.

Joseph B. Oliver, M.D., M.P.H., from the VA New Jersey Healthcare System in East Orange, and colleagues assessed whether surgical procedures performed by residents without an attending surgeon scrubbed were associated with differences in [patient outcomes](#) compared with procedures performed by attending surgeons alone or by residents with the assistance of attending surgeons. The analysis included about 1.3 million operations identified in the Veterans Affairs Surgical Quality Improvement Program database from July 1, 2004, to Sept. 30, 2019.

The researchers found that 138,750 operations were performed by residents only, 308,724 by surgeons only, and 871,546 by residents and [surgeons](#). No difference was seen in outcomes between patients who received surgeon-primary versus [resident](#)-primary procedures (all-cause mortality: odds ratio, 1.03 [95 percent confidence interval (CI), 0.95 to 1.12]; composite morbidity: odds ratio, 1.01 [95 percent CI, 0.97 to 1.05]). Nor was any difference seen in outcomes between patients who received resident plus surgeon versus resident-primary procedures (all-cause mortality: odds ratio, 1.03 [95 percent CI, 0.97 to 1.11]; composite morbidity: odds ratio, 0.97 [95 percent CI, 0.94 to 1.00]). Operating times were longer for resident-primary procedures versus surgeon-primary procedures (median, 80 versus 70 minutes).

"Given these findings and the importance of operative autonomy to prepare surgical residents for independent practice, efforts to increase autonomy are both safe and needed," the authors write.

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