

Outcomes of abdominal wall reconstruction compared by surgeon rank

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Providing surgical fellows with operative autonomy does not appear to

compromise long-term outcomes of abdominal wall reconstructions (AWRs), according to a study published online May 17 in *JAMA Network Open*.

Abbas M. Hassan, M.D., from University of Texas MD Anderson Cancer Center in Houston, and colleagues evaluated the long-term outcomes of AWRs performed by fellows versus AWRs performed by assistant, associate, and senior-level professors. The analysis included 810 consecutive patients who underwent AWR for ventral hernias or repair of tumor resection defects.

The researchers found that assistant professors performed the most AWRs (38.3 percent), followed by associate professors (23.5 percent), senior-level professors (21.8 percent), and microsurgical fellows (16.4 percent). Senior-level professors tended to operate on significantly [older patients](#) (mean age, 59.9 years), more patients with obesity (65.6 percent), and patients with larger defects (247.9 cm), parastomal hernias (17.2 percent), or rectus muscle violation (33.8 percent) compared with fellows and more junior surgeons. In adjusted models, there were no significant differences seen for hernia recurrence, surgical site occurrence, surgical site infection, 30-day readmission rates, or length of stay based on level of seniority. However, assistant professors and senior-level professors had lower rates of unplanned return to the [operating room](#) compared with fellows.

"Reversing the [trend](#) of diminishing operative autonomy in this domain is warranted to empower [future generations](#) of competent, independent surgeons," the authors write.

One author disclosed financial ties to the medical technology industry.

More information: Abbas M. Hassan et al, Comparison of Outcomes of Abdominal Wall Reconstruction Performed by Surgical Fellows vs

Faculty, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.12444](https://doi.org/10.1001/jamanetworkopen.2022.12444)

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