

No indication of 'July effect' in context of cardiac surgery

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quartile for each procedure. For CABG and isolated TAA replacement, teaching status did not influence risk-adjusted mortality. For AVR and MV surgery, however, significantly lower adjusted mortality was seen in teaching hospitals versus nonteaching hospitals.

"Cardiac surgery patients are managed in a multidisciplinary fashion; therefore, the well-being of patients is not solely dependent on one individual, but rather on the entire caregiving team and so may be more resistant to changes in hospital staff," Shah said in a statement.

One author disclosed financial ties to the pharmaceutical and medical device industries.

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(HealthDay)—In the context of cardiac surgery, there is no indication of a "July effect," describing worse outcomes in the first month of training, according to a study published online July 25 in the *Annals of Thoracic Surgery*.

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Rohan M. Shah, M.D., M.P.H., from Harvard Medical School in Boston, and colleagues isolated all [coronary artery bypass](#) grafting (CABG; 301,105 procedures), surgical aortic valve replacement (AVR; 111,260 procedures), mitral valve repair or replacement (MV; 54,985 procedures), and isolated thoracic aortic aneurysm (TAA; 2,655 procedures) replacement procedures between 2012 and 2014 using the National Inpatient Sample. Overall trends in in-[hospital mortality](#) and hospital complications were compared by academic year quartiles and procedure month for each procedure.

The researchers found that even after risk adjustment, there was no variation in in-hospital mortality by procedure month or academic year

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