Nonsense: We Don’t Train Trauma Surgeons To Do Procedures For Head Trauma And Should Not Train Them To Do Vascular And Endovascular Procedures

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Disclosures

- None
- Head Trauma

Does Case Volume Matter?

- Malcolm Gladwell—10,000 hours
- 80 hours x 48 weeks x 2 years
- 7,680 hours/vascular fellow

Conclusions: Hysterectomies performed by high-volume surgeons at our institution during the three-year study period were associated with shorter operative times and less estimated blood loss.

Conclusions: Patients with CRC who underwent definitive surgery performed by high-volume providers were found to have better outcomes.
**GENERAL SURGERY**

The Influence of Volume and Experience on Individual Surgical Performance
A Systematic Review
Malbaha Mawakapa, MA, BM, BCh; Barry A. Gilbert, MD; Majid A. El-Kanawi, BSc; Moosa Nasehben, BM, BCh; Peter McCallum, MD; FRCS, and Anthony DeCaprio, MD, PhD.

Conclusions: increasing surgical case volume and years of practice are associated with improved performance a procedure specific manner.

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**NIS-various surgical procedures**

- Colon
e- Esophagectomy
- Pancreatectomy
- Thyroidectomy
- CABG
- CAE

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**Evolution of the Surgeon-Volume, Patient-Outcome Relationship**

Evolution of the Surgeon-Volume, Patient-Outcome Relationship

Conclusions: Overall, I adjusted mortality and LOS were significantly lower for high volume surgeons compared with low-volume surgeons in 1999 and 2005.

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**Vascular Surgery--AAA**

From the New England Society for Vascular Surgery

Surgeon case volume, not institution case volume, is the primary determinant of in-hospital mortality after elective open abdominal aortic aneurysm repair

Jason T. McPhee, MD; William P. Robinson III, MD; Mohamed M. Palani, MD; \& Eliot J. Aaron, MD; Louis M. Korica, MD; \& Andrei Schramm, MD; \& Vincent L. Mor

Conclusion: The primary factor driving mortality reduction associated with case volume after opening AAA repair is surgeon volume, not institution volume.

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**Vascular Surgery--CAE**

Conclusion: Those operated by lower past year case volume surgeons had increased mortality.

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**Stroke**

Surgeon Case Volume and 30-Day Mortality After Carotid Endarterectomy Among Contemporary Medicare Beneficiaries

Before and After National Coverage Determination for Carotid Artery Stenting

Hilary Karwowski, MD, MPH; Saleh, Juhan S.; Abara, J; Louis L. Segran, MD, MB; Marc D. Gershfeld-Herman, MD; Lauren, A. Williams, BA; Chai-Ying Choo, PhD; \& John A. Siegel, PhD, MPH; \& Juhan S. Abara, MD; \& Louis L. Segran, MD; \& Marc D. Gershfeld-Herman, MD; \& Lauren, A. Williams, BA; \& Chai-Ying Choo, PhD; \& John A. Siegel, PhD, MPH; \& Juhan S. Abara, MD; \& Louis L. Segran, MD

Conclusion: Those operated by lower past year case volume surgeons had increased mortality.

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**RCT: Well Trained Surgeon vs. Poorly Trained Surgeon**

- Well trained plastic surgeon
- Poorly trained plastic surgeon

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**RCT: Well Trained Surgeon vs. Poorly Trained Surgeon**

- Well trained plastic surgeon
- Poorly trained plastic surgeon

p< 0.0001
Trauma Surgery—The Ultimate Improvisation

• Life is a lot like jazz… it’s best when you improvise.—George Gershwin

• Improvising is wonderful. But, the thing is that you cannot improvise unless you know exactly what you’re doing.—Christopher Walken
Botched Surgery

"Botched attempt is correct. But can anyone suggest a more family-friendly way of describing what happened?"

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