

September 2017 Featured Articles, Volume 225



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Article 1: General Surgery

External validation of the HERNIA score: an observational study. Cherla DV, Moses ML, Mueck KM, et al. *J Am Coll Surg* 2017;225:428–434

Article 2: Gallbladder; General Surgery

Short- and long-term outcomes after a reconstituting and fenestrating subtotal cholecystectomy. van Dijk AH, Donkervoort SC, Lameris W, et al. *J Am Coll Surg* 2017;225:371–379

Article 3: Plastic Surgery

Correlation between lymphedema disease severity and lymphoscintigraphic findings: a clinical-radiologic study. Maclellan RA, Zurakowski D, Voss S, Greene AK. *J Am Coll Surg* 2017;225:366–370.

Article 4: Breast; General Surgery

Oncologic safety of nipple-sparing mastectomy in women with breast cancer. Smith BL, Tang R, Rai U, et al. *J Am Coll Surg* 2017;225:361–365

Objectives: After reading the featured articles published in this issue of the *Journal of the American College of Surgeons* (JACS) participants in this journal-based CME activity should be able to demonstrate increased understanding of the material specific to the article featured and be able to apply relevant information to clinical practice.

A score of 75% is required to receive CME and Self-Assessment credit. The JACS Editor-in-Chief does not assign a manuscript for review to any person who discloses a conflict of interest with the content of the manuscript. Two articles are available each month in the print version, and usually **4 are available online for each monthly issue, going back 24 months.**

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ARTICLE 1

(Please consider how the content of this article may be applied to your practice.)

External validation of the HERNIA score: an observational study

Cherla DV, Moses ML, Mueck KM, et al
J Am Coll Surg 2017;225:428–434

Learning Objectives: After study of this article, surgeons should be able to state the prevalence of radiographic and clinical preoperative and postoperative ventral hernia in patients undergoing resection for gastrointestinal malignancy, and use the revised HERNIA score to risk-stratify patients for incisional hernia.

Question 1

The revised HERNIA score incorporates what additional variable that the original HERNIA score lacked?

- Previous abdominal surgery
- BMI ≥ 25 kg/m²
- COPD
- Type of surgery
- Steroid use within the last 1 month

Critique: In the discussed manuscript, we have improved and validated the HERNIA score for both clinically apparent and radiographic ventral incisional hernia in an external dataset. The original HERNIA score was developed and validated in a veteran population undergoing a wide variety of abdominal operations, with an outcome of either clinical or radiographic hernia. Our new model, the revised

HERNIAScore, incorporates the features of the original model (BMI, incision length, and COPD), distinguishes clinical from radiographic hernias, and adds previous abdominal surgery.

Question 2

The HERNIAScore models can be distinguished from other scoring systems for the following reason:

- The HERNIAScore models include only preoperative and easily predictable intraoperative factors.
- The HERNIAScore models involve mostly operative and postoperative variables.
- The HERNIAScore model has been externally validated in wealthy individuals with insurance.
- Unlike other models, the revised HERNIAScore attributes 1 point for a BMI ≥ 25 kg/m², 3 points for COPD, 5 points for extended laparoscopy, 5 points for laparotomy, and 2 points for previous abdominal surgery.
- Unlike other models, the revised HERNIAScore incorporates an inflammatory gastrointestinal process at the time of surgery.

Critique: The HERNIAScore models remain important scoring systems because they are among the few, if not only, models to include only preoperative and easily predictable intraoperative factors. The patient sample used for external validation in this study was largely composed of uninsured, Medicaid-receiving, or vulnerable individuals seeking care at a safety-net institution. In the revised HERNIAScore, patients receive 1 point for a BMI ≥ 25 kg/m², 1 point for COPD, 5 points for extended laparoscopy, 6 points for laparotomy, and 3 points for previous abdominal surgery. Unlike the model developed by Fischer et al, 2016, the revised HERNIAScore does not incorporate an acute inflammatory gastrointestinal process at the time of surgery.

Question 3

Which of the following variables has repeatedly been associated with increased risk of incisional hernia?

- Previous abdominal surgery
- No previous abdominal operations
- BMI < 25 kg/m²
- Marijuana use
- Age < 20 years old

Critique: Previous abdominal operations have been repeatedly associated with an increased risk of incisional hernia. In addition to this work, Basta et al, 2016 also cite this finding. A BMI > 25 kg/m² has been associated with an increased risk of incisional

hernia (Itatsu et al, 2014). Marijuana use has not been associated with an increased risk of incisional hernia. Older ages have been associated with incisional hernias (Basta et al, 2016; Itatsu et al, 2014).

Question 4

The revised HERNIAScore distinguishes patients into _____ separate groups, using outcomes of _____ hernia.

- 3, clinical or radiographic
- 3, clinical only
- 3, radiographic only
- 2, clinical or radiographic
- 4, clinical only

Critique: The revised HERNIAScore distinguishes patients into 3 separate groups, using outcomes of either clinical or radiographic hernia, based on risk, supporting the strength of the model.

ARTICLE 2

(Please consider how the content of this article may be applied to your practice.)

Short- and long-term outcomes after a reconstituting and fenestrating subtotal cholecystectomy

van Dijk AH, Donkervoort SC, Lameris W, et al
J Am Coll Surg 2017;225:371–379

Learning Objectives: After study of this article, surgeons should be able to classify a subtotal cholecystectomy into the “fenestrating” or “reconstituting” technique and name the specific complications and outcomes associated with each technique. This will help intraoperative decision making when confronted with a difficult gallbladder, and help to choose the preferred technique depending on intraoperative conditions and surgeon preference.

Question 1

Patients who undergo fenestrating subtotal cholecystectomy (STC):

- Have a better long-term quality of life than patients undergoing reconstituting subtotal cholecystectomy
- Will have mostly uncomplicated gallstone disease as their indication to undergo cholecystectomy
- Have a higher recurrence of biliary events than patients undergoing reconstituting subtotal cholecystectomy
- Have a higher rate of bile leakage than after a reconstituting subtotal cholecystectomy

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