

INCREASED RISKS AND PROLONGED RECOVERY IN HBP SURGERY FOLLOWING THE SHIFT TO SINGLE-SURGEON PRACTICE TRIGGERED BY RESIDENT RESIGNATIONS

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Background : The availability of assistive surgical personnel plays a crucial role in optimizing patient outcomes and operational efficiency. South Korea experienced a significant shift in surgical practices due to a nationwide resident strike, necessitating single-surgeon procedures in most hospitals. This study examines the impact of this transition on surgical outcomes.

Methods : This study used prospectively collected surgical records at CHA Bundang Medical Center. Patients who underwent surgery between August 2023 and September 2024 were divided into two groups consecutively (Group 1: August 2023 to February 2024, surgeries performed with an assistant doctor vs. Group 2: March 2024 to September 2024, single-surgeon surgeries). Surgical outcomes and prognostic factors were analyzed between two groups.

Results : A total of 995 surgeries were analyzed, with 499 in Group 1 and 496 in Group 2. Compared to Group 1, Group 2 had a higher complication rate (3.8% vs. 7.5%, $p = 0.018$) and longer mean hospital stays (4.9 ± 5.2 vs $6.0 \pm 6.$, $p = 0.004$). In the prognostic factor analysis associated with major complications, single-surgeon surgery (crude OR: 2.6, $p = 0.012$), major operation (crude OR: 14.18, $p < 0.001$), and organ type (OR: pancreas: 26.87, $p < 0.001$) were identified as statistically significant in univariate analysis. However, in the multivariate analysis, only single-surgeon surgery (OR: 2.26, $p = 0.054$) and organ type (OR: pancreas: 23.37, $p < 0.001$) remained statistically significant.

Conclusions : Single-surgeon surgeries, necessitated by the absence of resident workforce, were associated with a higher complication rate and longer hospital stays.

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