

Study finds that practice makes perfect in lung cancer surgery

October 23 2008

Patients operated on by surgeons who do not routinely remove cancer from the lungs may be at a higher risk for complications, according to a study conducted by researchers at Duke University Medical Center.

"Our study found that hospitals that do higher volumes of these types of surgeries have correspondingly lower mortality rates than those who do fewer of the procedures," said Andrew Shaw, M.D., an anesthesiologist at Duke and lead investigator on the study.

"This has important implications for both patients and doctors: patients should choose a center that does these procedures often, and doctors who are only doing a few of these a year should consider either growing their practices, or focusing their attention on other, less complex, types of surgery."

The results of the study will be published in the December issue of the journal *Cancer Therapy*, but they have already appeared online on the journal's Web site. The study was funded by Duke's department of anesthesiology.

The researchers used the Nationwide Inpatient Sample, a publicly-available database of hospital admissions dating back 20 years and representing approximately 90 percent of hospitals in the country, to examine death rates following three common types of surgery for lung cancer -- pneumonectomy, in which the whole lung is removed, lobectomy, in which a third to half of the lung is removed, and

segmental resection, in which a smaller portion of the lung is removed. Over 130,000 patient data samples were studied.

"Mortality is highest, for all three procedures, at institutions which perform very few of these types of operations," Shaw said. "Hospitals that perform 40 procedures or more per year have the lowest mortality rates."

The study also found that mortality in teaching hospitals is slightly lower than in non-teaching institutions.

"Patients are sometimes wary of having their surgery performed at a teaching institution because they think they may be operated on by an inexperienced trainee and this might lead to a poorer outcome," Shaw said. "Actually, it appears that the outcomes at teaching hospitals are no worse than at non-teaching, or private, institutions."

"Other studies have confirmed these findings with regard to other types of surgeries, and we thought it was important to study these factors with respect to lung cancer surgery, because this affects a large patient population," Shaw said.

Source: Duke University Medical Center

Citation: Study finds that practice makes perfect in lung cancer surgery (2008, October 23) retrieved 22 November 2023 from

<https://medicalxpress.com/news/2008-10-lung-cancer-surgery.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--