
Greater Life Expectancy With High-Volume Surgeons



A study conducted by researchers at Icahn School of Medicine at Mount Sinai reveals that surgeons who perform more than 25 mitral valve operations a year are more likely to perform repairs that are durable. Their patients are also more likely to be alive a year after the operation as compared to operations that are performed by lower-volume surgeons. The findings are published in the Journal of the American College of Cardiology.

See Also: [TMVR as Alternative to Surgery for Patients with Mitral Regurgitation](#)

This is the first study to highlight that patients operated on by high volume surgeons had lower one year mortality and rates of reoperations as compared to low volume surgeons.

Mitral valve repair is typically recommended for patients who suffer from severe degenerative mitral valve disease but its benefits greatly depend on ability and experience of individual surgeons. Therefore, significant variability exists in successful repair rates.

During this study, the researchers analysed 5475 adult patients who underwent primary mitral valve surgery. 67% of the patients underwent mitral valve repair and 33% received mitral valve replacement. They found that surgeons who conducted more than 25 operations per year were more likely to receive a mitral valve repair than a replacement and their repair was more durable as compared to patients who were operated on by surgeons with less experience.

Among surgeons who performed any mitral valve operations, the median volume was 10 cases per year and the mean repair rate was 55%. In patients with degenerative disease, the mean repair rate ranged from 77% with annual surgeon volumes of over 51 cases to 48% with annual volumes of less than 10 cases. Higher volumes were associated with greater increased rates of 1.13 for every additional 10 mitral cases. Higher volumes were also associated with lower reoperation risks and improved survival.

"This study adds further clarity to the American Heart Association and American College of Cardiology guidelines which already recognise that patients with degenerative mitral valve disease should be referred to experienced mitral surgeons whenever feasible," said the study's senior author, David H. Adams, MD, Cardiac Surgeon-in-Chief, Mount Sinai Health System, Marie-Josée and Henry R. Kravis Professor and Chairman Department of Cardiovascular Surgery Icahn School of Medicine at Mount Sinai. "Our study found for the first time that individual surgeon volume was directly linked to freedom from reoperation and survival after one year in patients operated on for degenerative mitral valve disease."

"This study shows that for patients undergoing mitral surgery, both immediate and subsequent outcomes" were influenced by the individual surgeon's experience," said Dr. Chikwe.

Source: [Mount Sinai School of Medicine](#)

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