the emergency room (45%) or as an outpatient (55%) for interval surgery. The groups did not differ based on gender, language, insurance type, ASA class or BMI. Patients in the interval cholecystectomy group waited 27.1 days, on average, for surgery vs 3.9 days in the same admission group (p<0.001). Non-White patients had a significantly higher likelihood of receiving interval cholecystectomy (n=18, 90%) compared to White patients (n=2; 42.2%); p=0.005. On multivariate logistic regression analysis, race remained an independent predictor of interval cholecystectomy (odds ratio [OR] 9.8, p=0.005).

CONCLUSION: Non-White patients are less likely than White patients to receive standard of care treatment for acute cholecystitis. These findings highlight the need for larger, detailed analyses of racial disparities in general surgery and its impact on patient outcomes.

Outcomes for Same-Day Discharge after Laparoscopic Appendectomy for Uncomplicated Appendicitis
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INTRODUCTION: Are patients safe for discharge on postoperative day (POD) 0 after laparoscopic appendectomy (LA) for uncomplicated appendicitis? This question has been thoroughly examined in the pediatric population, with data citing low complication and readmission rates; however, few studies have attempted to answer this question in the adult population, in whom rates of LA remain high.

METHODS: Retrospective, targeted data from the 2016-2019 NSQIP database were used. Patients included were >18 years old, had undergone LA for appendicitis without evidence of perforation or abscess, and were discharged on POD 0 or 1. Logistic regression modeling was used to evaluate rates of return to the operating room (RTOR), readmission, any or serious complication, and mortality between groups, while adjusting for age, race, frailty, and comorbidities.

RESULTS: A total of 26,172 patients were included in the study. Forty percent (N=10, 578) had been discharged on POD 0 and 60% (N=15, 594) on POD 1. There were higher rates of any complications (OR 1.294, p=0.0023) or serious complication (OR 1.417, p=0.0005) and readmission (OR 1.143, p=0.0001) among patients discharged on POD 1 vs POD 0. There was no difference in RTOR or mortality between groups.

CONCLUSION: Discharge on POD 0 following LA for uncomplicated appendicitis does not result in increased incidence of complications, readmission, RTOR, or mortality when compared to discharge on POD 1.

Please Sign Here: Evaluating Differences Between Resident and Attending Informed Consent for Cholecystectomy
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INTRODUCTION: There is considerable variability in surgeons’ approach to write and obtain informed consent for surgery, particularly among resident trainees. We analyzed differences in procedures and complications described in surgical consents for cholecystectomy between residents and attendings. We hypothesized that attending consents would list more comprehensive procedures and complications than those done by residents.

METHODS: A retrospective analysis of 334 patients who underwent cholecystectomy at an academic tertiary care center was conducted. Charts were queried for demographics, surgical approach, whether the consent was completed electronically, and which provider completed the consent. Specifically, consents were evaluated for inclusion of possible conversion to open procedure, intraoperative cholangiogram, bile duct injury, injury to nearby structures, reoperation, bile leak, as well as if the consent matched the actual procedure performed.

RESULTS: Of all consents analyzed, 46% included possible intraoperative cholangiogram, 47% included bile duct injury, 24% included injury to nearby structures, 7% included reoperation, and 20% included bile leak. In comparing residents and attendings, residents were more likely to consent for more possible complications and additional procedures, except for possible conversion to open and consenting for the complete procedure (Table 1). Junior residents were more likely than senior residents to include injury to nearby structures but senior residents were more likely to include reoperation.

CONCLUSION: Significant variation exists between resident and attending cholecystectomy consents, with residents including more complications than attendings on their consent forms. These data suggest that experience alone does not predict content of written consents, particularly for common ambulatory procedures.

Predicting Loss of Independence after High-risk Abdomen Surgery: Frailty vs NSQIP Risk Calculator
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INTRODUCTION: Loss of independence (LOI) is a major concern for patients undergoing high-risk abdominal surgery. Although risk