15 Year Decrease in General Surgery Resident Breast Operative Experience: Are We Training Proficient Breast Surgeons?

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Background

Breast cases are commonly performed by general surgeons in practice.

• It is important to understand the experience of residents in training to ensure they are proficient to perform these cases independently.

With duty hour limitations, there is concern about the number of cases performed by graduating residents.

Currently there are no minimum required case numbers for breast-specific operations residents must perform during training.

Methods

Breast-specific cases reviewed:

• Simple mastectomy
• Modified Radical Mastectomy
• Sentinel lymph node excision
• Excisional biopsy/lumpectomy

Experience is reported as average cases per resident over 5 years of general surgery training.

Results

• Total case volume ↑ 2.0% but breast-specific cases ↓ 17.1%

- Simple mastectomy was the only increased case type (p=0.001)
  - N=6 (2000) to n=10.8 (2015) cases
- Lumpectomy ↓ 28.8%

- Modified radical mastectomy was the subtype with the biggest drop.

- Sentinel lymph node cases varied but have declined in recent years.

- Decreased breast cases were seen for junior and senior resident levels.

Results (con’t)

Conclusions

General surgery resident breast operative experience ↓ 17% despite overall case volume ↑ 2% (2000-2015).

• Residents have less experience in axillary management specifically.
• Senior residents had a relatively larger decline than junior residents.

Setting a national minimum number of required breast operations in residency is reasonable.