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DISEASES OF THE COLON &amp; RECTUM VOLUME 56: 4 (2013)

**COLORECTAL FELLOWSHIP PROGRAMS IN  
THE UNITED STATES: HOW ARE WE DOING?**

(P373)

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**Purpose:** Little is known about the outcomes of colorectal surgery in hospitals with an ACGME accredited colon and rectal surgery residency program (CRP).

**Methods:** Using the Nationwide Inpatient Sample 2009-2010, we identified hospitals with a colorectal residency program using their associated AHA codes and retrospectively reviewed all cases performed for colon and rectal cancer, polyps, diverticular disease, crohns and ulcerative colitis, and ischemic colitis. Patient demographics were listed and outcomes were compared to other hospitals on multivariate regression analysis.

**Results:** A total of 36,538 cases were identified and 6,971 (19.56%) were performed in hospitals with a CRP. Compared to other hospitals, those with a CRP performed more cases for rectal cancer (16.88% vs. 8.91%;  $p<0.001$ ) and inflammatory bowel disease (14.83% vs. 3.87%;  $p<0.001$ ). CRP hospitals tended to operate less frequently for diverticular disease (27.13% vs. 38.91%;  $p<0.001$ ). On multivariate analysis, cases operated in CRPs had longer length of hospital stay by 0.90 day ( $p<0.001$ ), and higher hospital charges by 16,505 US\$ ( $p<0.001$ ). However, patients operated in CRPs were more likely to have a procedure performed laparoscopically (aOR=1.35;  $p<0.001$ ), with lower rates of conversion (aOR=0.97;  $p=0.002$ ) and had lower complication rates (aOR=0.94;  $p<0.05$ ). No difference in mortality was observed.

**Conclusions:** Despite higher hospital charges and a slightly longer length of stay, hospitals with colorectal residency programs had better outcomes in terms of lower conversion rates and lower morbidity and used minimally invasive technology more frequently.