Introduction:
- Adrenalectomy is an operation increasingly performed by general surgeons.
- Urologists, however, are extremely familiar with the surgical anatomy of the retroperitoneum.
- It is unclear if differences exist in perioperative outcomes based on surgical training background.
- If comparable outcomes are observed, urologists should maintain adrenalectomies in surgical repertoire.

Objective:
- To investigate if differences in perioperative outcomes exist based on surgical specialty performing the adrenalectomy procedure.

Methods:
- National Surgical Quality Improvement Project (NSQIP) Participant Use File (PUF) queried to extract all adrenalectomy cases performed during the years 2011-2015.
- CPT codes: 60540 (open) and 60650 (laparoscopic)
  - Patients with any concurrent visceral resections excluded
- Data stratified by surgical specialty (urology vs. general surgery)
- Outcomes of interest
  - post-surgical complications
  - reoperations
  - hospital length of stay (LOS)
  - 30-day readmission
  - mortality

Results:
- 3,346 adrenalectomy patients included
  - 3,012 (90%) by general surgeon
  - 334 (10%) by urologist
- Patients operated on by urologists (Table) were:
  - older (p=0.013)
  - non-black race (p=0.021)
  - male gender (p<0.0001)
  - more likely to undergo an open operation (p=0.013)
  - had longer operative duration (p=0.0059)
- On univariate analysis (Table), no differences in:
  - Number (p=0.76) or type of post-surgical complications
  - LOS (p=0.29)
  - Rate of reoperation (p=0.37)
  - 30-day readmission rate (p=0.98)
  - Perioperative mortality (p=0.59)
- Multivariate regression models confirmed no difference in urologic (vs. general surgeon) outcomes:
  - Any post-operative complication (HR 1.13, p=0.57)
  - Need for reoperation (HR 0.46, p=0.29)
  - 30-day readmission rate (HR 0.98, p=0.94)
  - Perioperative mortality (HR 0.66; p=0.69)

Conclusion:
- Surgical specialty did not impact outcomes for patients undergoing adrenalectomy.
- Given the absence of difference, urologists should continue to include adrenalectomy procedures within their practice when feasible.

Acknowledgements:
- We gratefully acknowledge the Keith and Lynda Harring Fund for Urology Research.

Table:
Demographic characteristics and selected outcomes for the adrenalectomy cohort, stratified by surgical specialty performing the procedure.