



Hello all!

We are excited and hopeful for an in-person meeting at the APSA National Meeting in May and the ACS Quality and Safety Conference in July.

As we consider our options for July, we will be reaching out to you all for suggestions on best day for an off-site meeting as well as content requests.

In the meantime, don't forget to submit an abstract to ACS Q&S by **March 13th**. The link is [here](#).

Please email me at terry.fisher@uth.tmc.edu .if you have any questions or I can help in any way.

Terry

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Recent Publications of Interest by Our Members

[Opioid stewardship in pediatric surgery: Approaching zero](#)

Adequate pain control at discharge after pediatric general surgical procedures can be achieved for most children with scheduled nonopioid medications only. A limited supply of opioids for analgesia after discharge may benefit small subset of patients. This strategy would help reduce opioid prevalence in the community.

[Mentorship in pediatric surgery: A need for structure?](#)

Mentorship in surgical training is critical but differs greatly from the early apprenticeship model and often spans generations. This study evaluates the current state of and desire for structured mentorship in pediatric surgical training from the perspective of program directors (PDs) and trainees.

[Measuring malnutrition and its impact on pediatric surgery outcomes: A NSOIP-P analysis](#)

The metric used to define malnutrition changed the association with post-operative outcomes. Nutritional supplementation, stunting, and hypoalbuminemia were associated with poorer postoperative outcomes. These findings have implications for pre-operative patient level counseling, accurate risk stratification, surgical planning, and patient optimization in pediatric surgery.

[Management of intussusception in children: A systematic review](#)

Regarding intussusception in hemodynamically stable children without critical illness, pre-reduction antibiotics are unnecessary, non-operative outpatient management should be maximized, and minimally invasive techniques may be used to avoid laparotomy.

[Trends in robotic surgery utilization across tertiary children's hospitals in the United States](#)

Utilization of robotic-assisted surgery in pediatric surgery and pediatric urology has increased both in case volume and the number of operating surgeons, with foregut and renal pelvis/ureter surgery responsible for the areas of greatest growth.

[Pediatric surgical errors: A systematic scoping review](#)

This study revealed multiple error definitions, multiple error study methods, and common themes described in the pediatric surgical literature. Opportunities exist to improve the safety of surgical care of children by reducing errors.