Prevalence of Self-reported Symptoms After RYGB Surgery  
A comprehensive evaluation of both surgical and nutritional complications after Roux-en-Y gastric bypass (RYGB) surgery is lacking. Gribsholt et al conducted a survey among all patients undergoing RYGB surgery (N = 1429) in the Central Denmark Region and a comparison cohort. Almost 90% of patients undergoing RYGB surgery felt better after surgery, but the prevalence of complications was high. Nearly one-third were hospitalized, which was 4- to 5-fold more than among the comparison group.

Reconsidering the Resources Needed for Multiple Casualty Events  
The crash of Asiana Airlines flight 214 on July 2013 resulted in 192 injured persons and represents one of the largest US aviation disasters in modern times. Campion and colleagues found that proper disaster preparedness must extend beyond initial emergency department triage to include attention to hospital-level resource allocation, including advanced imaging, blood products, operating room availability, nursing services, and management of inpatient beds.

Frailty and Mortality After Noncardiac Surgery  
The population-level effect of patient frailty on postoperative mortality is poorly described. McIsaac et al conducted a cohort study of 202 811 patients and found that frail patients were 2.2 times more likely to die in the year after surgery than nonfrail patients, and that the key risk period is in the first postoperative week. The relative effect of frailty on mortality was highest after joint replacement.

Video Ratings of Surgical Skill in Bariatric Surgery  
Surgeon skill ratings have previously been linked to short-term outcomes such as morbidity and mortality in bariatric surgery. Scally and colleagues sought to examine whether a similar association exists with late outcomes such as weight loss and resolution of diabetes. They found no differences in these measures, suggesting that other factors outweigh the potential effect of surgeon skill on these late outcomes.

Setting a National Agenda for Surgical Disparities Research  
Health care disparities (differential access, care, and outcomes owing to factors such as race/ethnicity) have been widely reported, and research is needed to help mitigate these inequities. The American College of Surgeons and the National Institutes of Health convened a summit in May 2015 to develop a research agenda. Haider et al report that 60 leading researchers and clinicians attended the summit. A comprehensive research agenda to guide researchers and funding bodies was developed.