Postoperative *Clostridium difficile* infection (CDI) is a growing concern. Li and colleagues analyzed 468,386 Veterans Health Administration surgical procedures over 4 years. The postoperative CDI rate was 0.4%, unchanged by year, varied by specialty, and associated with a 5.3% mortality. Identified independent risk factors were patient comorbidities, complexity of the hospital and the procedure, prolonged preoperative hospital admission, and multiple antibiotic classes.

**Antibiotic Duration After Laparoscopic Appendectomy**

The optimal length of antibiotic treatment after surgery for acute complicated appendicitis is unclear, and therefore the standard length often varies among hospitals. In a multicenter prospective cohort, 415 patients receiving different durations of antibiotic treatment after a laparoscopic appendectomy for complicated appendicitis were analyzed. Van Rossem et al found that a standard course of 3 days is shown to be equally effective compared with 5 days.

**Readmission After Emergency General Surgery**

Hospital readmission is widely used as a quality metric. Little is known about the patterns of readmission following emergency general surgery (EGS). To evaluate this, Havens and colleagues examined 177,511 EGS patients in the California State Inpatient Database. The most common reason for readmission was a surgical site infection, and one-fifth of readmitted patients were not readmitted to their initial hospital.

**Nomograms to Predict Survival After ACC Resection**

Adrenocortical carcinoma (ACC) is a rare but aggressive endocrine tumor, and the factors associated with prognosis remain poorly defined. Using a multi-institutional cohort of patients undergoing curative surgery for ACC, Kim et al examined the factors associated with long-term outcomes for 148 patients and proposed nomograms to predict recurrence-free and overall survival. They found that the nomograms performed well on internal validation.

**Biological Mesh Implants for Abdominal Hernia Repair**

Biological mesh materials have been increasingly used to reinforce abdominal wall hernia repairs. A systematic review performed by Huerta et al demonstrated that there is little to no evidence to support the use of these expensive materials in the repair of abdominal wall hernias. An examination of the US Food and Drug Administration approval history for these devices demonstrated that they came to market by showing they were substantially equivalent to much less expensive and commonly used older materials such as polyglycolic or polygalactin meshes.