Research

Managing Sedation Depth to Reduce Incident Delirium 987
Postoperative delirium is the most common complication after major surgery in older patients. In this randomized clinical trial, Sieber and colleagues sought to determine whether sedation level reduces incident delirium in patients older than 65 years who were undergoing hip fracture repair with spinal anesthesia. Limiting the level of sedation provided no significant overall benefit in reducing incident delirium. However, in prespecified subgroup analyses, lighter sedation was found to reduce postoperative delirium in persons with low baseline comorbidity.

Invited Commentary 996
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PACIFIC COAST SURGICAL ASSOCIATION
Casting Light on Conflicts of Interest Beyond the Sunshine Act 997
Surgical device manufacturers have a symbiotic relationship with clinicians, and a professional relationship between a clinician and a relevant manufacturer may increase the potential risk for bias in relevant studies. In a bibliometric analysis of the physicians who were most highly compensated by 10 large surgical device manufacturers, Ziai and colleagues found that a large discrepancy exists between self-declared conflicts of interest in articles and Open Payments data.

Invited Commentary 1002
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PACIFIC COAST SURGICAL ASSOCIATION
Professional Dissatisfaction in Childbearing Surgical Residents 1004
Previous work shows pregnancy during surgical residency may be associated with professional discontent. Rangel and colleagues analyzed data from a national survey of 347 surgeons who experienced pregnancy during training to determine factors associated with professional dissatisfaction. They found that a lack of formal leave policies, perceptions of stigma against pregnancy, and changes in fellowship training plans because of difficulty balancing motherhood with the original subspecialty choice were each associated with residency and career dissatisfaction.

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Lowering Postoperative Prescribing and Default Pill Counts 1012
Overprescription of opioids is common after surgery and helps fuel the opioid epidemic. To influence clinician behavior, the default number of opioid pills autopopulated into the electronic medical records of a single health system was lowered from 30 to 12. After the change, the number of pills prescribed postoperatively decreased significantly with no change in analgesia refill rates.

Invited Commentary 1020

Clinical Review & Education

Bariatric Surgery in the Medicare Population
There is little evidence directly applicable to the Medicare population regarding bariatric surgery outcomes. Panagiotou and colleagues conducted a systematic review that summarizes and appraises the current evidence. Bariatric surgery overall (and in particular Roux-en-Y gastric bypass, sleeve gastrectomy, and adjustable gastric banding) improves weight loss and other outcomes, but the strength of the evidence is low to moderate.

Invited Commentary