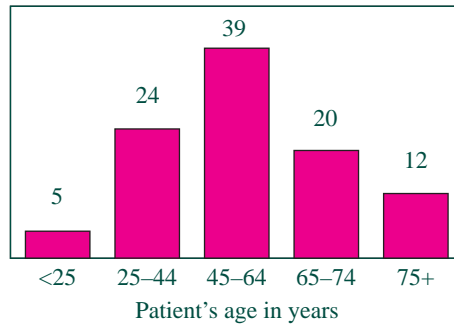


GENERAL SURGERY

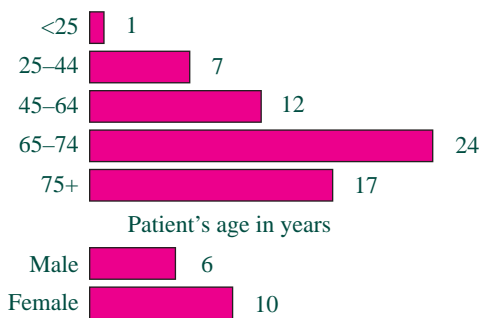
In 2009, there were an estimated 24 million visits to nonfederally employed, office-based physicians specializing in general surgery in the United States. More than 60 percent of the visits were made by persons between 25–64 years of age.

Percent distribution of office visits by patient's age: 2009



The annual visit rate increased with age.

Annual office visit rates by patient's age and sex: 2009



Number of visits per 100 persons per year

Primary expected source of payment included:

- Private insurance — 66%
- Medicare — 32%
- Medicaid — 9%

The major reason for visit was:

- Pre- or post-surgery/injury follow-up — 44%
- New problem — 32%
- Chronic problem, routine — 12%
- Chronic problem, flare-up — 5%

The top 4 reasons given by patients for visiting general surgeons were:

- Postoperative visit
- Hernia of abdominal cavity
- Preoperative visit
- Stomach and abdominal pain

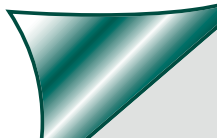
The top 4 diagnoses were:

- Hernia of abdominal cavity
- Malignant neoplasms
- Disorders of the breast
- Disorders of gallbladder and biliary tract

Medications or immunizations were provided or prescribed at 39 percent of the visits to general surgeons. The top 2 generic substances utilized were:

- Levothyroxine
- Metoprolol

For more information, contact the Ambulatory Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.



NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *American Journal of Public Health*, and *Medical Care*. Here are just a few recent publications using NAMCS data:

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of Cancer Visits by Physician Specialty, 1997–2006. *J Cancer Educ*. Mar 2010. [Epub ahead of print]

Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104–11. Mar–Apr 2009.

Housman TS, Hancox JG, Mir MR, Camacho F, Fleischer AB, Feldman SR, Williford PM. What Specialties Perform the Most Common Outpatient Cosmetic Procedures in the United States? *Dermatol Surg*. Dec 2007. [Epub ahead of print]

Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: care by physician assistants and nurse practitioners in national health surveys. *Health Serv Res*. 42(5):2022–37. Oct 2007.

Warino L, Tusa M, Camacho F, Teuschler H, Fleischer AB Jr, Feldman SR. Frequency and cost of actinic keratosis treatment. *Dermatol Surg*. 32(8):1045–9. Aug 2006.

Burt CW, Sisk JE. Which physicians and practices are using electronic medical records? *Health Aff (Millwood)*. 24(5):1334–43. Sep–Oct 2005.

Gonzalez HM, West B, Underwood W 3rd. PSA testing in office-based clinics: are we testing as much as we think? *J Am Coll Surg*. 201(6):906–12. Dec 2005. [Epub Oct 2005]

Feldman SR, Camacho F, Williford PM, Siegel DM, Balkrishnan R, Fleischer AB. Patients spend more time with the physician for excision of a malignant skin lesion than for excision of a benign skin lesion. *Dermatol Surg*. 30(3):351–4. Mar 2004.

Hu J, Balkrishnan R, Camacho F, Lang W, Pearce DJ, Fleischer AB, Feldman SR. The frequent use of oral retinoids in combination with other treatments for psoriasis: A retrospective analysis. *Journal of Cutaneous Medicine and Surgery*. 8(6):411–414. Dec 2004.

Feldman SR, Fleischer AB, Shaffer CL, Kiang SH, Williford PM, Lupton FA, Chen G. Coding Multiple Diagnoses for Patient Visits at Which Procedures Were Performed: No Evidence for Abuse by Physicians. *Dermatol Surg*. 29(2):150–154. Feb 2003.

Housman TS, Williford PM, Feldman SR, Teuschler HV, Fleischer AB, Goldman ND, Balkrishnan R, Chen G. Nonmelanoma Skin Cancer: An Episode of Care Management Approach. *Dermatol Surg*. 9(7):700–711. Jul 2003.

The complete list of publications using NAMCS data, which includes hundreds of articles and reports, is available on our Web site.