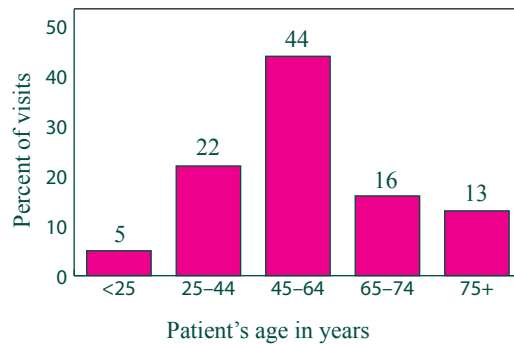


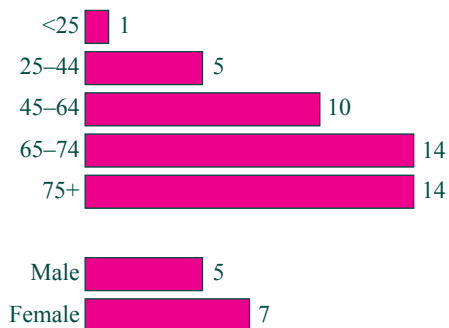
In 2010, there were an estimated 19 million visits to nonfederally employed, office-based physicians specializing in general surgery in the United States. More than 60 percent of the visits were made by persons between 25–64 years of age.

Percent distribution of office visits by patient's age: 2010



The annual visit rates were highest for persons 65 years and over.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 52%
- Medicare — 28%
- Medicaid/CHIP — 7%

The major reason for visit was:

- Pre- or post-surgery/injury follow-up — 38%
- New problem — 30%
- Chronic problem, flare-up — 6%

The top 2 reasons given by patients for visiting general surgeons were:

- Postoperative visit
- Hernia of abdominal cavity

The top diagnoses were:

- Malignant neoplasms of breast
- Sebaceous cyst
- Hernia of abdominal cavity

Medications or immunizations were provided or prescribed at 49 percent of the visits to general surgeons. The top 2 generic substances utilized were:

- Levothyroxine
- Lisinopril

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

THE IMPORTANCE OF NAMCS DATA

General Surgery

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

Lapolla WJ, Levender MM, Davis SA, Yentzer BA, Williford PM, Feldman SR. Topical antibiotic trends from 1993 to 2007: use of topical antibiotics for non-evidence-based indications. *Dermatol Surg*. 37(10):1427-1433. Oct 2011.

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of cancer visits by physician specialty, 1997-2006. *J Cancer Educ*. 25(4): 548-555. Dec 2010.

Barnes GD, Gafoor S, Wakefield T, Upchurch GR Jr, Henke P, Froehlich JB. National trends in venous disease. *J Vasc Surg*. 51(6):1467-1473. Jun 2010.

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):104-111. 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*. 34(1):1-7. Jan 2008.

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):2022-2037. 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):1045-1049. Aug 2006.

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):906-912. Dec 2005.

Burt CW, Sisk JE. Which physicians and practices are using electronic medical records? *Health Aff (Millwood)*. 24(5):1334-1343. Sep-Oct 2005.

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, 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):351-354. Mar 2004.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm