CONCLUSION: Our review suggests that ERAS in MBR is associated with lower LOS. The meta-analysis suggests that ERAS is not associated with increased postoperative morbidity.

20.

TOURNIQUET VS. EPINEPHRINE IN WIDE-AWAKE CARPAL TUNNEL RELEASE

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PURPOSE: Carpal tunnel syndrome is a common cause of upper extremity discomfort. Surgical release of the median nerve can be performed under general or local anesthetic, with or without a tourniquet. Wide-awake carpal tunnel release (CTR) (local anesthesia, no sedation) is gaining popularity. Tourniquet discomfort is a reported downside. This study reviews outcomes in wide-awake CTR and compares tourniquet versus no tourniquet use.

METHODS: Wide-awake, open CTR’s performed from February 2013-April 2016 were retrospectively reviewed. Patients were divided into two cohorts: with and without tourniquet. Demographics, comorbidities, tobacco use, operative time, estimated blood loss, complications and outcomes were compared. Statistical analysis was performed.

RESULTS: A total of 304 CTR’s were performed on 246 patients. The majority of patients were male (88.5%) and the mean age was 59.9 years. One hundred patients (32.9%) were diabetic and 92 patients (30.2%) were anticoagulated. Seventy five patients (24.7%) were smokers. A forearm tourniquet was used for 90 CTR’s (29.6%). Mean operative time was 24.97 minutes with a tourniquet and 21.69 minutes without (p=0.0029). Estimated blood loss was 3.16mL with a tourniquet and 4.25mL without (p=0.0004). All other analyzed outcomes were not statistically significant.

CONCLUSION: Operative time was statistically longer and EBL was statistically less with tourniquet use but these findings are not clinically significant. This suggests that local anesthetic with epinephrine is a safe and effective alternative to tourniquet use in CTR. The overall rate of complications was low and there were no major differences in post-operative outcomes between groups.

21.

WHEN NO NEWS IS BAD NEWS: IMPROVING DIAGNOSTIC TESTING COMMUNICATION THROUGH PATIENT ENGAGEMENT

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PURPOSE: Up to 17% of diagnostic test results are missed, lost or ignored - despite conventional fixes (constant barrage of electronic physician reminders and even threat of penalties). Naïvely, patients assume: ‘No-News-is-Good-News’. These lapses can result in poor outcomes, complications and even death. In response, CMS-led Physician-Quality-Reporting-System (PQRS) Measure#265 emphasizes prevention. Our pilot study aims to improve timely review of results through a novel, but simple approach: increase patient-engagement.

METHODS: Sixty-one plastic-surgical patients undergoing diagnostic-testing were included in this IRB-approved study. Two groups, Group-A (Patients with medical chart access through our EMR “MyChart”, n=29); and Group-B (Controls, n=33) were included. Group-A was reminded (via written After-Visit-Summary {AVS} and MyChart messages) to ask about their test results at their next appointment. Controls were sent no reminders, mimicking the status-quo. At subsequent visits whether patients ‘asked’ or ‘did not ask’ about their test results at their next appointment. Controls were sent no reminders, mimicking the status-quo. At subsequent visits whether patients ‘asked’ or ‘did not ask’ about their test results at their next appointment. Controls were sent no reminders, mimicking the status-quo. At subsequent visits whether patients ‘asked’ or ‘did not ask’ about their test results at their next appointment. Controls were sent no reminders, mimicking the status-quo. At subsequent visits whether patients ‘asked’ or ‘did not ask’ about their test results at their next appointment.
RESULTS: Patients that were sent reminders were up to 5-times more likely to ask their provider regarding their test results than Controls; 15/29 patients in Group-A ‘asked’ compared to only 2/33 controls (p<0.001). Conversely 31/33 controls ‘did-not-ask’; 24/29 Group-A patients indicated that the reminders were helpful (in-fact 25 patients felt reminders were ‘necessary’). Neither gender nor age seemed predictive factors of patient engagement.

CONCLUSION: This pilot study demonstrates that engaging patients in their own care through simple, already-existing tools (AVS, MyChart) improves patient-physician communication, and could lead to lower rates of missed diagnostic tests.

22.

LONG TERM OUTCOMES OF THE INTERMEDIATE CLEFT TIP RHINOPLASTY

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PURPOSE: Intermediate tip rhinoplasty in the cleft patient is performed in late childhood to improve symmetry of the lower lateral cartilages. In this work, we review the utility and longevity of intermediate correction using photographic measurements.

METHODS: Anthropometric nasal configurations in photos of 24 patients with complete cleft lip and palate who underwent tip rhinoplasty with conchal skin/cartilage composite grafts at the UCLA Craniofacial Clinic between 2004–2013 were reviewed. Preoperative and postoperative (5 years) measurements were compared using two-tailed paired t-tests.

RESULTS: The average age at tip rhinoplasty was 11.4 years. Nasal symmetry, assessed by the ratio between the distances from nasal tip to alar base on the cleft versus non-cleft side, was improved from 0.92 preoperatively to 0.97 immediately postoperatively (p=.005). However, in follow up beyond one year, improvement in nasal symmetry was no longer significant. Nasal projection, measured by the nasal base width divided by the height from columnar base to tip, was improved by 11.69% after tip rhinoplasty (p=.012), and results remained statistically significant at follow up to >5 years. Facial symmetry, estimated by the ratio between the distances from the medial canthus to the alar base on the cleft versus non-cleft side, improved from 0.95 preoperatively to 0.97 immediately postoperatively (p=.039) and to 0.98 at 1–5 years follow up (p=.002). However, the difference was not significant at 5 years or more after surgery (p=.340).

CONCLUSION: Tip rhinoplasty for cleft nasal deformities in late childhood resulted in immediate improvement of symmetry and projection.

23.

HOW BIG IS TOO BIG: PUSHING THE OBESITY LIMITS IN MICRO SURGICAL BREAST RECONSTRUCTION

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PURPOSE: There have been promising results performing microvascular breast reconstruction in patients with obesity, however the definition of obesity is often poorly defined or does not extend above a body mass index (BMI) of 35. We sought to examine the perioperative outcomes in this population.

METHODS: Two surgeons’ experience with abdominally based microvascular breast reconstructions after mastectomy was reviewed from 2013 to 2016. Women were categorized by BMI: normal, overweight, class I, class II, and class III. Demographics comprised history of tobacco use; breast cancer diagnosis and adjuvant care; and comorbidities. Primary outcome measures included recipient and donor-site complications. Statistical analyses were performed using one-way ANOVA.

RESULTS: A total of 90 women (112 breasts) underwent microsurgical breast reconstruction using abdominal tissue. Twenty-seven women (41 breasts) met criteria for class II