between the two groups. In the pre-intervention group, 51 patients developed SSI from a total of 497, with an infection rate of 11.9%. In the post-intervention group, 36 patients out of 507 developed SSI with a rate of 7.1% (p= 0.001).

CONCLUSION: The implementation of best-practice bundled interventions at our institution has been an effective quality improvement project addressing SSI in implant based breast reconstruction. Emphasis is currently placed on maintenance of these interventions. A multidisciplinary approach that involves patients, surgeons, infectious disease specialists and allied health care personnel was essential to this quality improvement effort.

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“Like a Normal Person Again:” A Qualitative Analysis of the Impact of Migraine Surgery

Jacqueline S. Israel, MD1, Nicole A. Brys, MPH1, Jason Orne, PhD2, Ahmed Salem, MD1, Brooke M. Anderson, MSN3, Alaa A. Ebd-Elsayed, MD1, Jeremy P. Smith, MD1, Ahmed M. Afifi, MD1

1University of Wisconsin - Madison, Madison, WI, USA, 2Drexel University, Philadelphia, PA, USA, 3Edgewood College, Madison, WI, USA

PURPOSE: Outcomes after migraine surgery have been previously assessed using quantitative measurements, including headache questionnaires and the migraine headache index. Qualitative methodologies offer the unique ability to analyze the patient's narrative to assess more complex changes in migraine experience. The purpose of this study was to use qualitative methods to study individuals’ experiences with migraines and migraine surgery and to explore patterns of change in patients’ experiences of headache.

METHODS: Patients who previously underwent migraine surgery at multiple sites (e.g. frontal, occipital, and/or zygomaticotemporal) by a single surgeon participated in in-depth, semi-structured interviews. Interviews were audio recorded and transcribed verbatim. A multidisciplinary team with backgrounds in surgery, pain management, internal medicine, and health services research coded transcripts using constructivist grounded theory methodology. The principle of triangulation was applied to data analysis (both in terms of the coding team and when identifying both concordant and discordant examples to support the primary argument) in order to enhance trustworthiness and attempt to minimize bias. To avoid false representation of data, we identified and described both recurring themes and disconfirming cases. Memo writing was performed until saturation of the data was achieved.

RESULTS: Twelve subjects were interviewed (70% female). The mean age at time of interview was 48 years (SD 15) and the mean time from surgery to interview was 20 months (SD 8). All participants described improvement in their migraines after surgery, even when they experienced persistent head pain postoperatively. We identified four recurring examples to support this change. First, two themes regarding what changed after surgery emerged: (A.) A change in medication use and/or efficacy after surgery, and (B.) Improvement in at least one of several domains of pain (e.g. frequency, character). These changes lead to improved self-efficacy via two additional themes, including (C.) A new ability to participate in daily activities, and (D.) Improved mental functioning or coping.

CONCLUSIONS: Patients reported significant changes in medication effectiveness following surgery, as well as improvements in one or more domains of pain. These changes resulted in improved headache self-efficacy, including an ability to participate in daily activities. Insight gleaned from patient interviews should inform clinical conversations and may improve shared decision-making by providing perspective on postoperative outcomes that matter to patients.

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Pre-operative Educational Video In Breast Reconstruction: Impact On Patient Satisfaction And Post-operative Pain Experience
Kasandra R. Dassoulas, MD, Jessica Feliz, BS, Alice Chae, BS, Jonathan B. Olenczak, MD, Alessandrina M. Freitas, MD, Rhett Willis, MD, Chris A. Campbell, MD, FACS

University of Virginia, Charlottesville, VA, USA

PURPOSE: Patient satisfaction and education is increasingly important in plastic surgery. We aimed to investigate the impact of an educational video preoperatively viewed by breast reconstruction patients in terms of comprehension, satisfaction with medical information, and the post-operative pain experience.

METHODS: A Hospital Anxiety and Depression Scale (HADS) and the pre-operative reconstruction module of the BREAST-Q were completed upon arrival to clinic. Patients were randomized to a control group receiving the ASPS breast reconstruction pamphlet or to view an educational video. This was followed by consultation with the surgeon, after which patients completed a comprehension questionnaire, the Medical Interview Satisfaction Scale (MISS), and the post-operative reconstruction module of the BREAST-Q. Post-operative pain scores and opioid requirements were recorded.

RESULTS: Thirty-six patients were recruited for the study, 18 in each arm. Baseline anxiety and depression rates were equivalent between the two groups. Patients in the educational video arm scored significantly higher on the comprehension questions than the control group (86.7% correct vs 78.5% correct, p=0.039). Subjective measures of satisfaction with information, however, were greater in the control group. Post-operative experience with pain was similar between the two groups and better pain control most significantly correlated with stronger pre-operative psychosocial well-being.

CONCLUSIONS: We sought to improve patient education and satisfaction by introducing an educational video. While employment of an educational video objectively improves patient education, it may not translate to a subjective improvement in satisfaction. The post-operative pain experience is complex and subject to immutable factors including pre-operative psychosocial well-being.

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Psychosocial Dysfunction of Children with Craniofacial Anomalies and Monolingual Spanish Parents in Los Angeles

Miles J. Pfaff, MD1, Julia R. Ayeroff, BA1, Elizabeth J. Volpicelli, BA1, David S. Foulad, MD1, James P. Bradley, MD2, Libby Wilson, MD3, Justine C. Lee, MD, PhD1

1Division of Plastic and Reconstructive Surgery, University of California, Los Angeles, David Geffen School of Medicine, Los Angeles, CA, USA, 2Division of Plastic and Reconstructive Surgery, Temple University Hospital, Lewis Katz School of Medicine, Philadelphia, PA, USA, 3Orthopaedic Institute for Children, Los Angeles, CA, USA

PURPOSE: The sizeable non-English speaking immigrant population in Los Angeles County allows for a unique opportunity to evaluate the effect of language and the immigrant experience on psychosocial functioning in children with craniofacial anomalies. The current multi-institutional study focuses on the influence of parental primary language on psychosocial functioning in children with craniofacial anomalies.

METHODS: 160 children (age 8–17 years) with craniofacial anomalies from UCLA and the Orthopaedic Institute for Children of Los Angeles were prospectively administered the NIH’s Parent Proxy-Reported and Pediatric Patient-Reported Outcomes Measurement Information System (PROMIS) assessments for anger, anxiety, depression, and peer relationships. To correct for economic disparities, patients on public insurance were selected (n=117). Children with monolingual Spanish-speaking caregivers (MSC; n=37) and English-speaking caregivers (ESC; n=80) were compared with an independent samples t-test. P<0.05 was considered statistically significant.

RESULTS: No statistically significant differences in age, gender, or diagnoses were found between patients of MSC...