collected. We defined venous complications as any sign of flap congestion or venous thrombosis. Demographics, flap characteristics, and outcomes were compared using Chi-square and student t-tests. We performed a multivariate analyses to assess complication rates adjusting for flap type and age.

RESULTS: Included in this study were 279 patients: 168 (60.2%) underwent FFF, 59 ALT (21.1%), and 52 RFFF (18.6%). The majority of flaps were performed with a single venous anastomosis (82.4%). Univariate analysis of postoperative outcomes demonstrated nonsignificant differences on overall complications \((P = 0.788)\), flap failure \((P = 0.522)\), return to the OR \((P = 0.389)\), length of hospital stay \((P = 0.712)\), and venous congestion \((P = 0.254)\). Multivariate regression adjusted for age and flap type showed that the number of venous anastomoses was not predictive of venous complications \((P = 0.254)\).

CONCLUSIONS: Dual-venous outflow demonstrated no difference in flap-related complication rates in patients who underwent fibula flap reconstruction for maxillomandibular defects. Our data suggest single venous outflow may be sufficient for fibula flaps performed in the head and neck.

Decreasing Inpatient Opioid Use following Orthognathic Surgery

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PURPOSE: Strategies to decrease postoperative opioid use are important for mitigating the immediate and long-term risks associated with their use. We aimed to investigate the impact of perioperative various factors on inpatient opioid needs for patients undergoing orthognathic surgery.

METHODS: This was a retrospective cohort study of all patients who underwent orthognathic surgery performed by the senior author from 2012 through 2018. Patients were grouped into intravenous (IV) acetaminophen and no-IV acetaminophen cohorts. Opioid medications received by patients during hospital stay were converted to mean morphine equivalents (MME) for comparison. Additional factors that influenced opioid consumption, such as Transexamic Acid (TXA) and postoperative nausea and vomiting, were identified using univariate analysis. Factors found to have statistical significance were added to a multivariate linear regression model.

RESULTS: In total, 319 patients were included in this study, of which 57 (17.9%) received perioperative IV acetaminophen. Those who received IV acetaminophen had lower rates of total opioid use (57.3 versus 74.8 MME; \(P = 0.002\)) and postoperative opioid use (24.0 versus 37.7 MME; \(P < 0.001\)). Perioperative prothrombotic agents, such as TXA, were associated with lower total (63.2 compared with 76.4, \(P = 0.005\)) and postoperative MME (28.2 compared with 39.1, \(P = 0.001\)). Multivariate regression analysis showed that increased postoperative nausea and vomiting resulted in increased postoperative opioid use, while perioperative acetaminophen lowered total and postoperative quantities.

CONCLUSIONS: Perioperative IV acetaminophen is an effective method for decreasing inpatient opioid analgesia after orthognathic surgery. IV TXA and postoperative nausea and vomiting control may provide additional benefit to decreasing inpatient opioid consumption. More research as to the mechanisms and ideal clinical applications for both IV acetaminophen and TXA are warranted.

Evolution of Perioperative Pathways in Cranial Vault Remodeling

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INTRODUCTION: Craniosynostosis occurs in approximately 1 in 2000 live births and, if uncorrected, can lead to neurologic sequelae. Historically cranial vault remodeling was a high morbidity procedure, but improvements have transformed this into a routine craniofacial procedure. Our institution has focused on increasing the safety of cranial