with gender, ethnicity, and diagnosis. This study aims to evaluate the relationship between parent-reported HRQoL outcomes on the bilingual Craniofacial Quality of Life Scale (CFC-QoL) and patient age, stratified by gender, ethnicity, and diagnosis.

METHODS AND MATERIALS: Parents of children with CFCs were recruited from 2 multidisciplinary craniofacial clinics (California and Tijuana, Mexico). Parents described their children’s HRQoL by completing the CFC-QoL in English or Spanish. The CFC-QoL yields 5 HRQoL subscales: psychological function (PSY), physical function (PF), social impact (SI), family impact (FI), and appearance (APP). The 5-point scale ranges from 1 (never) to 5 (almost always), with higher subscale scores representing worse HRQoL. Correlation analyses were used to examine the relationship between scores and age for the total sample, and for gender, ethnicity, and diagnostic groups.

RESULTS: The sample (N = 252) consisted of parents with children younger than 7 years (n = 75) and parents with children 7 years and older (n = 177). The mean patient age was 9.33 (SD = 5.27). The patient gender was 50.8% female and 49.2% male. Patient ethnicity consisted of 67.5% Hispanic and 32.5% non-Hispanic. Patient CFC diagnosis consisted of an acquired condition (2.4%), bilateral cleft lip and palate (CLP; 20.7%), unilateral CLP (23.1%), cleft lip (9.6%), craniosynostosis (23.1%), dermatological condition (6.8%), microsomia (4.8%), microtia (9.2%); 43.8% of the sample belonged to the CLP diagnostic group. Parent ratings on all subscales were positively correlated with child’s age (all P < 0.05), suggesting that older children are perceived to have worse HRQoL in every domain. The strongest correlation was between age and APP (r = 0.522). Age was positively correlated with ratings on PSY and APP for boys and girls; age was positively correlated with SI for girls only, and with FI for boys only. For Hispanic versus non-Hispanic, age was positively correlated with PSY, SI, PF, and APP for Hispanic patients but was only positively correlated with APP for non-Hispanic patients. For diagnosis group (CLP versus other diagnoses), age was correlated with ratings on PSY and APP for patients with CLP (unilateral and bilateral) and with other diagnoses, but age was correlated with FI only for CLP, and was correlated with SI only for patients with diagnoses other than CLP.

DISCUSSION: From their parents’ perspective, older children with CFCs have worse HRQoL across 5 domains as mentioned above. The relationship of poorer HRQoL with older child age was strongest for appearance concerns. This relationship held across all demographic groups. Longitudinal studies should track HRQoL across development for children with CFCs.

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Prescribing Practices of Prophylactic Postoperative Antibiotics in the Surgical Management of Gynecomastia: Do Antibiotics Improve Outcomes?

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BACKGROUND: Elective gynecomastia procedures carry low baseline risk for surgical site infections. Nevertheless, no recommendations currently exist in the literature or in the American Society of Plastic Surgeons’ evidence-based clinical guidelines for antibiotic prophylaxis after gynecomastia surgery. The purpose of this study was to examine prophylactic antibiotic prescription practices among plastic surgeons performing gynecomastia operations and to evaluate whether those practices are efficacious.

STUDY DESIGN/METHODS: A retrospective review of male patients who underwent gynecomastia surgery at The Mount Sinai Hospital between 2011 and 2019 was performed. Patient medical history, surgical history, age, body mass index, procedure type (ie, liposuction, tissue excision, combination), intraoperative details (eg, incision, drains), postoperative care (eg, discharge antibiotics, compression use), and complications were recorded. Rates of postoperative antibiotic prescriptions were calculated, and Fisher’s exact test was used to compare statistical differences between subgroups.

RESULTS: A total of 54 operative gynecomastia patients were identified with ICD9/10 codes. Thirty patients (55.6%) underwent tissue excision only, 9 patients (16.7%) liposuction only, and 15 patients (27.8%) tissue excision with liposuction. Parenteral cefazolin was administered to
50 patients (92.6%) prior to incision, whereas prophylactic postoperative PO cephalixin was prescribed to 38 patients (70.4%) at time of discharge. Four patients (7.4%) received neither preincision nor postoperative prophylactic antibiotics. No significant difference in surgical site infections was identified between patients who were prescribed postoperative antibiotics (2.6% SSI) versus no postoperative antibiotics (6.3% SSI) \( (P = 0.509) \). However, the study had an insufficient power (13%) to determine significance.

**CONCLUSIONS/FUTURE PLANS:** These data demonstrate significant variation in postoperative antibiotic prescription rates after operative gynecomastia treatment at our institution. Patient- and procedure-specific factors including age over 30, history of obesity (body mass index > 30), and inframammary incisions have association with significantly higher rates of antibiotic prescriptions by our plastic surgeons. No significant difference in surgical site infections was identified between patients who were prescribed postoperative antibiotic versus those receiving no antibiotic. Decisions regarding postoperative antibiotic prophylaxis should be evidence-based, especially for elective gynecomastia operations, which tend to have low baseline risk for surgical site infections. Further studies are needed to determine which factors, if any, carry risk that warrants postoperative antibiotic prophylaxis after gynecomastia surgery.

**PRACTICE MANAGEMENT ABSTRACTS**

**Opioid Consumption Following Breast Reconstruction Decreases With a Brief Educational Intervention: A Randomized, Controlled Trial**

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**PURPOSE:** There has been a focus on opioid consumption and overprescribing, but the utility of patient education in reducing opioid consumption has only recently been explored. This randomized trial aimed to evaluate the effectiveness of a brief patient educational intervention in reducing pain and opioid consumption in patients undergoing mastectomy and breast reconstruction. We hypothesized that implementation of an educational intervention on pain control would decrease postoperative opioid consumption.

**METHODS AND MATERIALS:** A parallel, randomized, single-center controlled trial of women undergoing mastectomy and immediate, implant-based breast reconstruction was completed to evaluate the utility of a patient educational instrument. The control group received standard patient counseling, and the treatment group received an additional single-paged handout intervention. Goals of the educational instrument were to normalize the pain experience, set expectations for pain after surgery, and inform patients of alternative (nonopioid) methods of pain control. A questionnaire was administered postoperatively to collect data on pain control and opioid consumption.

**RESULTS:** Over a 12-month time period, 100 patients were randomized. A total of 46 participants from the control group (92%) and 39 participants from the intervention group (78%) completed the postoperative questionnaire. Postoperative questionnaires were completed a median of 13.0 days after surgery in both groups. Review of the electronic medical record showed similar demographics and comorbidities between the control and intervention groups; however, participants in the control group were statistically more likely to be a current tobacco user \( (P = 0.04) \). There were no statistical differences in surgical characteristics or postoperative