**METHODS:** Patients who underwent Exparel injection and On-Q implantation following autologous reconstruction were reviewed. Primary outcome measures included: Patient Controlled Analgesia (PCA) dose/frequency/attempts/rejections, daily pain score, required oral postoperative pain medication, and return-to-ambulation. Postoperative oral pain medications were converted to morphine equivalent dosages for analysis. Pain scores were on a 0-10 scale and return-to-ambulation was calculated using the Braden scale. Bivariate statistics were performed to identify differences and similarities between the two groups.

**RESULTS:** 80 patients were reviewed; 40 received Exparel intraoperatively and 40 received the On-Q pump. Patients using the On-Q pump required significantly higher total doses from the PCA (p<0.001). There was no significant difference in return-to-ambulation on postoperative day 0, 2, 3, or 4, though patients using OnQ had a higher level of ambulation on postoperative day 1 (p=.033). There was no significant difference in pain scores on postoperative day 1, however, patients using On-Q required higher total doses of PCA for analgesia (p=0.008). For POD 2–5, the Exparel group reported higher pain scores, but required less medication to control their pain (p<0.001).

**CONCLUSION:** Patients receiving Exparel require less doses of opioids on POD1, while no discernible difference is observed in the amount of oral pain medication between the two groups. The maximum benefit of Exparel is realized primarily in the first 24–48 postoperative hours.

**61. QUALITATIVE ASSESSMENT OF OUTCOMES FOLLOWING VENTRAL HERNIA REPAIR: IMPLICATIONS FOR CLINICAL RESEARCH**

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**PURPOSE:** Ventral hernia (VH) remains an inadequately addressed surgical problem. While advanced repair techniques have been the focus of the surgical community, patient reported outcome (PRO) measures are needed to ensure that the perspective of patients, being key stakeholders in hernia research, is included. Current hernia PRO measures were developed without patient input, greatly impairing the content validity of such instruments.

**METHODS:** This cross-sectional, qualitative study examined the alignment of patient perceptions of VH repair to a conceptual hernia PRO framework using semi-structured, concept elicitation interviews of VH repair, recovery and satisfaction until saturation was reached. Thematic analysis using iterative methodologies, e.g. open coding and simultaneous data collection and analysis led to the revision of domains. Reliability and validation checks included inter-rater reliability using Cohen’s kappa statistic (mean kappa = .99), member-checking and triangulation.

**RESULTS:** Interviews with 15 patients revealed that the original hernia PRO conceptual framework aligned with the domains relevant to VH patients but required modification to represent the depth and range of patients’ perceived experiences. The revised framework included seven domains: 1) Expectations, 2) Self and Others, 3) Surgeon and Surgical Team, 4) Sensation, 5) Function, 6) Appearance, and 7) Overall Satisfaction. Overall patient satisfaction was associated with two themes: 1) Provider-patient relationship and 2) Patient assessment of post-repair quality of life.

**CONCLUSION:** While surgeons and patients share many goals regarding VH repair, key aspects of what matters most to patients has not been included in current VH PRO instruments.

**62. FREE TISSUE TRANSFERS FOR HEAD AND NECK CANCER PATIENTS WITH END STAGE RENAL DISEASE ON DIALYSIS: ANALYSIS OF OUTCOMES USING THE TAIWAN’S NATIONAL HEALTH INSURANCE RESEARCH DATABASE**

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PURPOSE: End-stage renal disease patients are increasing at around 5% annually. Success rates of free-tissue transfer have been reported between 95 and 99%. Comorbidities, such as uremia, diabetes mellitus and atherosclerotic disease, can increase the level of complexity. We describe the outcomes of ESRD patients under dialysis who underwent free tissue transfer for head/neck reconstruction.

METHODS: Based on the Taiwan national insurance database, two-cohorts were analyzed: ESRD group on dialysis and a non-ESRD control group. Postoperative complications within 90-days and mortality within 30-days of the date of surgery were recorded. For coexisting comorbidities, we determine the presence of diabetes mellitus (DM) and peripheral vascular disease (PVD).

RESULTS: Between 1998-2010, 85 cases with ESRD on dialysis and 841 controls without ESRD were analyzed. Majority of patients were aged $\leq$ 65 years (82.5%) and 92.9% were men. The major subdivision of head/neck cancer was neoplasm of other and unspecified parts of the mouth followed by neoplasm of tongue, the gum, hypopharynx and floor of mouth. ESRD patients tended to have higher rates of DM and PVD ($p<0.001$). They also were significantly associated with an increased risk of stroke (adjusted OR=4.28, 95% CI=1.30–14.1) and a significantly increased risk of 30-day mortality (adjusted OR=4.58, 95% CI=1.18–17.8). However, there was no significant difference regarding flap failure among groups (adjusted OR=0.74, 95% CI=0.27–2.05).

CONCLUSION: Despite greater pre-operative risk factors, renal failure does not appear to affect free flap survival following head and neck reconstruction. Optimizing patient's medical condition is critical to the success of this reconstructive effort.

63.

LONG TERM ASSESSMENT OF PIERRE ROBIN SEQUENCE PATIENTS TREATED WITH A VERTICALLY-ORIENTED MANDIBULAR DISTRACTION VECTOR

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PURPOSE: For many surgeons, mandibular distraction is the preferred technique for treatment of Pierre Robin Sequence neonates with significant airway obstruction. Technique varies among surgeons, from external to internal devices, combined with a host of distraction vectors and osteotomy designs. Yet there are few long term follow-up studies of the neonate treated by mandibular distraction, with little information relating outcomes to technique. It is the purpose of this study to analyze long term outcomes of patients who underwent neonatal mandibular distraction for obstructive apnea via a vertically-oriented ramus distraction vector.

METHODS: With IRB approval, patients with Pierre Robin Sequence and significant obstructive apnea, treated with neonatal mandibular distraction, were retrospectively reviewed. Follow-up ranged from 6 to 15 years. All were treated with internal distraction devices oriented vertically on the ramus. Radiographic assessment of the distracted mandible was undertaken using 3 dimensional CT scan data, or available plain films, and compared to age matched controls.

RESULTS: Eighteen patients were available for review. All patients exhibited markedly increased vertical ramus height, with blunted sigmoid notches. All patients demonstrated an extremely high angle mandibular morphology, with narrowed bigonial width. Condylar anatomy was altered, with a higher than expected incidence of TMJ ankylosis. Most patients had recurrence of mandibular retrognathia with poor chin projection at long term follow-up.

CONCLUSIONS: Vertical distraction of the neonatal mandibular ramus leads to consistent abnormal mandibular morphology with age. Mandibular growth is suboptimal and the effects on the mandibular condyle are concerning.