from 20.1 to 74.28 mm (mean 41.24 mm). SIEA mostly crosses inguinal ligament within area between mid-inguinal point and 3 cm medially. Correlations were found (1) between SIEA diameter and pedicle length and (2) between bilateral pedicle lengths of both artery and vein.

**CONCLUSION:** High prevalences of both SIEA existence and SIEA with surgically sufficient diameter observed from this study makes this vessel worth being considered as appropriate choice in reconstructive treatment.

**P9.**

**PATIENT-PHYSICIAN DISPARITY IN BREAST RECONSTRUCTION AESTHETIC OUTCOMES: CHASING THE ELUSIVE “GREAT” RESULT**

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**PURPOSE:** Identify factors associated with disparity in the perceived reconstruction result by comparing patient satisfaction with their breasts and aesthetic outcomes as judged by physicians.

**METHODS:** Patients with completed breast reconstructions of all types from 2009–2011 completed BreastQ questionnaires. Postoperative photos were graded by a six member panel using a breast reconstruction-specific aesthetic scale. Scores from the BreastQ domain “satisfaction with breasts” (BrSat) were compared with the photo-based grades (PhotoGr). Patients were categorized: Group 1, BrSat >PhotoGr; Group 2, BrSat =PhotoGr; Group 3 patients BrSat<PhotoGr. Demographics, additional BreastQ domain scores, and surgical data were used in the analysis.

**RESULTS:** Of 820 patients, 261 answered the questionnaires and 147 had photos graded. BrSat was positively correlated with PhotoGr (Pearson correlation 0.32, p<0.001). Group 1 demonstrated higher (p≤0.05): psychosocial, physical and sexual well-being on BreastQ compared with Groups 2 & 3. Group 1 exhibited a higher number of two stage implant-based reconstructions. Group 3 showed more non-abdominally based flaps, direct to implant and immediate autologous reconstructions. The following factors did not influence associations between BrSat and PhotoGr (p≥0.05): BMI, depression, radiation, post-operative complications, reoperations due to complications, secondary reconstructions, and reconstructions initiated in other institutions.

**CONCLUSION:** Patient satisfaction with breast reconstruction aesthetic outcomes is positively influenced by QOL domains and surgical factors not directly related to aesthetics which may predispose patients to grade their results higher than surgeons. Patients graded their two stage implant reconstructions higher than physicians, while physicians graded immediate autologous reconstructions and non-abdominally based flaps higher than patients.

**P10.**

**ENTERAL FEEDING ACCESS IN PATIENTS WITH OROFACIAL CLEFTS**

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**PURPOSE:** Failure to thrive is seen in up to 49% of patients with orofacial clefts. Enteral feeding access (EFA) is often necessary to supplement or replace nutrition. EFA is associated with significant complications and morbidity. This study evaluates the incidence and risk factors associated with EFA in patients with orofacial clefts.

**METHODS:** The HCUP KID database from 2000 to 2012 was analyzed for patients with orofacial clefts, comorbidities, and EFA using ICD-9-CM diagnosis and procedure codes. Chromosome abnormalities and congenital heart defects were analyzed as comorbidities.
RESULTS: A total of 46,617 patients with orofacial clefts were identified, 14.6% with isolated cleft lip (CL), 51.7% with cleft lip and palate (CLP), and 33.7% with isolated cleft palate (CP). The incidence of patients requiring EFA increased from 2000 (3.7%) to 2012 (5.8%) (p<0.001). After controlling for comorbidities, the incidence was again found to increase throughout the study period (3.3% to 5.0%, p<0.001). Patients with comorbidities were noted to have higher rates of EFA that increase significantly between 2000 and 2012 (12.8% to 18.6%, p=0.019). Treatment in an urban teaching hospital was an independent risk factor for EFA (OR 4.65). Race and income were not independent risk factors.

CONCLUSION: The rates of EFA in patients with orofacial clefts increased substantially between 2000 and 2012, even after controlling for comorbidities. Patients with CP comprised the majority, which is consistent with a higher incidence of comorbidities in this population. The use of EFA is associated with a multitude of complications. Unnecessary use should be minimized.

P11.
CRANIOSYNOSTOSIS SURGERY: A PAINLESS PROCEDURE? A SINGLE INSTITUTION’S EXPERIENCE IN POST-OPERATIVE PAIN MANAGEMENT
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PURPOSE: Craniosynostosis is an extremely complex, invasive procedure often assumed to be associated with minimal pain. The purpose of this study was to investigate pain management trends at a tertiary academic institution.

METHODS: Retrospective chart review was performed of all surgical repairs for primary craniosynostosis at The Johns Hopkins Hospital from January 2009 to May 2013. Demographic information, admission data, and post-operative pain management were recorded.

RESULTS: 57 patients were identified. Mean age was 12.6 months, mean length of stay was 3.2 days. 86% were admitted to ICU, the remainder admitted to an inpatient floor. 93% were prescribed IV parent/nurse controlled analgesia (PCA), with fentanyl (73.6%) being most utilized. 98.3% were prescribed acetaminophen. No patients received NSAIDs. 98.3% were prescribed enteral opioids and oxycodone was the only opioid utilized. Transition from IV to enteral opioids occurred on post-operative day (POD) 0–2 in 45.6%, day 2–3 in 52.7%, and after day 4 in 1.8%. 89.3% were prescribed opioids for discharge, most commonly oxycodone.

CONCLUSION: Despite pain service consultation and immediate initiation of IV PCA use, over 40% of patients were transitioned to oral opioids by POD 1 and mean length of stay was 3 days. Our results indicate that utilization of opioids via PCA can provide effective pain control without delaying transition to oral analgesics or discharge to home.

P12.
LE FORT FRACTURES IN KIDS: DO THEY HAPPEN? THE 30-YEAR EXPERIENCE AT THE JOHNS HOPKINS HOSPITAL
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PURPOSE: Currently, it is unclear whether Le Fort fractures occur in the pediatric population. The purpose of this study was to examine the etiology, incidence, and patterns of management of children with severe facial trauma associated with pterygoid-plate fractures.

METHODS: We studied all pediatric patients with pterygoid-plate fractures that presented to our institute from 1990–2013. Patient charts and radiological imaging were reviewed and demographics, fracture characteristics and treatment outcomes recorded. Fractures were categorized into three groups: Group 1: Simple, lacking key features of Le Fort-type

RESULTS: