PURPOSE: Chaperone use serves two primary purposes: 1) to provide patient comfort in the setting of intimate physical exams, and 2) medico-legal protection of the physician. Despite these mutual benefits, there exists a gap in knowledge when looking at the subtleties of patient preferences, and this is particularly true for Plastic Surgery. The procedures in this field are incredibly varied, ranging from elective cosmetic procedures to urgent reconstructive surgery. As such, the patient population is equally as diverse, and there is no unifying attitude that would enable a one-size-fits-all approach to chaperone use. The aim of this study was to evaluate patient preferences regarding the use of chaperones during physical examinations, and to use this data to improve the quality of physical examinations with more patient-centered practices.

METHODS: Following IRB approval, a 26-question multiple-choice survey was administered to new and established patients. The survey includes questions concerning patient demographics, attitudes towards chaperone use, preferences regarding chaperone characteristics, and circumstances in which chaperone use feels appropriate. Patients were provided ten minutes of privacy to complete the survey, with the option to omit any questions they felt uncomfortable answering. A chart review was conducted in addition to the survey. Descriptive statistics were compiled, and Ordinal Logistic Regression was used to analyze trends in chaperone preferences.

RESULTS: A total of 67 surveys were completed, where 67% of respondents were female, 28% male, and 5% transgender. The majority of patients were white (72%) and non-Hispanic (81%), with the predominant religion being Catholic (46.3%), and an average age of 48 years. Overall, 51% of respondents wanted a chaperone present for their visit, 43% had no preference, and 6% did not want a chaperone. During examination of a sensitive area (e.g. breast, groin, buttock), patients deemed a chaperone was necessary always (25.4%), sometimes (37.3%), or rarely (10.4%), with 23.9% showing no preference. When the provider is of the opposite sex, a chaperone was necessary always (20.9%), sometimes (32.8%), and rarely (4.5%), with 32.8% showing no preference. Should a family member, significant other, or friend be present in the room, a cumulative 28.3% of patients felt that a chaperone should still be used. Same-sex chaperones were preferred by 33% of patients, while 61% had no preference. The duration of involvement with the practice was associated with a lower likelihood of wanting a chaperone (p=0.033), whereas patients with a diagnosis of cancer were significantly more likely to prefer a chaperone (p=0.001).

CONCLUSION: Survey results demonstrate that over half of our patients prefer to have a chaperone present during physical examinations, with strong consideration of the sex of the provider and examination of sensitive areas. Additionally, patients with a difficult diagnosis or unfamiliarity with the practice may be more inclined to prefer a chaperone. These data reflect a gradient of chaperone preferences, and an opportunity to improve the quality of individualized care. Therefore, future considerations include an abbreviated chaperone survey, which will be implemented into our patients' initial paperwork and become part of the patient record and treatment protocol.

QS32

The Incidence of PTSD and Depression in Adults with Operatively Treated Traumatic Brachial Plexus Palsy

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PURPOSE: Brachial plexus injuries not only result in physical disability and pain, but also psychological illnesses including depression and post-traumatic stress disorder (PTSD). There is a paucity of literature regarding the incidence of depression and PTSD in patients with brachial plexus injuries. We demonstrated that the incidence of depression and PTSD in patients with brachial plexus injuries is higher than previously reported.

METHODS: In this prospective, single-center study, all adult patients ≥18 years of age evaluated for traumatic brachial plexus injury from 2013–2018 were asked to complete the Disabilities of the Arm, Shoulder, and Hand (DASH) questionnaire, Visual Analog Scale for Pain (VAS), Primary Care PTSD Screen (PC-PTSD), and the Center for Epidemiologic...
Studies Depression Scale (CES-D) as a part of each clinic visit. Patients requiring operative intervention were identified to determine the incidence of depression and PTSD in this population. Bivariate analysis was performed to identify variables that might influence the incidence data. Patients with a previous history of either depression or PTSD and/or current use of anti-depressant medications were excluded.

RESULTS: Between 2013 and 2018, ninety-nine patients underwent surgical intervention for traumatic brachial plexus injury. Of these, 72 had complete records for both PC-PTSD and CESD questionnaires. Average patient age was 45.8 years (range 18–75), median DASH score was 55.8, and median VAS score was 5. The overall incidence of depression was 40.3% (29/72), with males more likely to screen positive for depression than females (p=0.0465). The overall incidence of PTSD was 26.4% (19/72) and 94.7% of these patients were male. Patients with PTSD were significantly more likely to screen positive for depression (p<0.0001) and less likely to have full-time employment pre-injury (p=0.0407). 16 of 72 patients (22.2%) screened positive for concomitant depression and PTSD.

CONCLUSIONS: Traumatic brachial plexus injury has a significant impact on daily functioning and psychological well-being. The incidence of depression and PTSD in adults with traumatic brachial plexus injury requiring surgical treatment is higher than previously reported. This large sample size emphasizes the need for a multidisciplinary approach to treating these patients and may help to identify risk factors associated with PTSD and depression.

QS33

Clostridium Difficile Associated Infection in the Plastic Surgery Population: Lessons Learned from the ACS NSQIP Database

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PURPOSE: Clostridium Difficile Associated Infection (CDAI) has recently been in the spotlight for all medical and surgical specialties due to its significant added impact on morbidity and mortality of hospitalized patients. CDAI has not only become a reportable quality measure but also often dictates compensation and insurance coverage. There is a paucity of data regarding the incidence, impact and modifiable risk factors in the plastic surgery population.

METHODS: The ACS NSQIP database was retrospectively queried for all cases performed by plastic surgeons during 2016. The different type of cases, the presence of a second surgical team (combined cases), demographics and baseline clinical characteristics were extracted from the database. The study population was divided in two groups based on the development of CDAI. Independent variables for development of CDAI were identified.

RESULTS: During the study period, a total of 29,256 patients underwent a procedure by a plastic surgeon. Out of those, only 44 developed post-operatively CDAI (0.1%). The most commonly performed procedures involved the breast (58%) followed by the trunk (14%). Factors independently associated with development of CDAI were wound classification at the end of the surgery, COPD, procedure involving the trunk and surgery for reconstruction of pressure ulcers. Outpatient surgery was associated with decreased odds of developing CDAI [AORs (95% CI):0.2 (0.1, 0.4), adj p < 0.001]. Staying overnight did not increase the odds of developing CDAI, however, staying for > 1 day in the hospital was associated with increased risk of CDAI development [AOR (95% CI): 1.03 (1.01, 1.13), adj p = 0.001]. Combined cases, ASA, BMI, diabetes and active smoking were not associated with CDAI.

CONCLUSION: Clostridium Difficile Associated Infections (CDAI) is exceedingly rare in the plastic surgery population. While combined cases were not a risk factor for this population, outpatient status had a protective effect on CDAI development. Overnight stay after elective surgery did not increase the odds of developing CDAI, however, staying for > 1 day in the hospital was associated with increased risk of CDAI development [AOR (95% CI): 1.03 (1.01, 1.13), adj p = 0.001]. Combined cases, ASA, BMI, diabetes and active smoking were not associated with CDAI.

QS34

The Effect of Quality Improvement Interventions in the Prevention of Pressure Injuries in Critically Ill Patients