RESULTS: Mean (SD) Flesch-Kincaid Reading Ease was 44.62 (11.08), mean (SD) Flesch-Kincaid Grade Level was 9.00 (1.79), and mean (SD) Gunning Fog Index was 9.78 (1.90) (n = 24). Subgroup analysis revealed that educational materials from different publisher types had different mean readability scores (ANOVA: Reading Ease, p = 0.0787; Grade Level, p = 0.0450; Gunning Fog, p = 0.0074).

CONCLUSION: This study found that online craniosynostosis information is too difficult to read and comprehend. Physicians need to be aware of the best sources of information for their patients’ families. Currently, children’s hospital webpages, although not perfect in terms of readability, are the most appropriate based on NIH and CDC guidelines. Readability is paramount to understanding, and there is much improvement to be made for family and caretaker-oriented material about craniosynostosis.

Figure

Autologous and Implant-Based Breast Reconstruction Outcomes in Patients with Autoimmune Connective Tissue Diseases
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INTRODUCTION: Autoimmune connective tissue disorders (CTDs) have been shown to predispose breast reconstruction patients to adverse postoperative outcomes. Given advancements in microsurgical and implant-based breast reconstruction techniques, we aimed to characterize recent postoperative breast reconstruction complications in CTD vs non-CTD patients nationally.

METHODS: This was a population-based retrospective cohort study using 2017-2018 data from the Healthcare Cost and Utilization Project National Inpatient Sample. Adults admitted for autologous or implant-based breast reconstruction were identified using ICD-10 codes and subclassified by presence of autoimmune CTD diagnosis. Chi-square and Fisher exact tests were used to compare postoperative complications and multivariable logistic regression analyses were conducted to assess individual risk factors for vascular complications, wound dehiscence, and length of stay.

RESULTS: From 2017-2018, 10,691 patients underwent either autologous or implant-based reconstruction, of which 203 (1.9%) had autoimmune CTDs. Comorbidities, as evidenced by Elixhauser indices, were significantly greater in both autologous CTD patients (3+: 56.8% vs 20.9%; p < 0.001) and implant-based CTD patients (3+: 55% vs 22%; p < 0.001). However, autologous and implant-based CTD patients were not more likely than non-CTD patients to experience adverse postoperative outcomes, flap failures, or implant complications. Importantly, on multivariable analysis, a CTD diagnosis was not a significant predictor for vascular complications, wound dehiscence, or LOS.

CONCLUSION: Using the most recent national data available, we found that preexisting CTDs do not independently predispose breast reconstruction patients to adverse postoperative outcomes, expanding the population of patients who can benefit from these reconstructive procedures.

Figure