Evaluating Patient-Specific Characteristics Predisposing Pediatric Plastic Surgery Patients to Opioid Prescription at Discharge

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Background

Patient features, including increased age, private insurance status, intraoperative time, and cleft palate/alveolar bone graft procedure were identified as independent predictors of opioid prescription at discharge in this pediatric plastic surgery patient population. These findings emphasize the vital importance of promptly identifying these risk factors during the surgical planning phase.

A total of 429 patients were analyzed in the overall cohort (75 patients underwent a cleft palate/alveolar graft procedure and 35 patients underwent a cleft lip procedure).

Using logistic regression, inpatient opioid use (OR: 4.31, p=0.045), private insurance status (OR: 2.03, p=0.030), increased age (OR: 1.16, p<0.001), surgical history (OR: 2.01, p=0.026), and increased operative time (OR: 1.016, p<0.001) were significantly associated with increased odds of opioid prescription at discharge. Undergoing a cleft palate/alveolar bone graft procedure was also associated with increased odds of opioid prescription at discharge (OR: 2.30, p=0.023).

However, when analyzing subcohorts of cleft palate/alveolar bone graft patients and cleft lip procedure patients, there were no predictive characteristics identified with logistic regression.

Limitations

• Single institution study, subject to institutional prescribing biases
• Small sample size

Conclusions

Patient features, including increased age, private insurance status, intraoperative time, and cleft palate/alveolar bone graft procedure were identified as independent predictors of opioid prescription at discharge in this pediatric plastic surgery patient population. These findings emphasize the vital importance of promptly identifying these risk factors during the surgical planning phase.

References
