

Purpose

- ERAS Protocols have been shown to decrease length of hospital stay and improve patient outcomes
- Describe ERAS protocol for cleft palate repair at tertiary hospital

Methods

- All patients undergoing cleft palate repair at single institution over 10 year period
- Patient and cleft demographics along with operative details collected
- Primary outcomes = hospital LOS and narcotic usage
- Secondary outcomes = Fistula development and need for speech surgery
- Chi square and independent t-tests used to determine significance < 0.05

Results

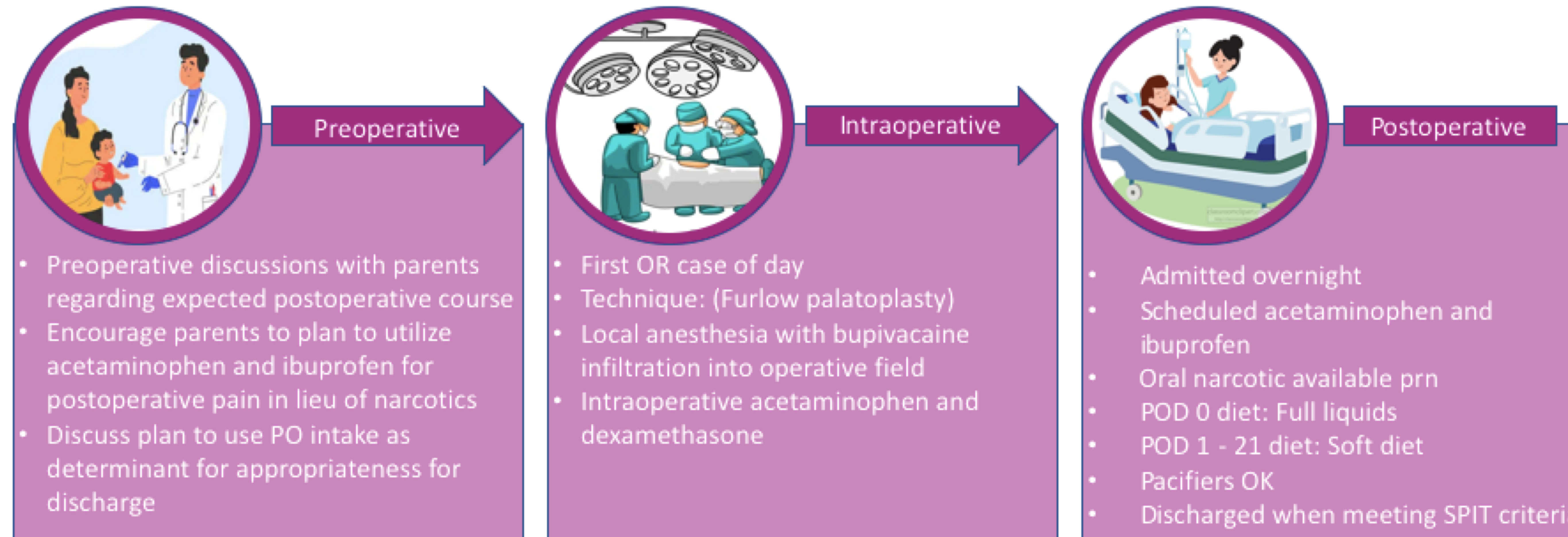
- 290 cleft palate repairs performed, 242 patients with enough data for analysis
- Infiltration of surgical field with bupivacaine associated with decreased initial 24 hr morphine eq. usage and decreased LOS ($p < 0.01$)
- Furlow palatoplasty was associated with decreased hospital LOS ($p < 0.01$)
- Development of fistula associated with increased 24hr morphine eq. ($p < 0.01$)
- Need for speech surgery associated with increased 24hr morphine eq. ($p < 0.01$) and LOS ($p < 0.05$)

Conclusions

- ERAS protocol for cleft palate repair can decrease LOS and narcotic use
- Initial postoperative period is vital for adequate wound healing and subsequent outcome
- Senior authors currently using suprazygomatic maxillary block, which was not included in this study, but could be examined with future studies

Implementation Of An Enhanced Recovery After Surgery Protocol For Cleft Palate Repair

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Significant Findings

Furlow Repair
-> Decreased
LOS ($p < 0.01$)

Local
Bupivacaine ->
Decreased
Morphine Eq.
and LOS
($p < 0.01$)

ERAS Protocol
-> Decreased
LOS ($p < 0.01$)

Development
of Fistula ->
Increased
Morphine Eq.
($p < 0.01$)

Need for
Speech
Surgery ->
Increased LOS
($p < 0.05$) and
Morphine Eq.
($p < 0.01$)

