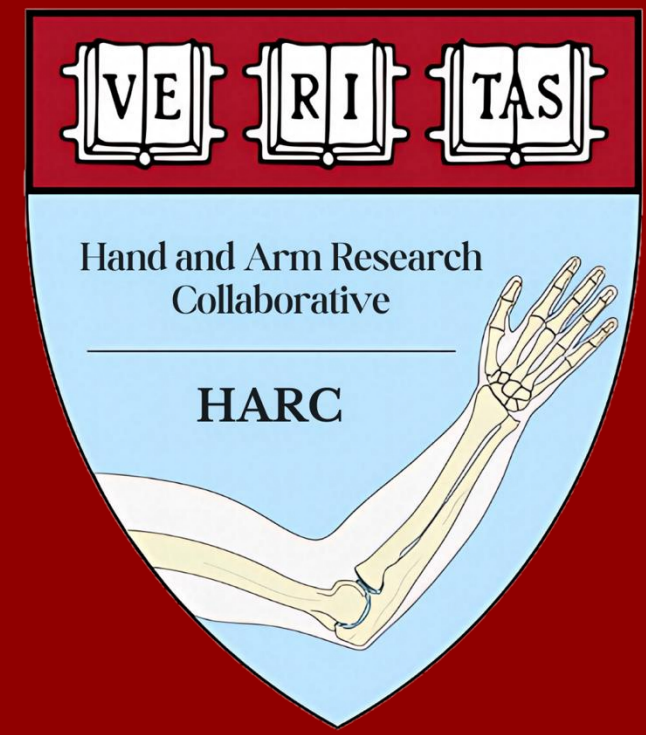




Factors Associated with Length of Stay in Patients Undergoing Lower Extremity Free Flap Reconstruction



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Background

Prolonged hospital stays can negatively impact patients and healthcare systems, reaching up to 24 days, reaching \$4,240 per day for LE FFR nationwide. ¹⁻³ Identifying factors associated with length of stay could lead to improved resource allocation, cost-effectiveness, and patient care. ⁴

This study aimed to identify factors associated with post-flap surgery length of stay (pfsLOS) in LE FFR patients to optimize healthcare delivery and outcomes.

Methods

This retrospective cohort study included 405 patients who underwent 415 microvascular LE FFR at two Level I Trauma Centers.

The primary outcome was pfsLOS, which was then described in context of total LOS (tLOS).

Statistical analyses involved multilinear regression models, analyzing outcomes as relative percentage changes in LOS.

Results

Median pfsLOS (IQR) was 10 days (7-16), with prolonged pfsLOS (>14 days) in 81 patients (20%).

Combined initial plastic and orthopaedic surgery treatment (primary orthoplastic treatment) was found to be associated with pfsLOS and tLOS.

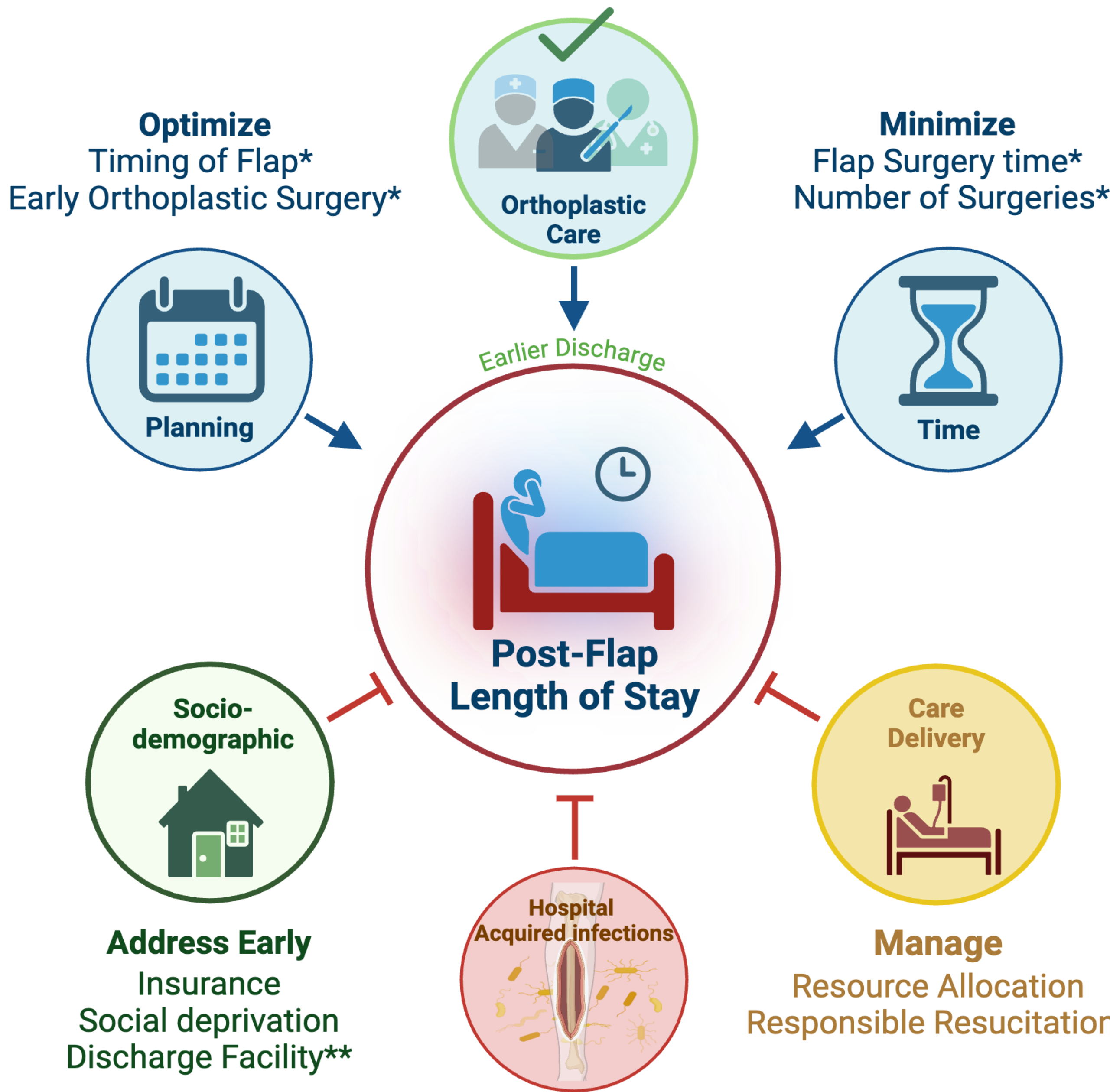
Other factors significantly affecting pfsLOS are shown below in *Figure 2*.

Conclusion

This study highlights the potential benefits of primary multidisciplinary orthoplastic intervention in reducing LOS for LE FFR patients.

Initial coordination between multidisciplinary services reduces LOS, optimizes resource utilization, and improves cost-effectiveness and patient outcomes in LE FFR.

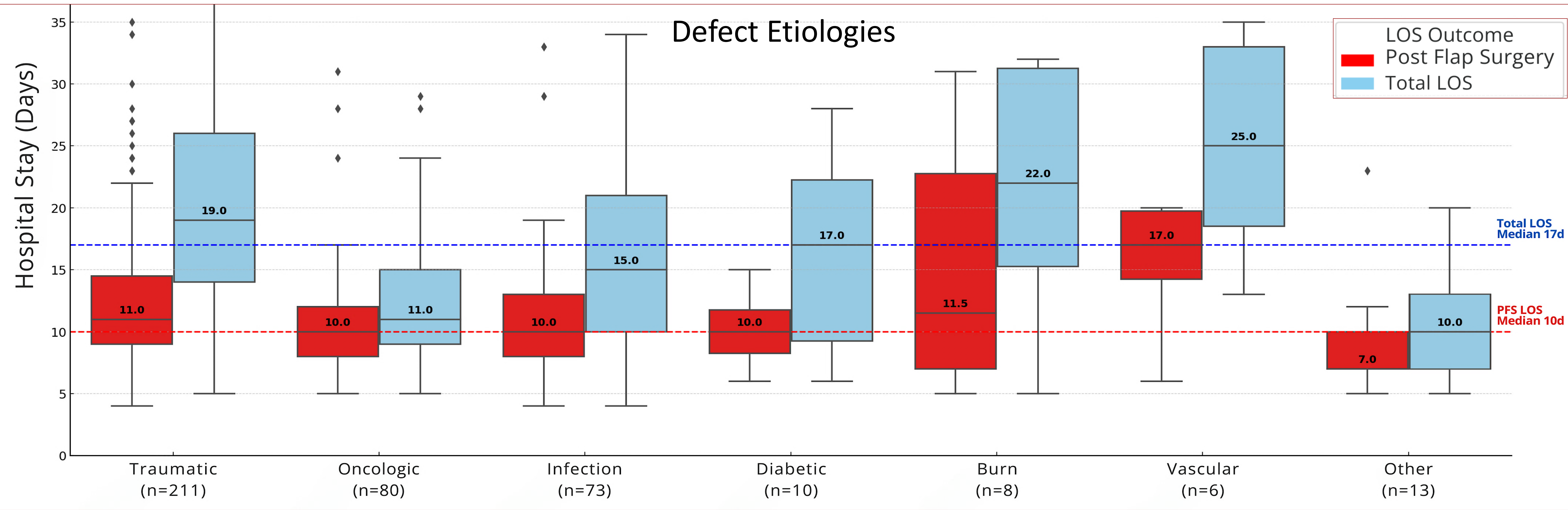
Primary Multidisciplinary Care



* significantly associated with pfsLOS in main multilinear model;
** significantly associated with pfsLOS in sub-analysis.

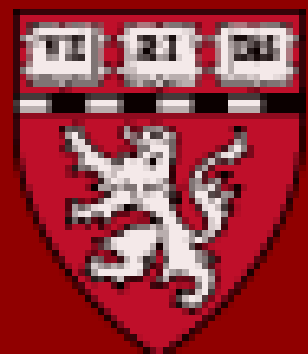
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