

## AB099. SOH23ABS\_179. A retrospective review of surgical and anaesthetic outcomes associated with maxillofacial day case orthognathic surgery

Eimear Mooney, Brian Martin, Gerard Kearns

National Maxillofacial Surgery Unit, St. James's Hospital, Dublin, Ireland

Background: The aim of this retrospective review was to assess the outcomes of day case orthognathic surgery (DCOS) in the post-coronavirus disease (COVID) era. DCOS has reported successful outcomes for mandibular osteotomies. However, the evidence base is limited with regards to day case maxillary osteotomies. Scheduling elective surgery in the aftermath of the COVID pandemic has been met with challenges, amplifying the implications for patients including indefinite waiting list delays due to limited bed availability, prolonged orthodontic phases of treatment and in some instances, replanning surgical orthognathic movements. This prompted a change to our service to utilise DCOS, when patient and surgical factors permitted, to facilitate ongoing orthognathic activity in our unit.

**Methods:** A retrospective review of DCOS patients over a twelve-month period included surgically assisted rapid palatal expansion (SARPE), mandibular and maxillary osteotomies. Thirty-four patients met the inclusion criteria, of which 64% were female. Data was gathered on patient demographics, surgical and anaesthetic morbidity and failure of same day discharge.

**Results:** Of the 34 subjects included, 94% fulfilled the criteria for day surgery discharge. Two patients failed to meet DCOS discharge criteria due to post-operative

bleeding and swelling, respectively. There were no cases of post-operative nausea or vomiting delaying discharge. The average length of stay for failed discharge was 2.5 days and no patient required a return to the operating theatre.

**Conclusions:** With careful patient selection, DCOS has a low surgical and anaesthetic morbidity and may successfully facilitate orthognathic surgery in the post COVID climate where pressures on bed capacity are ubiquitous.

**Keywords:** Day case osteotomy; day surgery; maxillofacial surgery; orthognathic surgery; osteotomy

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## **Footnote**

*Conflicts of Interest*: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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