Highlights

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Happy May! May appears to be the month in which everything is possible. Here in the United States, the days grow longer, the weather grows warmer, and the treasures of summer are just around the corner. Our children are anticipating the summer recess, and we are finalizing plans for our summer vacations. May is a month of possibilities, and we present here 5 papers to help you think about those sunnier days just on the horizon.

In our first paper, Puram and Bhattacharya examine readmission rates after surgery for head and neck cancer and the factors associated with readmission. Using the 2013 National Readmissions Database, the authors identified 132,755 inpatient admissions for head and neck cancer surgery. In their sample, the mean age of the patients was 57.3 years, and the mean length of stay was 4.4 days. They noted a readmission rate of 7.7%, with the mean postoperative readmission occurring at day 17. The most common reason for readmission was surgical complications (15.5%), followed by readmissions for mental health/substance abuse (13.1%). A variety of other diagnoses were associated with readmission. In a multivariate analysis, severity of disease and comorbidities and original length of stay were significantly correlated with readmission. Puram and Bhattacharya discuss the implications of their observations and discuss how their data might be used to target patients at risk for readmission.

In our second paper, Padia and colleagues evaluate the long-term sequelae of tympanostomy tubes in a multihospital health system. The authors reviewed the records of 14,058 children who underwent tympanostomy from 2004 to 2010. They examined the otologic consequences of tympanostomy tube placement at 5 years from the original surgery. For this cohort, the authors noted that the mean age of the index tube placement was 1.4 years. At 5 years, the authors observed that 14.4% of patients required at least 1 additional set of tubes and 4.6% required ≥3 sets. They also noted that 3.0% required removal of tubes for prolonged retention and that 5.1% had a resulting persistent perforation that required myringoplasty. The authors discuss the implications of their study for patient care and note that future research that better characterizes these patients will be beneficial in personalizing treatment and preoperative counseling of parents and caregivers.

In our third manuscript, Patel and associates examine the current evidence either supporting or disputing the routine use of perioperative antibiotics for various common procedures in otolaryngology. In this study, the authors systematically reviewed papers identified from several common databases to evaluate whether there was benefit to the routine use of antibiotics. On the basis of their analysis, the authors concluded that antibiotic prophylaxis was not indicated in simple nasal and sinus surgery, routine ear surgery, or clean open surgical neck procedures. They further concluded that perioperative antibiotics were useful in complex septorhinoplasty, skull base surgery, clean-contaminated ear surgery, and clean-contaminated surgery of the upper aerodigestive tract. They also reported that short-term use of antibiotics (24-48 hours) was not inferior to longer-term treatment. They noted that the Food and Drug Administration recommendation for antibiotic prophylaxis in cochlear implantation was reasonable given the potential for devastating complications, despite the paucity of high-level evidence, and that data were inconclusive regarding the benefit of perioperative antibiotics in nasal surgery with insertion of splints or packing. Patel and colleagues discuss their conclusions based on this review and their implications for use of antibiotic prophylaxis in otolaryngology.

In the fourth paper, Suresh and colleagues evaluate rates of morbidity and mortality among otolaryngology patients who undergo interhospital transfers and those who do not. In this study, the authors utilized the National Surgery Quality Improvement Program database to identify 60,498 patients treated by otolaryngologists from 2006 to 2013. In this sample, 488 (0.8%) patients were transferred from another institution. The 3 most commonly transferred events in this database were need for incision and drainage (24.0%), facial trauma repair (9.0%), and oropharyngeal hemorrhage control (3.9%). The authors noted that when compared with patients requiring similar procedures as identified in the treating/accepting hospital, transferred patients had a significantly...
longer length of stay and a significantly higher rate of morbidity and mortality. The authors discuss the implications of these observations, both on outcomes of care and on the adverse effect of transferred patients on indices of hospital quality and performance.

In our final paper, Tsai and associates investigate the risk of pneumonia among patients with unilateral vocal fold paralysis (UVFP). Using the National Health Insurance Research Database of Taiwan, the authors identified 419 patients newly diagnosed with UVFP from 1997 through 2013. They compared these patients with 1676 patients without UVFP matched on age, socioeconomic status, urbanization level, and site-specific cancers. Patients were followed until death or the study’s conclusion in 2013. Given this analysis, the authors noted a significantly higher cumulative risk of pneumonia among patients with UVFP versus those without UVFP. This finding was noted irrespective of age and was more commonly seen among patients with cancer and males. The authors conclude that UVFP is an independent risk factor for pneumonia and that patients with UVFP should be counseled regarding this increased incidence to seek timely treatment when symptomatic.

Thank you again for being a reader of the journal. Enjoy this month of May!

References