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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">▪ Describe an enhanced recovery pathway for burn surgery▪ Demonstrate that “fast track” burn surgery is safe and feasible in a subset of patients▪ Treat burn patients with less than 10% TBSA requiring surgical intervention in the outpatient setting.
Abstract:	<p>Introduction: Enhanced recovery protocols have been developed and implemented in a variety of surgical disciplines and have been shown to decrease complications and length of hospital stay. However, these principles have not yet been established for burn surgery. This study aims to assess recent experience with “fast track” burn surgery to minimize length of stay, dressing changes, and use of sedation for postoperative wound care.</p> <p>Methods: This was a retrospective review of patients with <10% TBSA that required grafting with the “fast track” pathway. Patients were administered IV acetaminophen during surgery. Fibrin sealant was used to avoid or minimize staple/suture placement for autografts. Xeongraft was secured with cyanoacrylate alone. Grafts were dressed with either a nanocrystalline-Ag fabric removed on POD#3 or a Ag-impregnated silicone dressing removed between POD 5-8. All pack takedowns were done without IV medications. Long-acting liposomal bupivacaine donor site injections were used later in the study. Demographics, injury characteristics, operative details, post-op dressings, length of stay, graft take, infections, and readmissions were recorded.</p> <p>Results: Sixty-one patients were included in the study with a median burn size of 2.5%TBSA. Median age was 37.5. 41 patients received split-thickness autograft, 15 patients had xenograft, 4 patients had both, and 3 patients received a full thickness graft. Median autograft size was 89 sq cm. Fibrin sealant was used for 32 autografts (15 without any sutures/staples.) Dressings were as follows: graft- 56% Ag-silicone, 29% nanocrystalline, and 11% gauze. Donor: 92%Ag-silicone and 8% alginate. Median hospital LOS was 1 day (IQR:0,1), while 44% had outpatient surgery. There was no incidence of graft or donor infection, graft loss, or hospital readmission.</p> <p>Conclusions: Burn patients can successfully managed with “fast track” surgery on an outpatient basis or with a short inpatient stay. New technology such as fibrin sealants</p>

and atraumatic, impregnated dressings have simplified post-operative management by reducing dressing changes and staple use. Multimodal pain control likely plays a role in success in addition to patient selection and surgical judgement. Enhanced recovery after burn surgery warrants further study in larger, prospective trials.

Disclosure:

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