

2024 NEW YORK REGIONAL SOCIETY OF PLASTIC SURGEONS ANNUAL RESIDENTS' NIGHT RESEARCH COMPETITION

MONDAY, MARCH 11, 2024 NEW YORK ACADEMY OF MEDICINE

ABSTRACT SUBMISSION TITLE: C3 - A Feasibility Model for Restructuring the Role of the Hand Surgeon Taking Call

at a Level I Trauma Center

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Abstract Text:

PURPOSE:

The discrepancy between the volume of hand-related consults and the concurrent lack of specialized hand surgeons available continues to strain an overburdened system. Recent attention has focused on the redistribution of this workload towards management in the outpatient realm.

METHODS:

This is a retrospective review of hand consults for the plastic surgery service over summer and winter intervals at a Level I trauma center. Consults were triaged in a tiered system with non-plastic surgery residents managing acute consults at the remote direction of a plastic surgery resident. Demographic, clinical and outcomes data were analyzed to make inferences regarding care.

RESULTS:

There were 116 hand consults of which 94.8% were managed acutely by non-plastic surgery clinicians. Lacerations and fractures were more common in the summer, while infections and dislocations were more common in the wintertime (p value = 0.0029). 7 consults (6.0%) required additional diagnostic exam maneuvers or provocative testing. The 3 most common procedures were reduction and splinting (41.4%), suturing (28.4%), and incision and drainage (6.0%). 12.1% were admitted for management of the hand-related issue. Average time to the OR was shortest for infections or compartment syndrome as compared to that for other acquired concerns (1.0 days versus 11.6 days, p = 0.0027). Average time to clinic follow-up was shortest for acute traumatic or infectious issues versus subacute or chronic concerns, but this did not achieve statistical significance (10.6 days versus 26.1 days, p = 0.12). There were 2 complications (1.7%) involving an unplanned return to the OR, but neither resulted from a delay in treatment.

CONCLUSIONS:

We propose a model of offloading the majority of hand consults through coverage by residents with trauma experience who are trained in the basics of hand exams and general procedures. This model was safe and effective across a wide range of hand-related complaints.