

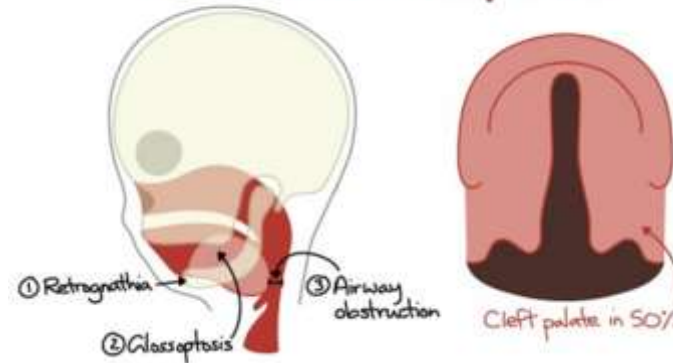
PIERRE ROBIN SEQUENCE AND HIGH DEPENDENCY BED REQUIREMENT FOLLOWING PRIMARY CLEFT PALATE SURGERY – A SERVICE EVALUATION

C. McCann¹, J. Williams², K. Nicholson¹, C. Davies¹
¹ Evelina Children's Hospital, London, ² South Thames Cleft Service

Hypothesis

- Possible cases of PRS having primary palate repair
- No airway obstruction concerns
- Unnecessary HDU bed bookings
- Cancelled surgery if no bed available

Pierre-Robin Sequence



Features and severity can vary widely and are known to be subjective (Breugen JAMA pediatr 2016)

Results

- 111 primary cleft repairs
31 HDU 2 PICU 78 ward
- 16 PRS cases
15 HDU 1 PICU
- 15 HDU NPA required
6 yes 9 no
- 1 cancellation for lack of HDU bed
- HDU median LOS 1 (IQR 1-2) night

Methods

- 12 months of cases
- Retrospectively identified
- PRS case details and post-op course extracted from electronic records

| Case Number | Circumstance of NPA insertion | Duration of NPA insertion | Pre-op sleep study performed | Results |
|-------------|---|---------------------------|------------------------------|--|
| 1 | Unplanned on HDU after PEWS triggered for airway and desaturation | >1 night | Y | AHI 3.1/hr Absolute nadir 90% 'mild OSA' |
| 2 | Inserted post-op as a precaution | <6hrs | N | n/a |
| 3 | elective insertion | 1 night | Y | Normal |
| 4 | elective insertion | 2 nights | Y | Normal |
| 5 | Unplanned on HDU for tracheal tug and high RR | >1 night | Y | AHI 7.7/hr Absolute nadir 79% 'moderate OSA' |
| 6 | Inserted for stridor post extubation | <1 night | N | n/a |

Conclusions

- Unanticipated post-op airway obstruction occurs in this group
- Appropriate to send all suspected PRS cases to HDU
- No significant problem with cancellations