



ASO AUTHOR REFLECTIONS

ASO Author Reflections: Reducing Length of Stay and Postoperative Opioid Administration in a Same-Day Approach to Breast Reconstruction

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PAST

It is well known that in recent years there has been a shift towards developing protocols for same-day discharge of surgical patients. Studies utilizing national database registries have shown that same-day mastectomy with immediate reconstructions can be safely and effectively performed in some settings.¹ Recently, a study by Jogerst et al. demonstrated the efficacy of an ERAS protocol in 140 mastectomy patients with decreased postoperative complication rates.² However, there remains a paucity of single-institution data regarding implementation of same-day recovery protocols for patients undergoing mastectomy with immediate reconstruction.

PRESENT

The coronavirus disease 2019 (COVID-19) pandemic forced surgical departments across US hospitals to innovate ways to provide high-quality surgical care while optimizing hospital resource allocation. In the weeks leading up to the initial COVID-19 surge, our team implemented a same-day recovery protocol, developed by a multidisciplinary team, for patients undergoing mastectomy with immediate reconstruction at our institution.³ In our study examining the outcomes of the protocol over a 1-year period, median length of stay decreased to 5.5 h and postoperative intravenous opioid administration dropped 19.1% compared with an historical cohort.⁴

FUTURE

With acceptably low rates of reoperation and 30-day readmission, our study demonstrates that a same-day recovery protocol for patients undergoing mastectomy with immediate reconstruction is a reasonable alternative to conventional mastectomy recovery protocols. We suggest breast surgical departments consider implementation of a same-day recovery protocol in select patient populations.

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