

# Study IDs clinical factors tied to free tissue transfer reoperation

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(HealthDay)—Certain clinical factors, including wound complications,

are associated with reoperation and prolonged hospitalization in patients undergoing free tissue transfer (FTT) for reconstruction related to head and neck cancer, according to a study published online Nov. 30 in *JAMA Facial Plastic Surgery*.

William W. Thomas, M.D., from the University of Pennsylvania, and colleagues retrospectively reviewed data from the American College of Surgeons National Surgical Quality Improvement Program (2012 to 2014). The authors sought to examine patient and surgical variables associated with [reoperation](#) and length of stay following surgical procedures (1,115 patients) for malignant neoplasm of the head and [neck](#) involving microvascular FTT reconstruction.

The researchers found that prolonged length of stay was predicted by return to the operating room (odds ratio [OR], 4.8), smoking (OR, 2.1), clean-contaminated wound (OR, 2.2), bony flap (OR, 1.8), age (OR, 1.5), and operative time (OR, 1.2). A total of 225 patients underwent reoperation (298 times), with a mean time to reoperation of 8.0 days. The majority of reoperations (80 percent) occurred before discharge from the primary operation. Neck exploration and incision or drainage of neck were the most common reasons for reoperation (12.4 and 11.7 percent, respectively).

"Wound class of index operation, subsequent wound-related complications, and long duration of the index operation were the primary drivers of increased risk for reoperation and, therefore, prolonged hospitalization," the authors write.

**More information:** [Abstract/Full Text](#)

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