

Post-op complications low for orbital floor fracture repair

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one day, with longer median length of stay for repairs performed by plastic versus ENT surgeons (one versus zero days). Overall, wound complications occurred in 3.4 percent of patients, with morbidity, mortality, return to the operating room, and unplanned readmissions for 0.9, 0.3, 1.5, and 1.7 percent, respectively. Postoperative complications did not differ significantly for patients undergoing repair by ENT or [plastic surgeons](#).

"The findings suggest that orbital floor fracture repair is a safe procedure, and management by plastic or ENT surgeons yields similarly low rates of [postoperative complications](#)," the authors write.

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(HealthDay)—For patients undergoing orbital floor fracture repair, total operative time and postoperative complications are similar for cases performed by plastic surgeons versus ear, nose, and throat (ENT) surgeons, according to a research letter published online Oct. 26 in *JAMA Facial Plastic Surgery*.

Cindi K. Yim, from Icahn School of Medicine at Mount Sinai in New York City, and colleagues performed a retrospective analysis of repairs of orbital floor fractures and compared patient characteristics and surgical outcomes for repairs performed by [plastic](#) and ENT surgeons. Data were included for 686 patients.

The researchers found that the total operative time for all repairs was comparable for repairs performed by ENT versus plastic surgeons, although median operative time for independent procedures was shorter for plastic versus ENT surgeons (57.5 versus 71 minutes, respectively). The overall median length of stay was less than

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