A9

Maya Rabban B.A. Advisor(s): Jennifer Hashem M.D.

Co-author(s): Maya Rabban, Zachariah Shearon, Abdullah Uddin, David H. Mai, Howard Katz, William Urban, Aden Malik, Jaime Uribe, Dante Trovato, Khalid Hesham, Rose Park, Jennifer Hashem

Unintentional Weight Loss is Associated with Higher Risk of Institutional Discharge Destination Among Patients Undergoing Surgery for Distal Radius Fractures

Introduction:
Unintentional weight loss is potentially associated with poor surgical outcomes. This study sought to assess the relationship between unintentional weight loss and institutional discharge destination among patients who received open reduction and internal fixation (ORIF) for distal radius fracture (DRF).
Methods:
A retrospective cohort study using NSQIP was performed involving patients who underwent ORIF for DRF between 2012 and 2020. The primary exposure, unintentional weight loss, was defined as >10% loss of body weight within 6-months preceding the surgical procedure. Patients with and without unintentional weight loss were assigned to two different cohorts. Potential confounders were basic demographics, baseline health status, and surgical characteristics. Inclusion criteria was age 18 years. Univariate analyses employed chi-square testing to assess for cohort differences. Multivariable regression analysis adjusting for potential confounders assessed unintentional weight loss as a risk factor for institutional discharge destination.
Results:
28,685 patients received ORIF for DRF, of which 57 (0.2%) had unintentional weight loss. The highest proportion of patients in both cohorts had female sex, white race, non-Hispanic ethnicity, independent functional status, normal weight, non-smoking status and no diabetes. Most patients in both cohorts were admitted from home, received surgery on an elective basis, in an outpatient setting, and received general anesthesia. Patients with unintentional weight loss had older age and higher ASA [Table 1]. On multivariable regression analysis adjusting for potential confounders, patients with unintentional weight loss had 2.94 times higher odds (95% CI 0.97 to 8.18; p= 0.048) of being discharged to an institution [Table 2].
Conclusion:
Patients with compared to those without unintentional weight loss who undergo ORIF for DRF have a higher risk of being discharged to an institution following surgery.