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# Effects of Smoking on Healthcare Resource Utilization After Panniculectomy: Analysis of an Institutional Registry

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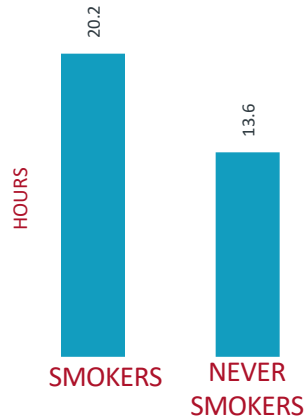
## DISCLOSURES

The authors of this study have no conflicts of interest or financial disclosures.

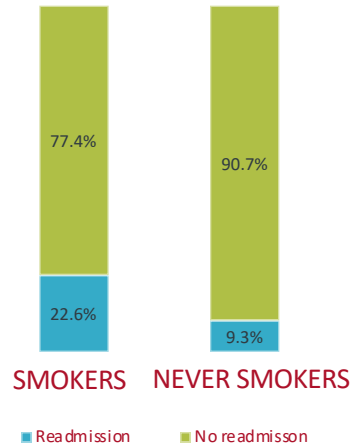
## INTRODUCTION

Smokers undergoing panniculectomy are at risk for wound-related complications and may have higher rates of health care resource utilization. A paucity of data exists for patients undergoing this procedure. We created a clinical registry for patients undergoing panniculectomy at our institution and report outcomes as they relate to smoking status. Since smoking increases the risk of post-operative complications, we hypothesize that smokers may have an increased number of post-operative clinic visits, increased length of stay, and increased readmission rates after panniculectomy due to poor wound healing.

## LENGTH OF HOSPITAL STAY



## % 30 DAY READMISSION



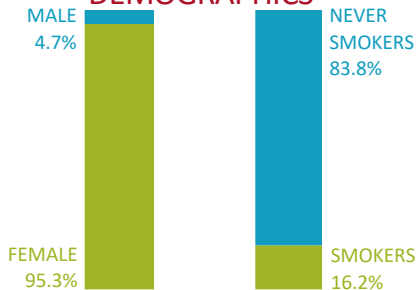
## METHODS

A retrospective clinical registry was created for patients who underwent panniculectomy or abdominoplasty from 2012-2020. Patient demographics, perioperative variables, and postoperative outcomes were collected. Exclusion criteria included: patients <18 years of age and vulnerable populations such as children or adolescents, pregnant women, prisoners, decisionally-impaired persons, educationally disadvantaged individuals, socially or economically disadvantaged individuals, individuals with a stigmatizing illness or condition, and individuals from a marginalized social or ethnic group. Independent t-tests were performed to compare outcomes between smokers and non-smokers. Patients were classified as smokers if they were currently smoking or had ever smoked. Patients were classified as non-smokers if they had never smoked. Primary outcomes included length of stay, 30-day readmission, and number of post-operative follow-up visits.

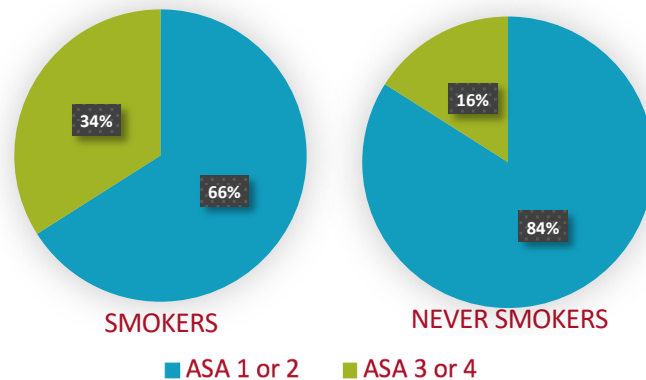
## RESULTS

Of 767 patients, 95% were female and mean age was 43 years. 16% had a smoking history or were actively smoking at the time of surgery. Length of stay was longer in smokers (20 h vs. 14 h, P=0.008). The percentage of patients readmitted within 30 days of surgery was also higher in smokers (23% vs. 9%, P<0.001). The average number of 30 day readmissions was significantly higher for smokers (0.4 vs. 0.14, P<0.001). Smokers were more likely to have ASA scores of 3 or 4 compared to non-smokers (34% vs. 16%, P=0.002). No difference in the number of post-operative visits within one year of surgery or total number of post-operative visits after surgery.

## DEMOGRAPHICS



## ASA SCORES



## CONCLUSIONS

Patients undergoing panniculectomy have significant utilization of health care resources. Smoking may be associated with longer length of stay and higher risk for readmission.