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state. Several medications, including hormonal therapies, constipation inducing drugs, laxatives, and illicit drugs have been associated with ischemic colitis. Taking a thorough medication history is essential when a patient is diagnosed with ischemic colitis. The recognition of medication induced colonic ischemia and prompt

discontinuation of offending agent is vital to patient outcomes. ■

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Figure 1. Colonoscopy demonstrating a diffusely edematous, ulcerated, and violaceous segment of the sigmoid colon

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Mentor: Christie Barnes

Program: Otolaryngology

Type: Original Research

Background: The University of Nebraska Medical Center, Department of Otolaryngology – Head and Neck Surgery (OHNS) established a rural residency rotation in Kearney, Nebraska, in 2016. Each resident spends two months on the service as a junior (years two or three), and two months as a senior (years four or five). It has been cited that residency rotations in rural practices are a significant factor in retention of family practice and surgical physicians,

however, there is not similar data available for Otolaryngology. This study provides data from current and prior OHNS residents on their rural rotation experience and the factors that contributed to future practice decisions.

Methods: In this qualitative study, we used a semi-structured interview guide to probe rural rotation participants on their experience and the influence the rotation had on their future practice decisions.

Results: The rural rotation was influential in residents' selection of future practice and did encourage residents to pursue rural practice. The benefits of the rotation included increased

autonomy, diversity of cases, education in the private practice environment, and improved quality of life. The disadvantages included time away from family.

Conclusion: The University of Nebraska Medical Center OHNS Rural Rotation provides invaluable experience, education, and training. The rotation was influential in the selection of future practices and encouraged several residents to pursue rural Otolaryngology practices. A rural rotation experience in residency may lead to retention of Otolaryngologists for rural areas. ■

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Patterns of Opiate Use and Prescription Practices in Isolated Orthopedic Trauma Part One: Defining the Problem and Creating Guidelines

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Background: About 80% of the global supply of opiates is consumed in the United States, yet opioid use is associated with significant morbidity and safer approaches to pain control exist¹⁻¹⁵. The purpose of this two-

part study is to quantify our opioid prescribing practices and to formulate guidelines for safe and effective opioid stewardship.

Methods: The quantity of opioids prescribed (as Morphine Milligram Equivalents) at discharge and in the 90 days after surgery in adults with operatively treated, isolated fractures was correlated to patient demographics, comorbidities, fracture characteristics, and patient reported pain control.

Results: There were 56 males (47%) and 63 females (53%). Ankle fractures were the most common injury (34.2%). 9 (7.6%) fractures were open. The mean VAS pain scores at the first and second postoperative visits were 4.1 and 3.4, respectively. The mean initial quantity of opiates prescribed for all patients was 390 MME and the mean total quantity was 535 MME (range 60-1800, Stdev 256; 60-2550, Stdev 245, respectively). 44% of patients were prescribed refills. Greater