

2022 NEHS Annual Meeting Abstract Submission

COMPLETE

NEHS Vice President, Daniel Mastella, M.D., is currently accepting abstract submissions for presentation at our Annual Meeting on December 2, 2022.

This meeting will be held at the Sturbridge Host Hotel in Sturbridge, MA.

Therapists, NPs, and PAs are also encouraged to submit.

THE DEADLINE FOR SUBMISSION IS OCTOBER 15, 2022

RESIDENTS AND FELLOWS ONLY. Please indicate if you want your paper to be considered for the prestigious H.Kirk Watson, M.D. Founder's Award. The abstracts for award consideration will be presented in the morning and the award will be presented in the afternoon.

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* ABSTRACT TITLE

Disparities in Targeted Muscle Reinnervation in Major Upper Extremity Amputation

* Contact Person Name

Lauren Valentine

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* Name of who will present abstract at NEHS meeting on December 2, 2022 Please note that the same person cannot present more than one abstract at the meeting.

Lauren Valentine

* Please indicate if the presenter is:

Not currently a resident or fellow

* List full names of abstract authors

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*** ABSTRACT - should include background information and a description of methods, programs, or practices.**

Background: Post-amputation pain is a debilitating sequela of upper extremity (UE) amputation. Targeted muscle reinnervation (TMR) can help prevent pain and improve quality of life. The purpose of this study is to evaluate national trends and disparities in TMR following UE amputations.

Methods: An analysis of the Nationwide Inpatient Sample was conducted from 2016-2019. ICD-10 codes were used to identify patients who underwent UE amputation with and without TMR. Associations between the use of TMR and patient and hospital factors were analyzed.

Results: 1,789 patients underwent UE amputation. Of them, 62 (3.5%) received TMR. The majority of TMR occurred in urban teaching hospitals (>95%). There were no differences in likelihood of receiving TMR based on sex, race, or income. Compared to those in New England, patients were less likely to receive TMR in the South Atlantic (OR .33, 95% CI 0.11-0.95, p=0.04), East South Central (OR .13, 95% CI 0.03-0.95, p=0.009), West South Central (OR .12, 95% CI 0.03-0.44, p=0.001), Mountain (OR .10, 95% CI 0.02-0.54, p=0.007) and Pacific regions (OR .10, 95% CI 0.02-0.36, p=0.001). There are no significant differences in cost or length of stay between patients who received TMR and those who did not.

Conclusions: Access to TMR following UE amputation is associated with differences by geographic region. Given that TMR has not been shown to increase cost or length of stay, increased efforts to incorporate this procedure into training and practice around the country will help to ensure equitable access to TMR.

Please attach files with diagrams and/or photos to support your abstract (10 MB limit)

*** Please attach the abstract presenter's CV**

valentine_l_cv_.pdf