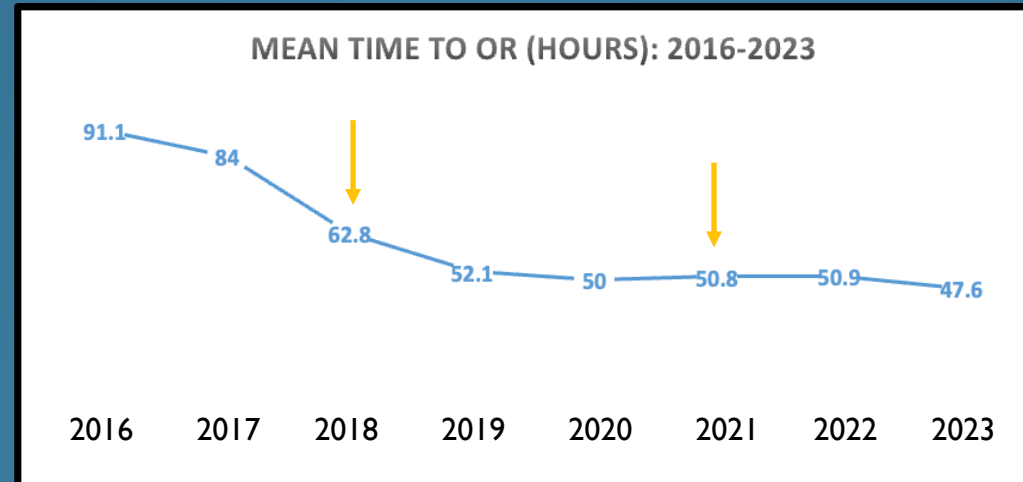


Time to Surgical Stabilization of Rib Fractures: A Critical Assessment to Optimize Outcomes and Identify Risks for Delayed Intervention

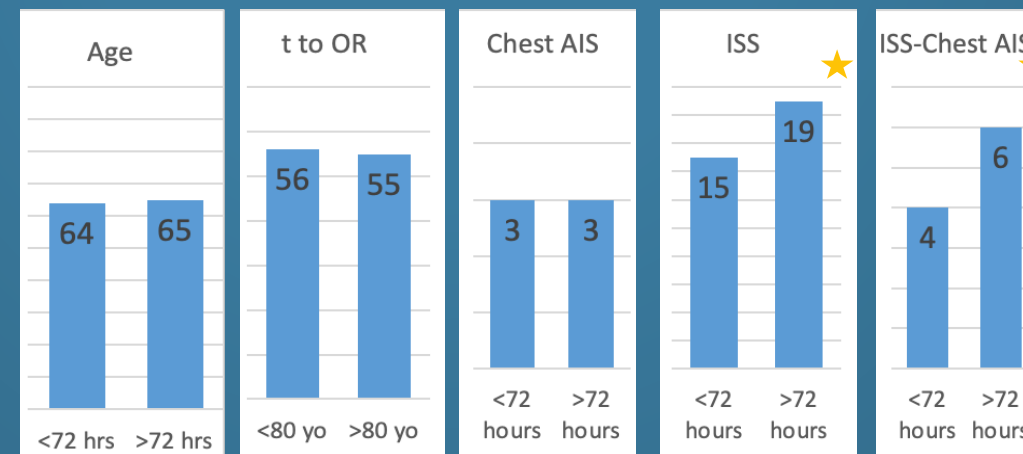
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Introduction. Time to surgical stabilization of rib fractures (SSRF) is a key component affecting patient outcomes. Current recommendations are for early fixation within 48-72 hours of injury. Factors that may influence SSRF timing are an area of interest to identify those patients at risk for delayed intervention and, if modifiable, may potentially serve to improve quality of care of the chest wall injured patient.

Methods. A retrospective review of all patients undergoing SSRF at our institution between 2016 and 2023 was performed. Patients were stratified into early (<72 hours) and late (>72 hours) operative groups. Non-union and post-CPR cases were excluded. Patient and injury specific factors were collected. Comparative statistics were used to compare groups, with $p < 0.05$ used to signify statistical significance.



Total N = 446 N 2018-2023 = 315 (early), 87 (late)



Disclosures. WBD – Acumed, LLC (speaker, consultant; all others no disclosures, no funding received for the study). ★ Signifies $p < 0.05$

Discussion.

- Time to SSRF decreased within the year 2018, suspected to be multifactorial
 - Additional CWI surgeons
 - Pierraci *et al.* JTACS 2018 MCT Optimal Timing of SSRF
- Addition of SSRF Call Schedule in 2021 did not influence time to surgery
- Subgroup analysis demonstrated differences in ISS and ISS-Chest AIS for early vs late groups
- 87 patients (21.6%) from 2018-2023 were repaired >72 hours out from injury
- Ongoing work into discrete factors that may influence delayed intervention (injury, patient & system-related)