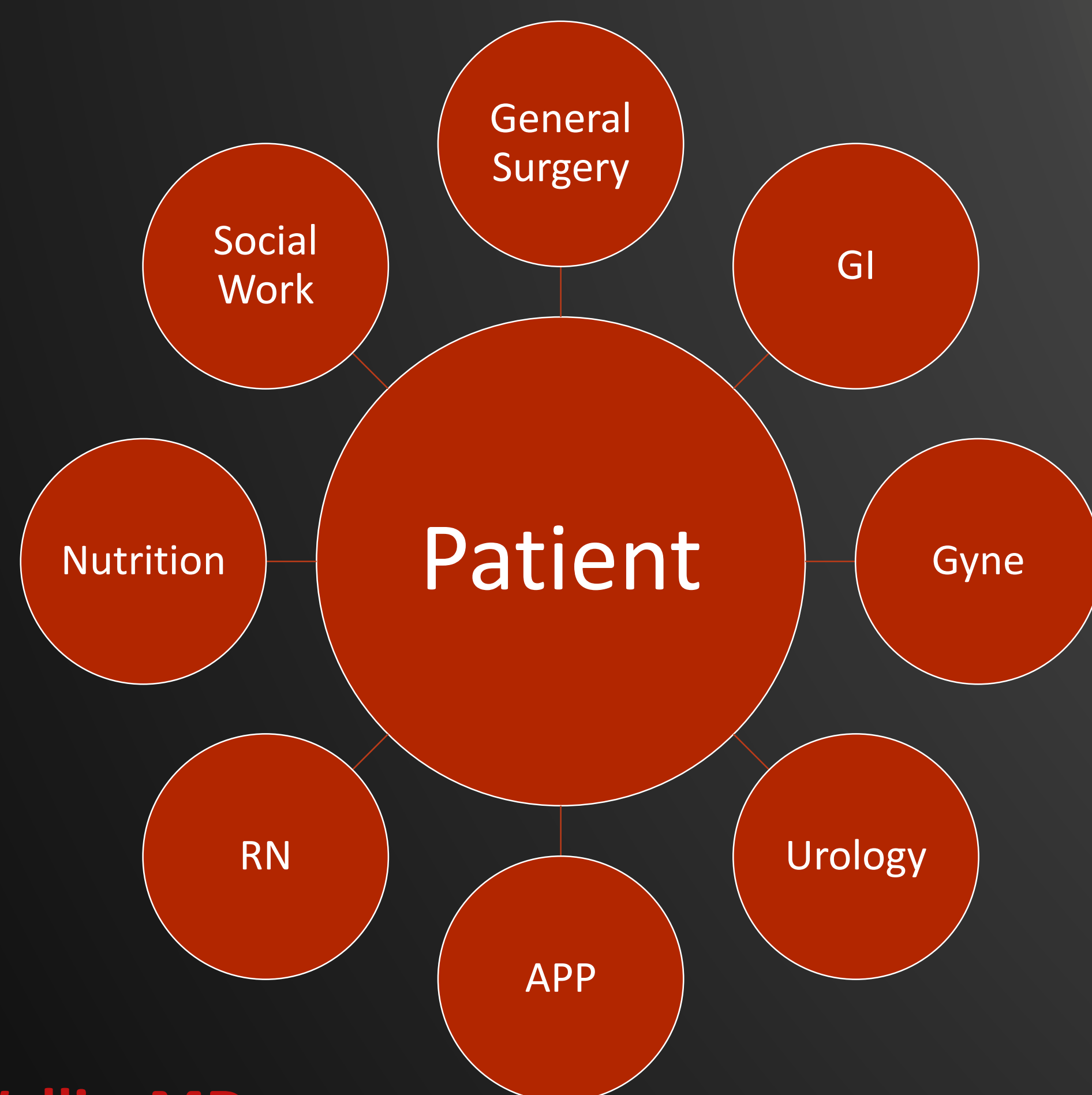


# No difference in surgical outcomes after MACE with multi-disciplinary clinic follow-up



## BACKGROUND

- Malone antegrade continence enema (MACE) performed by pediatric surgeons and urologists
- Move towards service lines and multi-disciplinary care clinics
  - Colorectal clinic (CRC) at our institution
- No evidence in pediatric literature this model affects surgical outcomes



## KEY FINDINGS

	CRC n = 35	No CRC n = 24	p-value
<b>Complications</b>			
30 day complication	5	6	0.24
Late complication	11	1	0.09
<b>Unscheduled follow-up</b>			
Post-operative ED visit	4	7	0.09
Unscheduled clinic visit	4	3	0.90

No difference in post-operative complications or unscheduled follow-up

	CRC n = 35	No CRC n = 24	p-value
<b>Reoperations</b>			0.60
Skin level revision	3	2	0.97
Redo	1	0	0.40
Takedown	3	2	0.97

No difference in reoperations

“ Hypothesized that a multi-disciplinary colorectal clinic would improve surgical outcomes in patients with a MACE ”



## METHODS

- Retrospective cohort study, 2009 – 2013
- Comparison of surgical outcomes
  - Complications
  - Reoperations



## TAKE-AWAY

- Multi-disciplinary care clinic did not affect *surgical outcomes after MACE*
- Reasonable to follow patients after MACE in pediatric urology or surgery clinic

