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Emory University Hospital.

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Vasudevan et al. performed a retrospective review of data obtained in pediatric patients who underwent craniofacial reconstructive surgery (CRFS), as performed by multiple surgeons between January 2010 and December 2014. Data were gathered from patients who did and did not receive Jackson Pratt Drains (JPD) at the time of surgery. Outcome measures were compared between the JPD and no-JPD groups.

The overall population 179 pediatric patients: 128 who received JPDs and 51 who did not. In their analysis, the authors found no significant differences in baseline patient characteristics between the two groups. The average JPD output over the first 48 hours was 222 ± 142 ml. When examining the immediate preoperative to immediate postoperative time period, no significant differences were noted between the groups with regard to the need for blood transfusion or changes in hemoglobin, hematocrit, or serum sodium levels. These differences were also not significant when examining the 48-hour postoperative period. Finally, no significant differences in hospital length of stay, ICU length of stay, or emergency department visits at 60 days were noted between the two groups.

In this retrospective study, the use of JPDs in pediatric CFRS was not associated with an increased risk of serious perioperative complications, although the benefits of this practice remain unclear ¹⁾.

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