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Title: Delayed insertion of nasopharyngeal airway may result in failure to establish oral feeding and prolonged hospitalization in infants with Pierre Robin sequence

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Body: Introduction Nasopharyngeal airway support (NPA) is established as a safe, effective method of alleviating upper airway obstruction in infants born with the Pierre Robin Sequence (PRS). It is the preferred intervention for infants referred to our institution for respiratory assessment. Aim To determine if timing of 1st NPA insertion affects duration of hospitalization for infants with PRS referred to RHSCE. Methods A retrospective case note review of the management of infants referred to RHSCE with PRS from Oct 2009-Oct 2011 was performed. Results 12 infants were included in this study. 7/12 infants were successfully discharged with NPA support. In 5/7 infants 1st NPA was inserted within 48hrs of admission and discharge occurred at a median of 15 days. In the other 2 infants, NPA was not inserted until day 6 & 10 of admission respectively. Only these 2 infants required nasogastric feeding on discharge. Parental training commenced on average 5 days later and these infants required up to a week longer in hospital. These delays did not however, impact on the timing of eventual cleft surgery. 3/12 infants were preterm and could not be managed initially with NPA due to small size. These infants all required a period of non-invasive ventilation and also had a longer hospital stay. Conclusions Our results suggest that delayed insertion of NPA in infants with PRS may result in later establishment of oral feeding and prolonged hospitalization. NPA insertion within 48hrs of admission is suggested as optimum. Preterm infants are also identified as requiring a longer hospital stay with an alternative approach to airway management.