Contractility and ICG-angiography were comparable in the two groups.

CONCLUSION: The normothermic perfusion protocol has the potential to significantly impact outcomes in limb replantation and transplantation. Our results suggest that limbs in the 12-hours perfusion group retain better physiologic parameters at the end-point. However, the continuous optimization of the protocol allowed to maintain limb’s function and preserved peripheral perfusion for up to 44 hours.

A Pilot Study: Eye Tracking Technology in Aesthetic Surgery Outcome Analysis

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INTRODUCTION: Eye tracking technology has been utilized to assess the severity and document the improvement in the treatment of autism. In this pilot we have applied this to the analysis of results following facial aesthetic surgery. Quantitative data including fixation times, and sequence of visual scanpath are obtained to compare pre and postoperative changes post rhytidectomy. In addition, as studies show that a face is scanned in a central triangle pattern of eyes, nose and mouth, we study if this scan path is altered.

METHODS: Five volunteers viewed randomized images of 16 images of six patient’s pre and post rhytidectomy on a LCD monitor. Each patient had at least one frontal view, while two patients had a right lateral view of their face. Each image was displayed for 10 seconds, followed by 5 seconds for the observer to estimate the patient’s age. A SMI RED250 eye movement monitoring system recorded the observer’s eye position, and fixation time.

RESULTS: Data on six rhytidectomy patients in 16 images showed decreased fixation time on certain features of aging post rejuvenation. Post rhytidectomy, the average fixation time on the neck decreased by 99.5 ± 33.59 ms (range: 61.8–160.2) in the frontal views of all six patients. Eyes were a major feature of fixation, at least 90% of observers fixated on both eyes in pre and postoperative images in the frontal views. The average fixation time of the left eye and right eye preoperatively was 345.1 ± 98.3 ms, and 332.81 ± 21 ms, while postoperatively was 364.15 ± 59.7 ms, and 324.6 ± 67.7 ms. The observers scan path varied between pre and postoperative images, but the central triangle pattern remained predominant in both. The average fixation time spent on the central triangle from patient images were 369.7 ± 51.42 ms, and 373.9 ± 18.4 ms pre and postoperatively. Changes in fixation times of left and right buccolabial folds were also apparent, one patient’s average fixation time decreased from 120.2 ms and 40.1 ms to zero fixation postoperatively.

CONCLUSION: Eye tracking provides some quantitative data post facial rejuvenation. Future studies using this technology can further enhance our understanding of visual attention with aesthetic outcomes.

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Which Funding Sources are the Greatest Contributors to Scholastic Productivity for Academic Plastic Surgeons?

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INTRODUCTION: Scholastic productivity has previously been shown to be positively associated with National Institute of Health (NIH) grants and industry funding. This study examines whether society, industry or federal funding contributes towards academic productivity as measured by scholastic output of academic plastic surgeons.
METHODS: Institution websites were used to acquire academic attributes of full-time academic plastic surgeons. The Center for Medicare and Medicaid Services (CMS) Open Payment database, NIH reporter, the Plastic Surgery Foundation (PSF), and American Association of Plastic Surgeons (AAPS) websites were accessed for funding and endowment details. Bibliometric data of each surgeon were then collected via Scopus to ascertain strengths of association with each source. Multiple linear regression analysis was used to identify significant contributors to high scholastic output.

RESULTS: We identified 935 academic plastic surgeons with 94 (10.1%), 24 (2.6%), 724 (77.4%), and 62 (6.6%) receiving funding from PSF, AAPS, industry, and NIH respectively. There were positive correlations in receiving NIH, PSF, and/or AAPS funding (p<0.001), while industry funding was found to negatively associate with PSF (r=-0.75, p=0.022) grants. The NIH R award was consistently found to be the most predictive of academic output across bibliometrics, followed by the AAPS academic scholarship award. Conventional measures of academic seniority remained predictive across all measures used.

CONCLUSION: Our study demonstrates for the first time interactions between industry, federal and association funding. The NIH R award was the strongest determinant of high scholastic productivity. Recognition through AAPS academic scholarships appeared to associate with subsequent success in NIH funding.

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INTRODUCTION: Plastic surgery education consists of technical skills, surgical decision-making, and the knowledge necessary to provide safe patient care. Competency in these modalities is ensured by requiring case minimums, and oral and written examinations. However, there is a paucity of information detailing the various teaching modalities residency programs utilize outside of the operating room (OR).

METHODS: A 16-question survey was sent to all integrated and independent program directors. Information regarding non-surgical resident education was collected and analyzed.

RESULTS: There were 43- responses (45%). Most programs had 6–10 faculty (43%), and a majority (85%) required faculty to participate in resident education outside of the OR. Residents most commonly had 3–4 hours (43%) of protected educational time 1 day per week (53%). Non-surgical education consisted of weekly lectures by attendings (44%) and resident (54%), as well as weekly CoreQuest (48%), teaching rounds (38%), and PSEN (55%). Monthly activities included M&M (81%) and Journal Club (86%). Indications conference was either monthly (41%) or weekly (39%). Cadaver labs, visiting professors, board prep, in-service review, and meetings with program director occurred yearly or several times a year. Forty-nine percent of programs sponsor one educational course per resident. In addition, a majority of programs (65%) do not receive outside funding for education.

CONCLUSION: These findings illustrate the current state of non-surgical resident education in plastic surgery. They demonstrate that residents participate in a diverse number of non-surgical educational activities and that a large percentage of programs depend on resident-run education. Further study is necessary to correlate these results with quantifiable outcome measures.