METHODS: The patency of the vein was monitored and maintained by placing a catheter in a vein in the flap over a period of one week after surgery. The study included four cases of free flap reconstructive surgery following limb injury.

RESULTS: All of the free flap reconstructions were successful.

CONCLUSION: The technique of persistent perfusion in the vein in the free flap maintains patency of the venous channel and increases the viability of the transferred tissue.

DISCLOSURE/FINANCIAL SUPPORT: None of the authors has a financial interest in any of the products, devices, or drugs mentioned in this manuscript.

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What Is the Most Important Factor of Breast Ptosis? Considerations for Breast Reconstruction Studied with Mastectomy Patients

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INTRODUCTION: Although the evaluation and treatment of breast ptosis have been investigated well, its causes have not been distinctly figured out. The purpose of this study is to identify causing factors associated with an increased incidence of breast ptosis and to confirm the factor that has the strongest impact on the development of breast ptosis.

MATERIALS AND METHODS: This study was performed for 125 patients who presented to a University-based plastic surgery clinic seeking consultation for mastectomy and breast reconstruction surgery between 2010 Jan and 2015 Apr. We obtained demographic data, body mass index (BMI), breast tissue weight, history of smoking, feeding and pregnancy. To measure the degree of ptosis, the vertical level of the sternal notch (s) is taken to be zero and the vertical displacements of the lateral terminus (i) and the nipple (n) are calculated from it. and we calculated the breast ptosis ratio(s-n/s-i). If the ratio > 1, we can not only define there is ptosis but also figure out degree of ptosis following the numerical ratio value.

RESULTS: Upon statistical analysis, age, BMI, breast tissue weight and number of pregnancies were found to be significant causing factors for breast ptosis. (P<0.05) Among these factors, breast tissue weight was the most important factor. Neither history of breast-feeding nor smoking was found to be a significant causing factor for ptosis.

CONCLUSION: Age, BMI, breast tissue weight and number of pregnancies are significant causing factors in breast ptosis in our study. We found breast tissue weight is the most important factor of breast ptosis. The larger breast is more likely to develop ptotic change following breast physiologic change. In contrast with autologous flap based breast reconstruction, reconstructed breast with implant will not get out of its shape and aesthetic outcomes get worse in long term.1 So, in determining a surgical plan, Breast reconstruction with autologous flap is a better choice for a patient who has large breasts compared with implant-based breast reconstruction.

DISCLOSURE/FINANCIAL SUPPORT: None of the authors has a financial interest in any of the products, devices, or drugs mentioned in this manuscript.

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When Needs Must - Reconstruction Following Salvage Mastectomy Using a Contralateral IMAP Propeller Flap

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We present a case of soft tissue reconstruction following salvage mastectomy using a contralateral internal mammary artery perforator (IMAP) flap.

A 61-year old woman required a salvage mastectomy for an enlarging fungating left breast ductal carcinoma no longer responding to primary endocrine therapy. Due to extreme anxiety, she could only be persuaded to accept a single operation for mastectomy and soft tissue reconstruction, with a single overnight hospital stay. The primary options of latissimus dorsi flap, skin grafting, vacuum-assisted therapy,
tissue expansion, and staged surgery were all considered and discounted at the patient’s request.

With the patient remaining in a supine position throughout surgery, the left mastectomy with skin excision was performed. Planning in reverse, a fasciocutaneous flap from the contralateral breast based on the right 2nd internal mammary artery perforator was designed. The flap was raised in the mastectomy plane, isolated on the perforator, and transposed into the defect in a propeller fashion. The sternal skin bridge was excised to avoid tunnelling the flap. The donor site closed directly, no drains were used. As planned, the patient was discharged home on post-operative day 1, with only 1 dressing change required in clinic at 2 weeks.

Excision margins were clear of tumor, and both the flap and donor site healed without complication. The patient is happy and remains free of local recurrence at 4 months.

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Why the P-Value Alone is Not Enough: The Impact of Reporting Confidence Intervals in the Plastic Surgery Literature

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PURPOSE: The p-value is one of the most utilized descriptors in statistical analysis; however, when reported in isolation, it does not convey the effect size of a treatment. The reporting of confidence intervals is an essential adjunct to determine the clinical value of a treatment, as it permits an assessment of the effect size. The objective of this study was to assess the reporting of confidence intervals in clinical trials within the plastic surgery literature.

METHODS: The seven highest impact plastic surgery journals of different domains were screened using MEDLINE for clinical trials in the years 2006, 2009, 2012, and 2015. Studies were randomized based on a predetermined sample size. Various characteristics including the Jadad quality score, statistical significance of the study findings, year of publication, journal impact factor, and participation of a methodologist were documented and their influence on the use of confidence intervals was examined.

RESULTS: Two independent reviewers analyzed 135 articles. There was substantial inter-rater agreement (kappa=0.78). Although, 86% of the studies reported a p-value, only 27% reported the confidence intervals. The quality of the studies had a median Jadad score of 2 out of 5 (IQR 0–3.75). Bivariate analysis revealed that a higher Jadad score (p=0.023) and inclusion of a research methodologist (p=0.002) were associated with the reporting of confidence intervals. Multivariate analysis revealed similar findings, while journal impact factor, year of publication and statistical significance were not correlated with confidence interval reporting.

CONCLUSION: Confidence intervals are under-reported in the plastic surgery literature. The main reason for reporting confidence intervals is that they focus on effect size and statistical significance of results, whereas p-values do not reveal all the information needed to interpret study findings. To improve the reporting quality of clinical trials, results should always include the confidence intervals to avoid the misinterpretation of the effect size of a statistically significant result.

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‘Elderly’ Patient Is Not Equal to ‘Geriatric’ Patient - the People 90 Years or Older Who Visit Our Department of Plastic Surgery

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INTRODUCTION: Recently, in the developed countries led by the OECD members, the aging of population is remarkable. The average life expectancy continues lengthening year by year. According to the latest statistics