CONCLUSIONS: This study demonstrates that geometric shape of the defect has no significant effect on cartilage healing.

15.10 SHARED DECISION-MAKING IN THE MANAGEMENT OF CONGENITAL VASCULAR MALFORMATIONS

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INTRODUCTION: In shared decision-making (SDM) clinicians and patients arrive at a joint treatment decision, by incorporating best available evidence and the patients’ personal values and preferences. Little is known about the role of SDM in (paediatric) plastic surgery. For patients with congenital vascular malformations, many therapeutic options exist, ranging from surgery to compression stockings, each with different benefits and harms. Preference-sensitive treatment decision-making seems obvious, however, it has never been explored whether patients desire SDM and to what extent SDM is already practiced. Therefore, we investigated preferences regarding decision-making and current SDM behaviour during physician-patient encounters in this patient cohort.

MATERIALS AND METHODS: In two Dutch university hospitals, adults and children with congenital vascular malformations facing a treatment-related decision were enrolled. Before the consultation, patients (or parents of children) expressed their preference regarding decision-making (Control Preferences Scale; CPS). Afterwards, participants completed SDM-specific questionnaires (SDM-Q-9, CollaboRATE and satisfaction), physicians completed the SDM-Q-Doc questionnaire. Consultations were audiotaped and patient involvement was scored by 2 independent researchers, using the Observing Patient Involvement (OPTION-5) instrument. All questionnaire results were expressed on a scale of 0 to 100 (optimum SDM).

RESULTS: Fifty-five participants (24 parents and 31 adult patients) were included. Two-thirds preferred the SDM-approach (CPS). Objective OPTION-5 scores were low (mean 31 SD 15), whereas patient and physician SDM-Q scores were moderately high; means 68 (SD 18) and 68 (SD 19), respectively. The median CollaboRATE score was 93. There was no clear relationship between SDM and satisfaction scores.

CONCLUSIONS: Although adults and parents of children with vascular malformations express a strong desire for SDM, objective SDM-behaviour is still lacking, most likely due to poor awareness of the SDM-concept among parents, patients and physicians. To improve SDM-practice in (paediatric) plastic surgery, targeted interventions (like decision aids, staff training) are essential.

15.20 REVISITED FASCIA LATA IN FACIAL PALSY

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INTRODUCTION: Fascia lata suspension for static surgical treatment of the nasolabial region in longstanding facial paralysis is well established. The objective of this study was to evaluate, from a retrospective viewpoint, the functional and cosmetic effectiveness of static suspension in facial paralysis by introducing a new way to insert the fascial graft in patients with different indications, such as: onset of paralysis, age, general conditions, etiopathogenesis, expectations, and combination with reanimation procedures. We considered the stability, in time, of the results of this ancillary procedure present in every facial reconstructive surgeon’s armamentarium, and we thought it should be re-evaluated and utilized either alone or in combination with techniques that reanimate the paralyzed face.

MATERIALS AND METHODS: In our series, 55 patients with facial paralysis underwent static suspension with fascia lata, advanced in the same fashion as the temporalis muscle in Labbé’s myoplasty, between February 2009 and November 2015. The surgical technique is reported together with preoperative and postoperative records (photographs and videos reviewed for feasibility of the technique), symmetry, aesthetic results. Complications, need for further minor revisions, patients degree of satisfaction and role in improvement of the facial reanimation techniques were also considered.
RESULTS: In all the patients the procedure was uneventful and none developed surgery-related complications, including donor-site problems. During follow-up, all the patients achieved improved symmetry at rest and showed satisfaction. The cosmetic outcome was satisfactory, too. Eight patients needed small revision in local anaesthesia.

CONCLUSIONS: The results show immediate, aesthetic, stable in time improvement, thus confirming this method as a simple technique for static restoration in patients who have lost any functional reconstructive possibility. The method also works in patients who underwent facial reanimation requiring slight aesthetic improvement. The application of the modified technique has led to a new appraisal and re-evaluation of an almost obsolete method.

15.30 THE WIFI OTOPLASTY - AN ENTIRELY POSTERIOR APPROACH TO SETBACK OTOPLASTY

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INTRODUCTION: Prominent ears are by far the most common congenital ear deformity. Many techniques have been described using one or a combination of 3 basic methods: cartilage cutting, cartilage weakening and cartilage sparing techniques. The ideal otoplasty technique should yield a natural correction of the deformity, with low recurrence rates and with little risk of complications.

MATERIALS AND METHODS: A new cartilage weakening technique using closing wedge concentric microchondrectomies through an entirely posterior approach is presented. Between 2006 and 2015, 196 bilateral otoplasties using this ‘WiFi’ technique were performed. This entirely posterior technique is based on the excision of concentric partial thickness cartilage wedges designed in the pattern of the WiFi symbol.

RESULTS: There were no major complications such as anterior skin necrosis and no returns to theatre for infections or haematomas. 3 patients (1.5%) had complete recurrence of the deformity and 10 patients (5.1%) had to undergo a minor revision for recurrence at the upper pole. 5 patients have had exposure of the end of the permanent upper pole schapho-temporal suture more than 3 months after surgery requiring simple outpatient suture trimming/removal without any recurrence of results. Palpable or bridging sutures were present upon clinical examination in 10 patients (5.1%) but did not require revision surgery.

CONCLUSIONS: Here, we describe a fast, safe and reliable technique for otoplasty with no need for extensive dissection, which is applicable to various degrees of deformity. In contrast to the Stenström principle, we describe a technique that makes cartilage warp towards the injured side, allowing for an entirely posterior technique.