RESULTS: One hundred and sixty-five patients completed the survey. The most commonly prescribed opioids were hydrocodone-acetaminophen 5mg/325mg (42%) and oxycodone (39%). On average, patients took oral opioids for 4 days post-operatively. The average number of tablets prescribed was 27 (SD=12), and the average number of tablets consumed was 14 (SD=12). One of the more commonly surveyed procedures was breast reduction. Breast reduction patients required opioids for 6 days and, on average, were prescribed 25 pills but required 17 pills. This compares to non-breast soft tissue procedure patients who required opioids for 4 days and who were prescribed, on average, 27 pills and used 12 pills. Approximately 50% of all patients used non-steroidal anti-inflammatories and acetaminophen in conjunction with opioids to control post-operative pain. The majority of patients (93.3%) reported satisfaction with their pain control post-operatively with 79.4% being “very satisfied,” 0.6% being “satisfied,” 14.5% being “somewhat satisfied,” and 3.6% being “not satisfied.” On a numeric rating scale of 1–10, the average worst post-operative pain score was 6.1.

CONCLUSION: We found that, on average, providers are prescribing almost double the amount of opioids that are consumed by patients after Plastic Surgery procedures. The results of this study will help guide prescribing practices for common Plastic Surgery procedures performed and may ultimately lead to a reduction in over-prescribing of opioids after surgery.

K. Rose: None.

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Changes to the Cleft Nose Aesthetic After LeFort I Advancement: a 3D analysis

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PURPOSE: In the cleft patient, scarring from prior corrective surgeries along with the anatomic aberrancy in the cleft nose leads to poor predictability of nasal changes after midface advancement. Nasal changes in the non-cleft patient after LeFort I advancement is well documented. Those changes are characterized by an increase in alar base width, tip projection, and nasolabial angle. Conversely, the study of nasal changes in cleft orthognathics is limited.

METHODS: A retrospective chart review was performed of all patients at a single institution who had a cleft lip/palate undergoing LeFort 1 advancement with pre and postoperative 3-dimensional (3D) photos. With 3D imaging software, pre and postoperative measurements were obtained, facilitating both 2D and 3D analysis of nasal changes.

RESULTS: Nineteen patients (10 girls, 9 boys) met inclusion criteria. Alar base and flare width both increased significantly (1.3mm, p<0.001; 2.3mm, p=0.003), while both total tip projection and relative tip projection decreased (2.0mm, p=0.001, 3.4mm, p<0.001). In addition, 3D analysis of the nose demonstrated an advancement of the entire nasal complex surface postoperatively (1.0mm, p<0.0005). Unilateral cleft patients had a wider alar base following surgery than bilateral clefts (-4.06±3.41, -0.98±2.15, p=0.032). On multiple linear regression, presence of a cinch stitch decreases the nasolabial angle (p=0.024), but increases nasal length (p=0.004). Bilateral cleft morphology decreases total tip projection (p=0.024), but increases 3D nasal change (p=0.028).

CONCLUSION: There are discrepancies in the nasal changes that occur after Lefort I advancement between the cleft and non-cleft population, primarily regarding projection and rotation of the tip. Although the entire nasal surface is advanced postoperatively, tip projection is reduced and rotation limited, potentially indicating scar burden as a significant contributor to changes in nasal aesthetics after cleft orthognathic surgery.

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Real-World Experience with 100 Consecutive Patients Undergoing Injection Adipocytolysis for Neck Contouring with ATX-101 (Deoxycholic Acid): An Updated Report with 2-Year Analysis

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PURPOSE: In 2015, deoxycholic acid (DCA) injection was approved for treatment of mild-to-moderate convexity associated with submental fat. The efficacy and safety of submental DCA injection have been demonstrated in four phase 3 randomized controlled trials (RCTs), however, critical assessment of DCA injection in conventional clinical practice is lacking. In a previous report, we presented initial findings from our experience with 100 consecutive patients administered submental DCA. This study describes and evaluates real-world experience with submental DCA injection in a clinical practice setting, and provides an update to our previous report, accounting for additional treatment sessions during long-term follow-up.

METHODS: This prospective, single-arm, observational study was conducted at a single clinic (private practice) between June 2015 and June 2017. Experience through February 2016 was previously published. The study involved 100 consecutive patients, aged between 18 and 80 years, seeking improvement in convexity/fullness associated with submental fat. Treatment involved DCA injection to the preplatysmal submental fat using an area-adjusted DCA dose of 2 mg/cm², with up to 75 injections (0.2 mL per injection [maximum, 15 mL]) per treatment session for a maximum of 6 sessions. Treatment response was assessed using the clinician-reported submental fat rating scale CR-SMFRS (0 = absent; 1 = mild; 2 = moderate; 3 = severe; and 4 = extreme) and confirmed by independent physician review of photographs at 1 and 5 to 7 weeks posttreatment. Treatment response was defined as an improvement of ≥1 point. AEs, including injection-site AEs such as local edema, numbness, and tenderness were monitored at each follow-up visit. Patient demographics, response, and safety were compared between patients who underwent single versus multiple treatment sessions.

RESULTS: Since the prior published report, 17 patients have undergone additional treatment sessions. Overall, one hundred patients have had 195 treatment sessions: 41, 36, 14, 6, 2, and 1 patient had 1, 2, 3, 4, 5, and 6 sessions, respectively. In the multiple-treatment-session (MTS) group, most (36/59 [61.0%]) patients had 2 sessions; 14 (23.7%) had 3 sessions, 6 (10.2%) had 4 sessions, 2 (3.4%) had 5 sessions, and 1 (1.7%) had 6 sessions. A mean (SD) of 6.7 (2.3) mL of DCA was administered per treatment session, with significantly more DCA administered to the MTS than single-treatment-session (STS) group (6.8 [2.3] vs 6.1 [2.2] mL/session; p = .049). Overall, 33 of 36 (91.7%) patients in the STS group and all 59 (100.0%) patients in the MTS group had an improved CR-SMFRS score by ≥1 point. Local edema, numbness, and tenderness were reported for a mean (SD) of 7.1 (5.1), 27.9 (11.3), and 3.5 (3.5) days post-treatment, respectively.

CONCLUSIONS: Longer-term follow-up of submental DCA injections demonstrated that patients will likely require ≥2 sessions to achieve the desired aesthetic goal in a private practice setting. Both single- and multiple-treatment sessions were generally well tolerated.

S.M. Shridharani:; Allergan.; Galderma.; Merz.; Sientra.
G.M. Tisch: None.

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Post Traumatic Stress Disorder and Associated Risk in Breast Cancer Patients

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PURPOSE: Post-traumatic stress disorder is a well-documented sequela of breast cancer. As treatment advances continue to improve breast cancer related survival, it is increasingly important to evaluate the long-term health and psychological well-being of different treatment modalities. While, breast conservation surgery, mastectomy alone, and mastectomy with reconstruction are known to have equivalent oncologic outcomes, little is known about the impact of these procedures on PTSD rates or symptomatology in breast cancer patients.

METHODS: Women recruited from the Army of Women (AOW) with a history of breast cancer surgery took electronically-administered surgery-specific surveys including a background survey to collect patient, disease, and procedure specific factors as well as the PTSD Checklist-Civilian Version (PCL-C), a self-report symptom checklist that closely mirrors the diagnostic criteria in Diagnostic and Statistical Manual of Mental Disorders, Revision IV (DSM-IV). Descriptive statistics, univariate hypothesis testing, and regression analysis were used to compare the incidence of PTSD and the degree of PTSD symptoms between surgical groups.