Information, patients understand the rarity of the complication and the majority are unchanged in their decision to receive breast implants. As plastic surgeons, we can promote awareness among prospective patients and reassure the anxieties of those who have previously received breast implants. Our findings suggest that professional healthcare blogs and media outlets may be the most effective way to spread knowledge to those who are not in direct contact with healthcare professionals.

Reconstruction of Complex Hemipelvectomy Defects: A 17-year Single-institutional Experience With Lower Extremity Free and Pedicled Fillet Flaps

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Purpose: Hemipelvectomy procedures result in massive soft tissue defects. The standard reconstructive approach is to reconstruct the defect with anterior or posterior hemipelvectomy flaps; however, certain oncologic situations can preclude the use of local tissue flaps. In such cases, a suitable alternative to provide sufficient soft tissue coverage is the use of fillet flaps, which are defined as pedicled or free flaps harvested from amputated parts. The purpose of this study is to present our institution’s experience with using both pedicled and free fillet flaps to reconstruct hemipelvectomy soft tissue defects.

Methods: The authors performed a retrospective chart review of patients who underwent hemipelvectomy followed by fillet flap reconstruction from 2001 to 2018. Patient demographics, clinical and surgical characteristics, postoperative outcomes, and complications were reviewed.

Results: Ten patients were identified and included. Mean age was 51 ± SD 12.4 years. Six patients (60%) underwent standard external hemipelvectomy, and 4 patients (40%) extended external hemipelvectomy. Seven (70%) lower extremity fillet flaps were performed as free tissue transfers, and 3 (30%) were pedicled flaps. Mean flap size was 1,153 ± SD 1,137 cm². Mean follow-up was 5 months (range, 1–24 months). Five patients developed postoperative complications; none of them required operative intervention. There were no partial or total flap losses postoperatively.

Conclusion: Reconstruction with either pedicled or free lower extremity fillet flaps is a valuable reconstructive modality for managing acquired soft tissue defects following hemipelvectomy. This useful technique mitigates donor site morbidity, while simultaneously delivering adequate soft tissue coverage with an acceptable complication profile.

References:
1. Senchenkov A, Moran SL, Petty PM, et al. Soft-tissue reconstruction of external hemipelvectomy defects. Plast Reconstr Surg. 2009;124:144–155.
2. Tashiro K, Arikawa M, Fukunaga Y, et al. Free latissimus dorsi musculocutaneous flap for external hemipelvectomy reconstruction. Microsurgery. 2019;39:138–143.
3. Senchenkov A, Moran SL, Petty PM, et al. Predictors of complications and outcomes of external hemipelvectomy wounds: account of 160 consecutive cases. Ann Surg Oncol. 2008;15:355–363.
4. Houdek MT, Andrews K, Kralovec ME, et al. Functional outcome measures of patients following hemipelvectomy. Prosthet Orthot Int. 2016;40:566–572.
5. Bibbo C, Newman AS, Lackman RD, et al. A simplified approach to reconstruction of hemipelvectomy defects with lower extremity free fillet flaps to minimize ischemia time. J Plast Reconstr Aesthet Surg. 2015;68:1750–1754.

Financial Value of Plastic Surgeons to an Academic Medical Center as Operative Consultants

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Background: Plastic and reconstructive surgeons at academic centers assist a broad range of surgical services through joint cases. Because the reconstructive surgeon functions as a consulting physician, the financial impact of this contribution is systemically overlooked and the revenue generated is attributed solely to the primary attending of record. We sought to quantify the productivity and profitability of plastic surgeons as essential operative consultants who facilitate the completion of highly complex procedures.

Methods: Hospital financial data were reviewed for all inpatient surgeries over a 3-year fiscal period (2015–2017). Cases in which a plastic surgeon provided assistance to a surgeon from another department were identified using operative