were indications for surgery, post-treatment complications, functional limitations and patient satisfaction.

RESULTS: Database searching generated 947 records, with 805 screened after duplicates removed, and 57 full-text articles reviewed. A total of 16 articles describing the conservative and/or surgical treatment of camptodactyly were included in the final review, with seven case series and nine retrospective cohort studies, and no prospective studies or randomized controlled trials. There was lack of consistency on the definition of camptodactyly as it related to the etiology of the flexion deformity. All 16 studies received a “Weak” global rating and demonstrated low quality evidence that showed a reduction in flexion contracture in most patients after treatment (from pre-treatment averages of 20° to 85° to post-treatment averages of 5° to 37°). Only one study performed statistical analysis of the change in flexion contracture of the proximal interphalangeal joint (PIPJ) after treatment and found the improvement after passive stretch exercises to be statistically significant. There was general agreement that surgery should be considered for severe flexion contracture of more than 30°, or failure to respond to conservative management. Surgical treatment generally led to more complications compared to conservative management. Only one study reported on functional limitations and one study reported on patient-reported outcomes.

CONCLUSION: The current literature on camptodactyly management is weak, and the evidence on the effectiveness of surgical and conservative treatment is inconclusive. Given the complexity of treatment options available, future research may consider the development of decision aids to guide patients and families through selecting management strategies, and promote shared decision making.

Surgical Fixation of Metacarpal Shaft Fractures Using Absorbable Implants: An Update of the Literature

Presenter: Jessica Hazan, BSc
Co-Authors: Alain Joe Azzi, MD; Stephanie Thibaudeau, MD
Affiliation: McGill University Health Centre, Montreal, QC

BACKGROUND: Despite the proven efficacy and advantages of absorbable implants, their use for metacarpal shaft fixation has been limited. This is likely due to the high reported complication rates in early studies with polyglycolic acid (PGA) implants, notably high rates of noninfectious inflammatory reaction (5–25%), occurring up to 30 weeks after fixation. The objective of this study was to assess the clinical outcomes of newer absorbable plates and screws composed of polylactic acid (PLA) in the treatment of metacarpal shaft fractures. We hypothesize that our findings will support the use of PLA implants for metacarpal fracture fixation.

METHODS: The authors performed a systematic search of the PubMed, Ovid MEDLINE and EMBASE databases dating from 1946 to 2017. Primary outcome measures were the development of non-infectious inflammatory reaction and implant failure.

RESULTS: A total of 42 metacarpal shaft fractures in 35 patients were included in this study. The average follow-up time was 20.4 months (n=24; range: 3.6–61 months). Only 1 case (2.4%) of non-infectious inflammatory reaction was reported with polylactic acid (PLA) plates and PLA/PGA compounds. Non-infectious inflammatory reaction was observed in 4 out of the 9 patients (44.4%) with a trimethylene carbonate/PLA compound. Symptoms appeared after an average time of 15.8 months (range 12–19 months) post-fixation. Painless prolonged inflammation that resolved spontaneously within 6 months was reported in 7.1% of cases (n=3). Implant failure with loss of fracture reduction was reported in 9.5% of cases (n=4).

CONCLUSION: Newer absorbable materials (PLA or PLA/PGA) appear to have significantly lower rates of non-infectious inflammatory reaction than previously reported. When compared to metallic fixation of the metacarpal shaft, absorbable fixation appears to have comparable complication rates and biomechanical properties.

Opioid Prescribing Patterns for Common Elective Hand Procedures

Presenter: Nichole A. Joslyn, MD
Co-Author: Joel Solomon, MD PHD
Affiliation: Oregon Health & Science University, Portland, OR
PURPOSE: The purpose of this study is to look at opioid prescribing patterns following common elective hand procedures.

METHODS: Using RedCap, a survey was sent to Northwest ASSH members asking the type and quantity of opioids prescribed after carpal tunnel, cubital tunnel, trigger finger, ganglion excision, open fasciectomy and CMC arthroplasty.

FOLLOW-UP: A total of 229 members of ASSH in the Northwest region were asked to participate, with a 35% response rate.

SUMMARY OF RESULTS: There is vast variability in opioid prescribing patterns after common elective hand procedures. Hydrocone/Acetaminophen is the most commonly prescribed medication. There is no difference between level of training and quantity prescribed. While most physicians instruct patients to take non opioid medications for post operative pain control, only 41% explicitly write out a plan for their patients.

CONCLUSION: The U.S. opioid epidemic is an ongoing battle for health care professionals. There is large variability in what is prescribed after common elective hand procedures. More data regarding procedure specific patient utilization is needed.

PRACTICE MANAGEMENT SESSION

Abuse and Sexual Harassment in Plastic Surgery Residency Training in the United States

Presenter: Johanna D’Agostino, MD
Co-Authors: Sanja Sljivic, DO; Sheina Bawa, MD; Kavita T. Vakharia, MD; Noel Natoli, MD
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BACKGROUND: The quality of education and training that residents receive is influenced by their interactions with attendings, peers and other health care providers. These individuals can be a source of intellectual growth; however, they may also be the source of abuse and harassment. Published international studies have addressed this issue and found that harassment within residencies is a widespread phenomenon. There has not been a recent project looking at this issue in the US. The authors sought to explore the prevalence and sources of verbal, physical and sexual harassment among Plastic Surgery residents currently enrolled in integrated and independent programs across the US and delineate the frequency along gender lines.

METHODS: After IRB approved exemption was obtained, an anonymous Internet-based survey was distributed via email to all Plastic and Reconstructive Surgery program coordinators in the US. Each coordinator was asked to distribute the survey among their residents. The survey was comprised of 23 questions focusing on personal experience or knowledge of other colleagues who had encountered abuse and/or sexual harassment during their training. There are approximately 1,064 active plastic and reconstructive surgery residents in the US. Responses were collected during a 60-day period. A total of 173 surveys were completed for a response rate of 16%. A statistical analysis of the data was performed.

RESULTS: One hundred and seventy-three individuals completed the survey. There were 104 male participants (60.12%) and 69 female (39.88%). The majority of individuals were enrolled in an integrated Plastic Surgery program (70.93%), while 27% were enrolled in an independent Plastic Surgery programs and 1.74% were in other advanced fellowship (1.74%). Thirty-nine percent reported verbal abuse in the form of cursing and being called inappropriate names. Six respondents (3.64%) reported being pushed, shoved or hit with instruments in the operating room. Over nineteen percent responders admitted to having been sexually harassed at some point during their training. Female residents were victims to all types of abuse with a greater frequency than males. Thirty-six percent of the female participants experienced sexual harassment vs. nine percent of males. In most of the cases (64.52%), the instigator was a supervising physician. Most individuals who had experienced some type of harassment did not feel comfortable reporting the abuse (80.65%).

CONCLUSION: Abuse and sexual harassment among active Plastic and Reconstructive Surgery residents in the US has a high prevalence, with about 40% of respondents experiencing verbal abuse and 20% experiencing sexual harassment. Although the survey response rate was not optimal, the results are profound. The findings of this study should bring attention to this important issue.