Hospital, and Metropolitan Hospital Center. Using these datasets, we examined breast reconstruction rates four years before (2007–2010) and three years after (2011–2013) the law came into effect. We further evaluated documentation of reconstructive discussion and referral and other variations in hospital care by subgroup.

RESULTS: All four hospitals reported that their breast surgeons were made aware of the law shortly after passage. We analyzed 603 patients who underwent mastectomies with a 50.9% reconstruction rate before law enactment and 50.0% after. Hospital-based subgroup analysis at Lincoln and Bellevue demonstrated 398 patients who underwent mastectomies with a 47.52% reconstruction rate before the law and a 57.65% after (OR 1.503, p-value = 0.0434). Jacobi patients were analyzed separately due to a reported breast surgeon preference shift favoring lumpectomies over mastectomies post-law enactment. 173 patients were analyzed demonstrating a 56.58% reconstruction rate before the law and a 38.14% rate after (OR 0.473, p-value = 0.0164). At Jacobi, discussion rate before the law was 71.05% and 94.85% after (OR 7.496, p-value < 0.0001).

CONCLUSION: Our results suggest that enactment of the law was correlated with a slight increase in reconstruction rates after mastectomy at Lincoln and Bellevue and an increase in discussion rates at Jacobi. Decrease in reconstruction rates at Jacobi may be explained by reported breast surgeon preference for lumpectomies over mastectomies post-law enactment. 173 patients were analyzed demonstrating a 56.58% reconstruction rate before the law and a 38.14% rate after (OR 0.473, p-value = 0.0164). At Jacobi, discussion rate before the law was 71.05% and 94.85% after (OR 7.496, p-value < 0.0001).

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PURPOSE: After removal of the cancer or mass from the periorbital region, reconstruction of the defect site is often performed. Since the eyelid skin is thin and functionally important, reconstruction using the surrounding eyelid tissue is superior in terms of color match or blood supply, rather than using tissue from other areas. We retrospectively analyzed 25 patients who underwent surgery using the Orbicularis oculi myocutaneous flap in the clinic of the authors, to demonstrate the usefulness of the OMC flap.

METHODS: From November 2001 to July 2017, we performed 36 OMC flaps in 30 defects in 25 patients who underwent OMC flap reconstruction for periorbital defect. The medical records of each patient were reviewed retrospectively, we analyzed age at the operation, sex, cause of the defect, location, surgical method and complications.

RESULTS: Of the 25 patients, 12 were males and 13 were females. The mean age was 64 years and the median age was 68 years. There were 8 upper eyelid, 15 lower eyelid, 5 medial canthal and 2 lateral canthal in 30 defects. There were 20 cases of basal cell carcinoma, 2 cases of squamous cell carcinoma, 6 cases of xanthoma and 2 cases of coloboma. As a surgical methods, there were 25 reconstructed defects with only OMC flap, 5 with composite graft with OMC flap, and 6 with OMC flap and FTSG. By type of OMC flap, there were 18 V-Y advancement flaps, 12 switch flaps, 4 pivot flaps, and 2 simple advancement flaps. There was no other complication or abnormality except 1 patient with recurrence of cancer and 1 patient with entropion.

CONCLUSION: The OMC flap can be used to reconstruct the periorbital defect by various methods regardless of the position or size of the lesion. We demonstrated the usefulness of the OMC flap with high patient satisfaction without any complications in reconstruction using 30 OMC flaps in 36 defects in 25 patients.

Usefulness of Orbicularis Oculi Myocutaneous Flap in Periorbital Reconstruction

Presenter: Yong Chan Bae, MD, PhD

Co-Authors: Geon Woo Kim, MD; Joo Hyoung Kim, MD; Su Bong Nam, MD, PhD; Hun Su Kim, MD, PhD; Dae Kyun Jeong, MD

Autologous Engineered Skin for Coverage after Giant Congenital Melanocytic Nevi Resection

Presenter: Elena Garcia-Vilarino, MD