extrusion (p=.00001), infection (p=.0001), necrosis (p=.0001), dehiscence (p=.001), and hematoma (p=.007), were more severe compared to how physicians viewed the same complications. Perception of death, DVT/PE, and return to the operating room did not vary significantly. Age did not impact complication perception. Patients seeking body contouring surgery with a primary goal of improved aesthetics compared to improved functionality were likely to view hematoma (p=.08) and dehiscence (p=.06) as more severe, although this did not reach significance. Patients who lost weight through diet and exercise, compared to surgical methods, were significantly more likely to view dehiscence (p=.04), hematoma (p=.01), and infection (p=.04), as more severe.

CONCLUSION: A discrepancy exists between what surgeons and patients perceive as significant post-operative complications in body contouring surgery, with the greatest discrepancy being for wound healing complications. Age and motivation for surgery did not reliably predict complication perception, while complication perception could be predicted by method of weight loss. Patients ultimately feared the worst when it came to post-operative complications, thus emphasizing the need for detailed pre-operative counseling and patient education prior to undergoing surgery.

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Efficacy, Safety and Costs of 0.1% Timolol Gel in Healing Split-Thickness Skin Grafts Donor Sites. A Case-Control Study

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INTRODUCTION: Split-thickness skin graft is one of the most commonly performed procedures in plastic and burn surgery, and effectively creates a secondary wound at risk for infection or delayed wound healing. The aim of this study was to assess the efficacy and safety of topical 0.1% timolol gel in promoting wound healing in split-thickness skin graft donor sites.

METHODS: We designed a prospective case control study to evaluate the effects of 0.1% timolol gel in healing skin graft donor sites when compared to paraffin gauze. A total of 42 burn patients were treated with either daily dressings with 0.1% timolol gel (1 fingertip unit every 2 cm²) and paraffin gauzes (case group), or to dressings every 4 days with paraffin gauzes (control group). Healing time, infection rate and patient’s pain perception were assessed by a blinded physician. Costs were also evaluated in both groups. Vancouver Scar Scale (VSS) and patient satisfaction VAS were recorded at the 6 months follow up.

RESULTS: A statistically significant improvement in terms of healing time was found in the timolol group (mean 6.4 days vs 12.7 days in the control group). The infection rate was the same. Significantly decreased pain perception was recorded in the case group. Total cost of the treatment was significantly higher in the case group. At the 6 months follow up VSS and patient VAS were significantly lower in the case group.

CONCLUSION: The role of topical beta-blockers in promoting wound healing is currently emerging in the international literature. Various experimental approaches to optimize the healing of split-thickness skin graft donor sites have been described, including back-grafting, however, no clearly superior and easily applicable method has gained wide acceptance in daily practice. 0.1% timolol gel may represent a commercially available, safe and simple, painless and moderately expensive treatment for improving skin graft donor site healing.

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Liposomal Based Delivery System for Intralesional Bleomycin in the Treatment of Keloids and Hypertrophic Scars

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**INTRODUCTION:** Many studies have proved the role, efficacy and safety profile of intralesional bleomycin in the management of hypertrophic scars and keloids. Liposomes, by virtue of their lipid bilayer, have potential to enhance the delivery of drug to the desired area. Drugs encapsulated in liposomes are expected to be transported without rapid degradation and minimum side effects to the recipients. Hence, the permeability of the drug to the cell is increased many folds. Combining this property of liposomes with the intralesional injection of Bleomycin, we conducted a study to assess whether the effect of bleomycin can be augmented by liposomal delivery system.

**METHODS:** The study was conducted over a period of 24 months among patients presenting with hypertrophic scars and keloids in a tertiary care teaching hospital. The patients were divided into two study groups namely Group A and Group B. Group A patients received standard intral- esional bleomycin therapy and Group B patients received liposomal based bleomycin for their scars. The injections were scheduled at monthly intervals for three consecutive months. They were followed over a period of 12 months. Scar assessment was done by calculating its volume and Vancouver Scar Scale (VSS). Symptoms of pain and pruritis were recorded using the Patient and Observer Scar Assessment Scale (POSAS). Other features and complications like skin atrophy, erythema, ulceration, necrosis, hypopigmentation or hyperpigmentation were also recorded.

**RESULTS:** Fifty patients were enrolled in the study. We observed that there was decrease in scar volume by 90.17% in Group B patients whereas the Group A patients had volume reduction by 80.11%. This difference was highly significant on statistical analysis. Similarly, statistically significant difference was noticed in POSAS for pain and pruritis. No systemic side effects were noticed.

**CONCLUSION:** Liposomal based bleomycin was more effective than plain bleomycin in the treatment of hypertrophic scars and keloids. Considering significantly better results, liposomal based bleomycin can be a potential option in the management of hypertrophic scars and keloids.

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Outcome Study after Nasal Alar Subunit Reconstruction: Comparing Paramedian Forehead Flap to Nasolabial Flap

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**INTRODUCTION:** The contours of the lower nasal third are unique and present challenges in surgical reconstruction. We are focusing on the nasal alar, with its intricate anatomy of curves, making that area easily compromised in Moh’s surgery. Managing patient and surgeon expectations with regard to aesthetic and function remains the reconstructive goal. Recently, reports on reconstructive options to the nasal alar have appeared, however, no detailed comparisons of reconstruction methods have been made based on patient satisfaction. Our goal is to compare aesthetic and functional outcomes of nasal alar reconstruction post Moh’s ablative surgery using nasolabial or forehead flap from the patient’s point of view.