multiple free flaps, recipient vessel availability and inset logistics become challenging. Strategic flow-through flap configurations mitigate these issues by providing a built-in option for inflow to a second flap. This approach permits use of one native recipient vessel, increased reach of the inflow vessels, and greater flexibility to configure soft tissue and bony flap inset.

METHODS: 38 head and neck free flap cases were reviewed from an academic hospital in New Orleans, Louisiana, taking place between March 2019 - April 2021. Nine cases utilized flow-through free flaps for reconstruction.

RESULTS: Seven oncologic and two traumatic patients (N=9) received multiple flaps arranged in flow-through configuration (ALT: 78%; Fibula: 78%; DCIA: 22%; Peroneal Artery Perforator: 11%; MSAP: 11%) for reconstruction. Configurations involved ALT -> Fibula (56%), ALT -> DCIA (22%), Fibula -> Peroneal artery perforator (11%), Fibula -> MSAP (11%). Recipient vessels included facial (78%), transverse cervical (11%), and occipital (11%) arteries. No flap failures occurred, though complications included infection (22%), dehiscence (44%), hematoma (22%), thrombosis (11%), and others (33%).

CONCLUSIONS: In head and neck reconstruction, the use of the flow-through principle enables uninterrupted vascular flow for two distinct free flaps in single stage reconstruction for patients with vessel-depleted, irradiated, and re-operated fields.

P122. LYMPHATICOVENOUS ANASTOMOSIS DOES NOT INCREASE RECURRENCE RISK IN MELANOMA

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PURPOSE: Following complete lymph node dissection (CLND), prophylactic lymphaticovenous anastomosis (LVA) can be performed to prevent lymphedema in the extremities. One concern with LVA is facilitation of distant cancer metastasis. The purpose of this study was to look the impact of prophylactic LVA on distant-metastasis free survival (DMFS) and relapse-free survival (RFS) times in cutaneous melanoma patients.

METHODS: This was a prospective study of patients who underwent CLND with or without LVA between 2012 and 2021. All cases were performed by a single surgeon at a tertiary care center. Patients were excluded if they had microscopic lymphatic disease, stage IV disease before CLND, or follow-up time less than 12 months.

RESULTS: Twenty-three LVA patients were included, along with 22 comparison patients who underwent CLND alone. The groups were similar in age, sex, and cancer stages. Average sizes of metastatic lymph node were 45.91±23.32 mm and 44.54±35.03 mm in the LVA and comparison groups, respectively (p=0.99). There were no differences in DMFS and RFS times between the two groups.

CONCLUSION: Prophylactic LVA performed for grossly metastatic melanoma does not negatively impact recurrence risk and cancer-free survival. Our finding is applicable to all cancers that may require CLND during their treatment course.

P123. TRENDS IN DECUBITUS ULCERS IN THE US 2012-2017

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PURPOSE: Decubitus ulcers are a morbid and costly problem faced by healthcare systems and patients nationwide. We examine current patterns and characteristics in the US.

METHODS: Using 2012-2017 Healthcare Cost and Utilization Project (HCUP) National Inpatient Sample (NIS), a cross sectional review of hospital discharges with an ICD-9/10-identified diagnosis of pressure ulcer was performed. Discharge data were collected and analyzed.

RESULTS: Between 2012-2017 there were 3,683,219 discharges associated with pressure ulcers, 192.1/100K US population, with average growth of 3.6% per year. Mean