Using zip code-based data, patients who used telehealth services saved on average 1 hour (standard deviation: 22 minutes) of travel time per visit. Given that all visits were during business hours on weekdays, this equated to over $1500 in lost productivity saved across the study cohort by using telemedicine, after accounting for workforce participation statistics and the median hourly wage in the United States.

**CONCLUSIONS:** Our results suggest that telemedicine is an effective solution for preoperative and postoperative care in women undergoing breast reconstruction, in terms of both patients’ satisfaction with their healthcare team as well as their perceptions of feeling informed during the reconstructive process. Furthermore, telehealth may also significantly reduce indirect costs associated with perioperative breast reconstruction care. However, there are certain barriers to accessing telehealth, demonstrated by the underutilization of such services by publicly-insured women. Further work is necessary to investigate and address such disparities.

**Minimally Invasive Endoscopic-assisted Anterior Cranial Vault Fronto-orbital Distraction Osteogenesis**

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**INTRODUCTION:** Distraction osteogenesis of the cranial vault has been established as a reliable and safe method for achieving increase in intracranial volume and improvement in head shape in patients with craniosynostosis. Similarly, endoscopic-assisted techniques for strip craniectomy have become commonplace over a similar timeframe, and offer the benefits of smaller incisions, limited scalp dissection, and shorter ICU and hospital stays in comparison with conventional open cranial vault remodeling techniques. Herein, we demonstrate a technique that combines these principles for treatment of uniconoronal craniosynostosis.

**EXPOSURE:** Three linear incisions are marked: anterior fontanelle, ipsilateral pterional region, and ipsilateral upper-lateral blepharoplasty incision. Subperiosteal dissection is performed to expose the sites of the expected cranial and orbital osteotomies. The posterior half of the superficial surface of the temporalis muscle is released from the galea, and the entire deep surface of the temporalis muscle is released from the periosteum so that the temporalis muscle can advance with the transport segment during distraction.

**OSTEOTOMIES:** Burr holes are drilled to facilitate a limited strip craniectomy at the coronal suture. Limited right coronal strip craniectomy, contralateral frontal bone perforating osteotomy at the transition point in the deformity, temporal bone osteotomy, naso-frontal osteotomy, and lateral orbital rim osteotomy are performed with a combination of ultrasonic scalpel and/or manual craniectomy device. The final osteotomy that is performed is the orbital roof and sphenoïd wing osteotomy, typically done under direct visualization with the 30-degree endoscope placed via the anterior fontanelle incision, and malleable retractors on the frontal lobe of the brain, temporal lobe of the brain, and orbit. This osteotomy can be performed with a straight conventional osteotome, ultrasonic scalpel, or bone biting device. The ipsilateral frontal bone region can now be completely mobilized, and hinges upon the remaining attachments to the contralateral frontal bone.

**DISTRACTOR PLACEMENT:** One cranial vault distractor (40-mm KLS Martin) is rigidly fixated to the anterior and posterior aspects of the fronto-orbital distraction osteogenesis segment at the temporal region via the pterional incision. The distractor is oriented with an anterior and slightly inferior vector to translocate the orbital rim to its proper location. The activation and consolidation phases are per surgeon preference.

**ADVANTAGES:** Endoscopic-assisted, fronto-orbital distraction osteogenesis combines the advantages of achieving substantial improvements in head shape and intracranial volume while offering the benefits of a minimally invasive approach. Theoretical advantages of this technique include shorter incisions, decreased blood loss, and decreased scalp dissection above the orbits to minimize periorbital edema.

**DISADVANTAGES:** Disadvantages are those specific to the technique of distraction osteogenesis, and include the need for a second operation to remove the distractors, the presence of a transcutaneous device and attendant risk for skin and wound complications, and potential for hardware failure and infection.

**CONCLUSION:** Endoscopic-assisted placement of cranial distraction hardware shows promising utility for children.
with unicoronal craniosynostosis combining the principles of minimally invasive technique with distraction osteogenesis to achieve more substantial and durable outcomes, while minimizing incisions and subgaleal dissection.

**An Evaluation of the Public’s Preferences: What Plastic Surgery Social Media Content Is Most Effective?**

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**PURPOSE:** The effectiveness of utilizing social media platforms to promote clinical practices, educate the public, and attract patients has been well established. Accordingly, this study aimed to extensively evaluate public preferences regarding plastic surgery social media content and educational material in order to provide guidance for plastic surgeons seeking to enhance their social media presence.

**METHODS:** Survey participants were recruited during February 2021 using Amazon’s Mechanical Turk (mTurk) crowdsourcing service and REDCap’s survey manager. An anonymous 25-question survey was distributed to ascertain demographic information, levels of interest in plastic surgery, patterns of social media use, and plastic surgery social media content preferences. Statistical analysis was performed using the chi-Square test and multivariate regression.

**RESULTS:** Of the 401 total participants, the typical respondent was a woman, aged between 25 and 34 years, married, with a Bachelor’s degree, earning an annual income between $50,000 to $99,999, and on social media daily. Of the 273 (68.1%) respondents who considered having plastic surgery or cosmetic procedures in the last 5 years, most were interested in non-surgical procedures (39.9%) and face and neck surgery (37.5%). Almost half of respondents (48.4%) had viewed plastic surgery content on social media, of whom 44.3% reported doing with the intention of learning more about a specific procedure they are interested in having. Additionally, 42.8% of respondents who had viewed plastic surgery content on social media follow a plastic surgeon on at least one platform, with the most popular being Instagram (71.1%) and Facebook (55.4%). Respondents who had viewed plastic surgery content on social media were 5.6 times more likely to have undergone or considered plastic surgery than those who did not (95% CI: 3.3–9.6, \( P < 0.001 \)). Women were 2.0 times more likely to have viewed plastic surgery content (95% CI: 1.3–2.9, \( P = 0.001 \)) than men, and those between the ages of 18 and 34 years were 2.0 times more likely to follow a plastic surgeon on social media compared with those 35 and older. On a five-point Likert scale (one: dislike, five: very interested), the three plastic surgery social media content categories with highest interest were before and after results (mean Likert weight 4.00 ± 1.10), patient testimonials (3.73 ± 1.15), and recovery process or follow-up visits (3.67 ± 1.14). Three content categories had a negative interest on average: celebrity plastic surgery (2.89 ± 1.17), comedic videos (2.79 ± 1.19), and content about surgeons’ private lives (2.51 ± 1.08). Overall, photo posts (51.4%) were most preferred, followed by video posts (27.2%), links to external content (12.5%), and text-only posts (9.0%). When asked what aspect of a social media account plays the most influential role in selecting a plastic surgeon, the overwhelming majority selected before and after results (45.9%), followed by links to reviews (16.2%), number of posts and followers (14.2%), and links to professional practice websites (12.7%).

**CONCLUSIONS:** The relevance and importance of social media for plastic surgeons today to be able to interact with patients are at unprecedented highs. Understanding patterns of the public’s plastic surgery social media content preferences will help plastic surgeons optimize their social media reach and influence on their target audience.

**The Use of Intraoperative Local Anesthetic Blocks to Decrease Postoperative Opioid Use in Plastic Surgery Patients**

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**BACKGROUND:** The opioid epidemic has changed the way clinicians navigate pain control. Because opioids carry a significant risk of long-term dependence and abuse, physicians have sought to prescribe them less frequently. Use of intraoperative anesthetic blocks has been shown to decrease postoperative opiate dependence in patients undergoing...