clinic and 96 of them were secondary abdominal contour deformities. The types of deformities that require secondary surgery have been identified in 7 main groups: Excessive liposuction, High riding scar, Insufficient removal of excess skin and fat, Deformity of umbilicus, Scar visibility, Overall dissatisfaction with the look, Skin necrosis.

RESULTS: In our series, 96 patients underwent secondary abdominal contour correction surgeries between 2007 and 2015. The encountered deformities have been classified in 7 main sections. According the deformities in each group, different surgical techniques have been planned and performed. Surgical scale has varied from a simple scar revision up to the reconstructive procedures with the tissue expanders. Any skin necrosis according to the low blood circulation have been observed after the procedures. The incidence of seroma formation was determined higher than the primary cases.

CONCLUSION: Secondary abdominal body contouring deformities can present themselves in various ways. It is important to have great deal experience with secondary abdominoplasty to repair these deformities. But significant amount of improvement can be achieved if right surgical planning is done and different approach as use for every different type of deformity.

Implant Bra Sizing: Are Patients Getting Accurate Information?

Kevin Small, MD; Christopher Costa, MD, MPH; William Adams, MD

BACKGROUND: Bra sizing is a common method to preoperatively select implants for breast augmentation; however, no series has corroborated the accuracy of this modality with post-operative outcomes. Alternatively, previous investigations have validated the utility of three-dimensional imaging. This investigation utilizes three-dimensional analysis to determine if preoperative bra sizing provides equivocal information compared to surgical simulation for patient education and planning prior to a breast augmentation.

METHODS: During a primary breast augmentation consultation, patients received preoperative three-dimensional images and associated surgical simulations. Sizers, equivalent to the implants chosen in the simulation, were placed in a surgical bra, and three-dimensional images were repeated. Volumetric and contour analyses were compared between the surgical simulation and the bra/sizer image. All patients used a surgical bra (size small, 32–34) and smooth, round silicone sizers, average volume 302cc (Range 265-339cc).

RESULTS: 7 patients (14 breasts) underwent 3D imaging. The average volume of the bra/sizer image was 22.3% greater than the preoperative simulated breast image. The mean absolute difference of all surface points between the two breast images was 9.25mm (range, 5.98–11.96mm; standard deviation, 8.59). The maximum anterior displacement of the bra image from the simulated image was 19.52mm, centered at the upper pole; the maximum posterior displacement was 25.49mm, centered at the lower pole.

In comparison to three-dimensional simulation, preoperative bra sizing not only overestimates the post-operative volume but also distorts the volumetric distribution and the anterior-posterior projection. This investigation outlines some deficiencies of bra sizing for patient education and informed consent in primary breast augmentation.

PRACTICE MANAGEMENT SESSION 1

The Plastic Surgeon As Employee

Nirav B. Patel, MD, MS, JD; Mena Arsalai, JD; Thomas R. Stevenson, MD; Emily W. Parento, JD, LLM; Lee L.Q. Pu, MD, PhD

INTRODUCTION: Plastic surgeons endure years of training yet remain poorly equipped to negotiate their first employment contracts. We evaluated elements in typical plastic surgeon employment contracts and assessed their comprehensiveness.

METHODS: A 16 question anonymous survey was e-mailed to ASPS members. We sought information such as years in practice, geographic area, practice type, number of surgeons within the practice, and legal standing of partnerships. We asked whether respondents sought legal assistance in negotiating their first employment contract. Respondents were asked how malpractice and disability coverage were obtained. They were asked if options included: compensation incentives; compensation by formula; percentage-based compensation; moving/relocation expenses; student loan forgiveness; signing bonus; expense reimbursements. We asked how content they were with their contracts while allowing commentary.
RESULTS: Our survey generated 404 responses. Regional distribution was as follows: West 9.75%; Midwest 27.8%; Northeast 24.3%; South 37.3%. 46.9% reported having been in practice for at least 20 years. 61.4% reported being in private practice; 26.1% reported having been in academia. Regarding practice size, 32.9% worked in a group practice (3 or more surgeons), 22.4% in partnership, and 23.4% in solo practice. For partnerships, 40.7% had made formal legal and 9.28% had made informal arrangements. 64.2% of respondents did not seek legal assistance. 42.9% reported claims-made malpractice coverage; 17.2% tail; 24.4% unspecified coverage; 0.75% had none. 33.4% of respondents reported employer purchased policies, whereas 65.6% purchased their own. 72.9% indicated having “own occupation” disability coverage. 7% of respondents reported in excess of $400,000. For options, 39.3% reported compensation incentives, 14.6% compensation by formula, 13.9% percentage-based compensation, 29.0% moving/relocation expenses, 1.26% student loan forgiveness, 8.31% signing bonus, and 46.1% expense reimbursements; 31.0% indicated that none applied. Using a five-point scale, 9.46% reported being “extremely dissatisfied” with their first contracts (score of 1); 24.1% were “perfectly happy” (score of 5). 311 respondents offered advice, with themes including seeking legal counsel, cautioning against non-compete clauses, seeking mentorship, and considering eventual solo practice.

CONCLUSION: As healthcare evolves, new plastic surgeons will be employed by institutions. Our results reveal critical elements that should be negotiated to ensure smooth transition to practice. We advise seeking an attorney familiar with the profession to protect surgeons’ interests.

REFERENCES:
1. Korman JM, Furnas HJ. The business of plastic surgery: navigating a successful career. Singapore: World Scientific; 2010.
2. Koltz PF, Frey JD, Sbitany H, et al. Employment Satisfaction in Plastic and Reconstructive Surgery and Its Influence on Graduating Residents in an Evolving Health Care Climate. Plast Reconstr Surg. 2015 Jul;136(1):96e-105e.
3. Chen JT, Girotto JA, Kitzmiller WJ, et al. Academic plastic surgery: faculty recruitment and retention. Plast Reconstr Surg. 2014 Mar;133(3):393e-404e.
4. Satiani B, Nair DG, Starr JE, Samson RH. Essentials of negotiating for employment in a changing environment. J Vasc Surg. 2014 Jul;60(1):253–9.
5. Graebner NK. Perils, pitfalls, and benefits of a surgeon as a health system employee: the contracting process. Am Surg. 2011 Jun;77(6):669–74.

The Impact of the Sunshine Act Open Payments Database on Industry Financial Relationships in Plastic Surgery

Noopur Gangopadhyay, MD; Albert H. Chao, MD

INTRODUCTION: The Sunshine Act Open Payments Database (OPD) was enacted to increase the transparency of financial relationships between health care providers and drug/device manufacturers, given the strong evidence that exists to indicate that these relationships influence clinical practice. However, the actual impact of this legislation remains a subject of debate. The objective of this study was to determine if and how the practice patterns of plastic surgeons changed following public reporting of these relationships.

MATERIALS AND METHODS: A review of the OPD was performed from 2013 to 2014. This data was analyzed with respect to types and values of payments, as well as characteristics of plastic surgeons and companies, and compared between 2013 (the initial reporting year) and 2014.

RESULTS: A total of 21,217 and 19,212 payments in 2013 and 2014 were reviewed, respectively. The total value of payments decreased by -21.14% from $9,102,196 to $7,177,763, although the average payment remained similar ($429 versus $373, respectively; p=0.44), as did the number of payments per plastic surgeon (5.1 versus 5.0, respectively; p=1.00). A significant decrease in the number of plastic surgeons receiving payments was observed (from 4,125 to 3,796; p<0.001). Compared to 2013, in 2014 there was a relative decrease in the proportion of payments related to speaker fees, with a concomitant increase in those related to consulting fees and royalties, although these changes were not statistically significant. Similarly, a decrease in the proportion of payments made to academic plastic surgeons was observed but not significant (from 9.8% to 9.1%; p=0.64). The number of companies involved in industry financial relationships with plastic surgeons remained essentially unchanged (223 versus 203, respectively; p=1.00).

CONCLUSION: Implementation of the Sunshine Act was associated with a significant decrease in the number of plastic surgeons involved in industry financial relationships, with an associated reduction in total dollars related