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 private practice for at least 20 years. 61.4% 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. 

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

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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 number 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
to payments, and impacted academic and private plastic surgeons similarly. The system of public reporting within the OPD.

**DISCLOSURE/FINANCIAL SUPPORT:** The authors have no relevant financial or nonfinancial disclosures.

### 3D Breast Imaging For Cosmetic Breast Surgery: Does 3D Imaging Improve Patient Reported Outcomes In Primary Breast Augmentation?

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**PURPOSE:** Our purpose was to evaluate the impact of 3D imaging during preoperative consultation on patient reported outcomes in primary breast augmentation surgery using the Breast Q. We hypothesized that 3D imaging would facilitate patient education and surgical planning and improve patient reported outcomes.

**METHODS:** We performed a prospective, randomized cohort study of women ≥ 18 years desiring elective breast augmentation surgery. The study includes a non-randomized cohort of patients who chose to have standard evaluation and 3D simulation. IRB approval was obtained through Washington University in St. Louis/Barnes-Jewish Hospital. Our intended analysis is for 100 patients to be recruited into the randomized cohort. Patients with greater than grade II ptosis were excluded. A research coordinator performed randomization. Patients were assigned to the control group (pre-operative evaluation with standard simulation with sizes alone) or the intervention group (standard simulation and 3D imaging simulation). Blinding was not possible as 3D imaging simulation was done by the operating surgeon in preoperative consultation. Patients completed the Breast Q before surgery and at minimum 6 months follow up. Standard operating technique was used with subpectoral or dual plane breast implant placement. Breast Q scores were calculated and conventional statistical analyses were performed.

**RESULTS:** 30 women were examined with: (1) mean age of 37, (2) 93% silicone implants (3) 58% of implants <400 cc and 42% ≥ 400cc (4) 63% Allergan and 37% Sientra manufactured (5) 46% anatomic, shaped and 54% round implants. Half were randomized and two thirds were simulated. No significant difference was detected for satisfaction with breasts (p < 0.52), psychological well-being (p<0.91) or sexual well-being (p<0.93). No significant difference was detected for satisfaction with outcome (p<0.19) or satisfaction with information (p<0.74). There were, however, increasing patient expectations and demand for 3D simulation as a part of the pre-operative evaluation as more patients opted for the non-randomized cohort with increasing time of the study. All 15 non-randomized patients requested 3D simulation.

**CONCLUSIONS:** 3D breast imaging used in preoperative simulation for primary breast augmentation is not associated with improved patient reported outcomes as measured by the Breast Q. However, patients in our practice increasingly expect 3D imaging to be a part of their pre-operative visit and 3D imaging may be a useful marketing tool in building an aesthetic breast surgery practice.

### Opioid Consumption Following Outpatient Plastic Surgery

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**BACKGROUND:** A rise in opioid abuse has led to increases in dependency, overdose, and healthcare resource utilization. Currently, there are no data detailing the need for opioids in post-operative pain management following outpatient Plastic Surgery procedures. The goal of this study was to evaluate patient satisfaction, opioid consumption, and physician prescribing practices following these procedures to provide evidence-based strategies for post-operative pain control.

**METHODS:** Patients who underwent outpatient Plastic Surgery procedures were identified at their first post-operative visit. Included were all English-speaking patients aged 18 to 90 who underwent elective, outpatient procedures. Those with pre-existing pain disorders were excluded. Patients were asked to complete an electronic survey in which they were queried on overall satisfaction with pain control, highest post-operative pain level, current pain level, number of days requiring opioid pain medication, reason for discontinuing medication, use of non-opioid medication for pain control, adverse effects, number of tablets consumed, and number of tablets remaining. Responses were also stratified by type of procedure performed.