position at the beginning of the 2017 interview season. Program attributes were individually rated from 1–9, 9 being most important and 1 being least important. A follow up survey was sent out after the interview season before match day to the same cohort to compare differences over time.

RESULTS: Out of 199 surveys, 76 were returned for both the initial and follow up survey. 49% of the applicants were female, 51% male. The most important factors to choosing a residency program in the beginning of interview season were perceived good fit with residents, good fit with faculty, strong program leadership, surgical case volume and fellowship placement. The least important factors were small program size, strong burn training, clinical rotations at a VA or free-standing children’s hospital and feedback from other current applicants. Comparing program characteristic scores before and after interview season, there was a statistically significant decrease in importance of both strong burn training (p=0.01) and strong cosmetic training (p=0.03). Furthermore, feedback from other current applicants had a significant increase in importance (p=0.04). Other attributes such as good fit with residents and faculty, strong program leadership, high surgical case volume and fellowship placement showed minimal change and maintained high scores throughout the study.

CONCLUSION: Some of the best and brightest medical students continue to apply for positions in integrated plastic surgery residencies. While this is fortuitous for programs and the specialty as a whole, we would be remised not to explore what the applicants deem important in a training program. It is not surprising that fit with residents and faculty, strong leadership and high operative volume are core values for a successful match. However, it is interesting to see that applicants began to value feedback from fellow applicants more at the conclusion of the interview season. It was also insightful that the more attractive applicants who received 10+ interviews placed a higher value on larger programs as well as a strong microsurgery and hand experience. As we continue to evolve our training paradigm, our understanding of our applicants should be kept current to ensure we continue to attract the best candidates available.

Epidural Nerve Blocks Increase Intraoperative Vasopressor Consumption and Delay Surgical Start Time Compared to General Anesthesia Alone in DIEP Free Flap Breast Reconstruction

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PURPOSE: The use of epidural anesthesia (EA) as an adjunct to general anesthesia (GA) has been widely used in abdominal and thoracic surgeries, and recently shown efficacy in autologous breast reconstruction.1–3 While the utility of reducing postoperative narcotic consumption, nausea, and length-of-stay in hospital cannot be understated, concerns remain as to the whether these blocks reduce operating room efficiency by delaying case start time and whether block-induced hypotension is associated with increased intraoperative vasopressor requirements. The purpose of this study was to examine the effectiveness of epidural blocks in patients undergoing deep inferior epigastric perforator (DIEP) flap breast reconstruction.

METHODS: A retrospective analysis from 2015–2017 of patients who underwent DIEP flap reconstruction under GA, with and without EA and no supplementary local anesthetic. Electronic records were analyzed for patient demographics, intraoperative data, and postoperative outcomes. Primary outcome was 48-hour narcotic usage. Secondary outcomes were intraoperative vasopressor consumption, surgical delay time, and safety.

RESULTS: Fifty-one patients underwent DIEP reconstruction, 40(78%) underwent EA in addition to GA, and 11(22%) underwent GA alone. There was a significant delay in OR start time in the EA/GA group (67min vs 43min, p=0.001.) Patients in the EA/GA group also had a statistically significant increase in vasopressor use (n=33 vs n=5, p=0.021). Postoperatively, patients who received an epidural block had a reduced average pain score (1 vs 2, p=0.05), but there was no difference in 48-hour narcotic usage.

CONCLUSION: Epidural blocks improve average postoperative pain, while increasing intraoperative vasopressor use and delaying the start time of the case. The benefits of improved pain control must continue to be weighed against the potential for increased surgical complications, as well as increased costs to the health care system.

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Efficacy and Outcomes of Fat Grafting Beyond the Breast: A Meta Analysis

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INTRODUCTION: As autologous fat transfer (AFT) has become almost ubiquitous in the operating rooms of most aesthetic and reconstructive surgeons, the regenerative nature of grafted adipose tissue is fueling investigations into further applications beyond the usage in the setting of breast reconstruction. Empiric observation has demonstrated that grafted fat may ameliorate adherent scars, aide in the release of contractures, and even accelerate and improve wound healing in radiation damaged skin. As we are only beginning to understand the potential of lipotransfer, it is essential that we properly evaluate our progress. In the setting of its widespread and expanding use, the purpose of our study is to conduct a meta-analysis of “non-breast” fat grafting to elucidate the current measures of success, both from the patient and physician perspective.

METHODS: A PubMed/MEDLINE, Web of Science, and Embase search was conducted for all publications from January 1st, 2000 to October 1st, 2017 containing the phrase “autologous fat grafting” and related terms. The initial search yielded a total of 2255. Studies pertaining to AFT other than in the setting of breast reconstruction were individually selected to review. A review of this literature revealed significant heterogeneity of results. Of these studies, only 28 reported quantititative comparative data beyond observational or individual outcomes. No single measure of outcomes could be identified to reliably correlate the results of the various applications, so none were chosen for statistical analysis.

RESULTS: A thorough review of the literature demonstrated significant inconsistency in the reporting of measurable outcomes after AFT. Of the publications which presented quantifiable data, similar applications had consistently differing measurements of the same outcome. For example, in the treatment of vocal cord paralysis, one study utilized the Grade, Roughness, Breathiness, Asthenia, Strain (GBRAS) perceptual scale, maximum phonation time (MPT), and Voice Handicap Index (VHI) whereas another described phonation time, jitter, and harmonic-to-noise ratio. In the treatment of neuropathic pain, two studies utilized the Visual Analog Scale (VAS) and Neuropathic Pain Symptom Inventory (NPSI) scales, but a third just simply described the pain or lack thereof. Lastly, in the treatment of scars, one study utilized the Vancouver Scar Scale while another was evaluated using the Patient and Observer Scar Assessment Scale. While these measures are similar in nature, a statistical analysis was impractical unless the raw data could be collected.

CONCLUSION: While the aggregate data demonstrates that fat grafting has led to positive outcomes in a multitude of applications beyond breast reconstruction, this meta-analysis serves to underline the growing necessity of a validated measure of outcomes of fat grafting in these disparate settings in order to ensure we continue practicing evidence based medicine.

Free-Flap Outcomes and Screening Options in Factor V Leiden: A Systematic Literature Review

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