over the course of the last 15 years. Previously the images were stored and categorized according to social security number, diagnosis, as well as certain terms, which every surgeon could decide and write down individually for each patient. The large number of photographs made it increasingly difficult to navigate through the database and extract relevant photos. To solve this, we developed a standardized model for registering and archiving digital photographs that could then be incorporated into the photo-database software. This allows users to search for specific procedures, anatomical areas or surgical techniques, and to cross referencing these, for example all local flaps on the nose, preformed by Dr Doe, due to carcinomas.

RESULTS: Since the introduction of the software we have stored all our photos using this new model. It has proven more time efficient and easy to handle for pre- as well as post-operative storing of the images.

CONCLUSIONS: The use of this standardized model has helped us in pre-operative consulting of patients and post-operative evaluation of our results as well as eased the process of extracting the relevant photos when doing scientific research.

17.20 LIGASURE IMPACT REDUCES BLOOD LOSS, COMPLICATIONS AND RE-OPERATION OCCURRENCE IN ABDOMINOPLASTY: A COMPARATIVE STUDY

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INTRODUCTION: The most effective dissection technique for raising the flap in abdominoplasty is still controversial. Bipolar coagulation (Ligasure Impact®, LS, Covidien, Dublin, Ireland) is an energy device commonly used among different surgical specialties to reduce morbidity and implement outcomes. We investigated the effectiveness of LS in abdominoplasty compared with the conventional techniques (CT), scalpel and/or diathermia.

MATERIALS AND METHODS: Patients underwent primary abdominoplasty at a single center over 8 years were retrospectively reviewed. Bodylift, secondary operations and procedures with other energy devices were excluded. Ninety-four patients underwent a primary abdominoplasty and were divided into two groups on basis of the dissection technique: Ligasure (LS) group (29 patients) and the conventional technique (CT) group (65 patients). Patient demographics, perioperative parameters, postoperative complications and hospital stay were compared. Early complications were graded according to Clavien-Dindo classification system.

RESULTS: Significant differences were found in intraoperative blood loss favouring LS-group (259.6±198.8 ml vs 377.9±190.0 ml, p = 0.004) and blood transfusion rates (13.8% vs 35.4%, p = 0.047). Overall complications occurrence, Clavien-Dindo grade II (24.1% vs 55.4%) and grade III (13.8% vs 30.8%) complications were significantly lower in LS-group (respectively, p = 0.005, p = 0.007, p = 0.016). Late (>30 days) re-operation rate was 6.9% in LS-group and 27.70% in CT-group, which was significantly different (p = 0.0028). However, operative time was significantly longer in LS-group (168.6±121.2 vs 179.7±57.6 min, p = 0.005), while a tendency to shorter hospital stay was found in LS-group (3.6±1.1 days vs 4.6±3.2 days, p = 0.081)

Specific wound complications showed no significant difference.

CONCLUSIONS: LigaSure Impact may be beneficial in improving abdominoplasty outcomes because it might reduce blood loss, need for transfusions, complications and re-operations.

17.30 TOTAL KNEE ARTHROPLASTY IN CASES OF A SOFT TISSUES DEFICIT

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INTRODUCTION: Arthroplasty in patients with primary and metastatic tumors of long bones is a difficult issue due to a deficit of soft tissue needed to cover the prosthesis. Expanding the indications for arthroplasty in these patients is possible due to the development of the plastic phase of the operation.