The wPW A group experienced an average decrease in PW A of 25 points compared to baseline (95% CI[22–28] p<0.001). The control group experienced an average increase in PW A of 8 points compared to baseline (95% CI[5–10] p<0.001). Based on univariate analysis, we fitted a predictive multivariable logistic regression model including race, depression, hypertension, BMI, bilateral reconstruction, baseline PWA, and baseline RAND-36 general health scores (of p<0.2). This analysis showed an association between a higher baseline PW A (p<0.001) and race (p=0.009) with higher odds of decreased PWA at the 12-month follow-up. A higher baseline RAND-36 general health score, bilateral reconstruction (versus unilateral), and a lower BMI demonstrated a trend for clinically-important worsening of PW A.

CONCLUSIONS: Our results show that more than half of flap-based breast reconstruction patients experienced clinically-important worsening of abdominal well-being pre- to post-final breast reconstruction. This is at odds with the often-misleading notion of obtaining a “free” abdominoplasty in conjunction with breast reconstruction. Patients with higher preoperative abdominal well-being Breast-Q scores, lower BMI, and higher RAND-36 general health scores tend to have worsened well-being of the abdomen after flap-based breast reconstruction. Our finding that African-American patients and those classified under “Other” races are independently associated with significant worsening of PWA may be due to confounding factors that should be explored in larger, prospective studies. Clinicians may use these findings to identify patients at higher risk of worsened postoperative abdominal well-being and appropriately counsel them regarding realistic post-operative expectations.

Quantifying the psychosocial benefits of gender-affirming surgery with patient reported outcomes: The San Francisco Transgender Survey (SFTS).

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PURPOSE: While there are a growing number of public health studies addressing the burden of mental health disease and HIV in transgender populations, there are disproportionately fewer investigations into the benefits of gender affirming surgery (GAS). The psychometric instruments that have been validated for measuring patient reported quality of life are unable to adequately address the unique psychosocial, legal, and medical stressors confronting transgender patients. Thus, we developed a patient-reported outcome instrument to evaluate the surgical outcomes and the post-operative experience of female-to-male (FTM) transgender men undergoing chest reconstruction.

METHODS: Transgender male patients at two university-affiliated transgender centers underwent structured interviews individually and in focus groups. Based on this qualitative feedback, a multidisciplinary panel of mental health providers, plastic surgeons, and primary care providers from transgender health clinics generated a 29-item survey module addressing three general domains of quality of life related to chest reconstruction in transgender male patients. The surveys were initially administered to 15 transgender male patients who underwent gender affirming surgery and were revised following cognitive debriefing interviews. The WHO Quality of Life (WHOQOL-BREF) survey, a previously validated quality of life instrument, was administered simultaneously for comparison. Wilcoxon signed-rank tests were used to test for significant differences in the median pre- and post-operative scores. Cronbach’s α and Pearson Correlation Coefficients were calculated to measure internal validity.

RESULTS: 11 transgender men to date have completed the revised SFTS pre-and post-operatively. Seventy percent were Caucasian and the median age was 32.5 (range 22–50) years. All patients underwent bilateral mastectomy with free nipple grafting. Only one patient (9%) experienced a major surgical complication requiring reoperation. Ultimately, the patient was pleased with his results and reported a significant improvement in his quality of life after surgery. The survey detected statistically significant median quality of life post-operative improvements in all three sections of our survey (p<0.005). While similar statistically significant improvements were found using the WHO Quality of Life survey (p<0.05), qualitative feedback revealed that patients perceived the WHO survey as an inappropriate tool for evaluating issues important to them. The median time to complete the pre and post-operative surveys was 10 minutes. Calculation of Cronbach’s α (0.67–0.81) and the Pearson Correlation Coefficient for each section revealed excellent internal validity.
CONCLUSION: The SFTS is a valid and simple instrument for measuring changes in quality of life in transgender men undergoing chest reconstruction. Although this ongoing evaluation is based on a small sample size thus far, pertinent quality of life measures can be expected to help better establish the many benefits of GAS and influence public policy to broaden access to GAS. The external validity of the SFTS needs to be established with future multicenter studies. Further modules applicable to facial, chest, and urogenital surgery for both transgender men and women are undergoing revision and validation.

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Perceptions of Surgeons, Parents, and Children: What are the True Indications for Cleft Revision?

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PURPOSE: Although revision surgery is an important part of the reconstructive process for children with clefts, the indications for revision are variable. Although assumed that surgeons, children, parents, and lay people define success of a cleft repair similarly, the extent of agreement is unclear. Performing revision when the child is satisfied without recognizing differing perceptions between patients and providers may disempower the child and preclude future revision. The goal of this study was to understand the extent of variation between cleft surgeons, general plastic surgeons, children, parents, and lay people in defining the success of a cleft repair.

METHODS: Children with cleft lip and/or palate (CLCP) (n=100), and their parents (n=100) were surveyed regarding satisfaction with cleft-specific aspects of appearance based on metrics defined by the Cleft Evaluation Profile (CEP). Surgeons (n=10) and lay people (n=10) were given standardized photos of these same children and asked to rate satisfaction with the face, nose, upper lip, and maxilla, features analogous to constructs on the CEP. Cleft surgeons (n=5) and general plastic surgeons (n=5) were surveyed for comparison. We used paired T-tests to compare ratings between groups designed to detect a difference with 80% power and alpha of 0.05.

RESULTS: A total of 100 children with CLCP were included. The average age was 10.29 years, and 52% were male. Children with clefts were significantly more satisfied with their appearance compared to surgeons (nose: 7.75±2.53 vs. 5.67±1.97, p<0.001; lip: 7.72±2.53 vs. 5.98±2.19, p<0.001; maxilla: 8.63±1.65 vs. 6.79±2.30, p<0.001) and lay people (nose: 7.75±2.53 vs. 6.07±2.45, p<0.001; lip: 7.72±2.53 vs. 6.12±2.35, p<0.001; maxilla: 8.63±1.65 vs. 7.41±2.50, p<0.001). Cleft surgeons were significantly less satisfied with cleft-specific aspects of appearance than general plastic surgeons (nose: 5.2±2.01 vs. 6.08±1.88, p=0.03; lip: 5.48±2.05 vs. 6.38±2.28, p=0.001; maxilla: 6.04±2.3 vs. 7.48±2.08, p=0.001). There were no significant differences between lay people and general plastic surgeons’ ratings (nose: 6.02±2.65 vs. 6.08±1.88, p=0.85; lip: 5.9±2.64 vs. 6.38±2.28, p=0.16; maxilla: 7.46±2.67 vs. 7.48±2.08, p=0.96). Children were more satisfied with appearance of the nose than their parents (5.5±1.69 vs. 5.1±1.52, p=0.03), but were similarly satisfied with the lip (5.48±1.69 vs. 5.6±1.49, p=0.54) and maxilla (6.08±1.1 vs. 5.8±1.2, p=0.07).

CONCLUSION: All groups evaluated expressed differing levels of satisfaction with cleft-specific aspects of appearance. Importantly, children are more satisfied with their appearance than other groups, while cleft surgeons have the most stringent criteria for success. In the case of revision surgery, care must be taken to evaluate the perceptions of all stakeholders in defining accurate outcomes. Perceptions of children must be evaluated independently when determining the potential benefit of revision surgery.

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Autologous Breast Reconstructions with Abdominal-based Free Flaps and Latissimus Dorsi Flaps Have Similar One-year Patient Reported Outcomes

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