Education-accredited residency and fellowship training programs during the year of 2015. Gender, academic rank, board certification, time since certification, medical school attended, residency program attended, fellowships, advanced degrees, obtaining leadership roles at trainees institution, and h-index were analyzed.

RESULTS: Of the 93 chiefs and chairman, 94% were male and 81% obtained full professor status. 98% were certified by the American Board of Plastic Surgery. The mean time since certification was 22 years (range 7–45 years). 87% graduated from medical schools within the United States. 9 plastic surgery programs were responsible for training 42% of the current chiefs/chairmen in plastic surgery. 56% had pursued fellowships beyond their primary plastic surgery training. 22% had obtained advanced degrees beyond a medical degree. 29% percent of chiefs and chairman obtained leadership roles at the institution where they had completed plastic surgery training. The mean h index was 17.6 (range 1-63). Graduates of the 9 most represented residency programs had a mean h index of 21 vs. 15 when compared to the remaining chiefs/chairmen. (P<0.0062)

CONCLUSIONS: Chiefs and Chairman in plastic surgery are more likely to be male, hold an academic rank of professor, and have completed a fellowship after residency. They are also more likely to have trained at 1 of the 9 following institutions: Harvard, Emory, NYU, UPMC, Johns Hopkins, University of Chicago, Duke, UT Southwestern and University of Michigan.

DISCLOSURE/FINANCIAL SUPPORT: None of the authors has any financial support or interest with any institutions mentioned in this paper.

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Learning Through Creation: A Lesson in Anatomy Through Sculpture

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PURPOSE: Facial anatomy is a complex topic that is often difficult to teach. Multiple interconnected layers of tissue make up the underlying facial components and three-dimensional visualization is essential to understanding the relationships between critical structures. Sculpture allows the student to appreciate these relationships and the typical proportions of various facial features with regards to one another. This technique is grounded in constructionism, a learning theory that states a strong connection exists between design and learning.1,2 We sought to determine if medical students’ knowledge of facial anatomy would be improved through the creation of a portrait sculpture.

METHODS: 16 students attended a 4-hour sculpture workshop administered by an instructional team affiliated with Dalhousie University’s Division of Plastic and reconstructive Surgery and the Humanities Department. Attendees were provided with 10lbs of clay and sculpting tools. Students were guided by an experienced facilitator and plastic surgery resident who anchored the sculpting process on anatomical principles. Pre- and post-questionnaires were administered assessing students’ confidence in specific facial anatomy principles.

RESULTS: Students reported their knowledge of facial surface landmarks, facial proportions, soft tissue layers, muscles, bones, arteries, skin tension lines, the golden ratio, and observational skills were significantly enhanced by the workshop (P<0.05). 81% of participants said they were very satisfied with the sculpture workshop, and 100% would recommend it to other students. Moreover, 100% of students reported that they would like more sculpture workshops offered and 94% believed that there should be other methods of anatomy training than what is currently offered in medical school.

CONCLUSION: This study demonstrates that anatomical concepts can be effectively learned through guided sculpture technique facilitated by anatomy instruction. We recommend this form of teaching as an addition to the current methods of practice. In the future we hope to develop further workshops focusing on other anatomical regions.
Lengthening and Increasing the Viability of Fat Graft with Adipose Derived Stem Cell (ADSC) and Platelet Rich Plasma (PRP) at Breast Rippling Deformity after Augmentation with Silicone Implant

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INTRODUCTION: Rippling, palpable and visible lumpiness is a fairly frequent observation after breast augmentation with silicone implant at subglandular plane.1 In this study we aimed to share our experience about application of autologous ADSC and PRP added fat graft for increasing the viability.

MATERIALS AND METHODS: 33 years, W, 49kg, BMI < 17, sportive and very thin, was refered with rippling at both of breast at superoilateral side. Silicone implants were inserted to subglandular plane 20 months ago. It was decided to use autologous ADSC and PRP added fat graft. Rippling areas were marked with skin marker. Then fat graft was harvested and applied subcutaneously thorough minimal incision with cury canule to the marked areas, 4cc for areas at both breast. 50cc fat tissue was used to obtain ADSC. Lipofilled areas were marked at transparencies (transpaternt paper). After surgery, prepared autologous PRP and ADSC are applied to the same areas with transparencies assistance. 2 plastic surgeons assessed patient for rippling deformity changes in postoperative 1st week, 1st and 3rd month with a scale that evaluates the lumpiness, appearance, naturality of the result.

RESULTS: Patient satisfacion rate was 100% in touch feeling and appearance under the bra. The patients was so thin and didn’t want to major operations. Because of this we tried to do the least invasive surgery and the minimum number of fat graft injections. In order to achieve this, we lengthen and increase the viability of fat with ADSC and PRP.

CONCLUSION: Rippling and other aesthetic complications related with breast implants have been very difficult to manage with secondary surgery. High recurrence rates and low patient satisfaction are frequent. Several methods like using fasia lata, acellular dermal matrix, changing the size, position and nature of the implant are options for solving the problem. Fat graft is another choice but the area is small and the quantity is very low. So, viability is a problem here. Insulin, insulinlike growth factor-1 (IGF-1), and basic fibroblast growth factor, VEGF are another options for increasing the viability but these are not cost effective and autologous.2 We believe that fat graft combined with ADSC and PRP provides restoring the deformity with minimal skar and autologous material and aesthetic result and lengthening the viability of fat graft.

DISCLOSURE/FINANCIAL SUPPORT: None of the authors has a financial interest in any of the products, devices, or drugs mentioned in this manuscript.

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Managing Degloving Injuries of the Upper Extremity: Buried Treasure

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INTRODUCTION: Degloving soft-tissue injuries consist of avulsion injuries in which an extensive portion of the skin and subcutaneous tissue are completely separated from the underlying fascia and deeper structures.1 These low force injuries can pose great challenges for reconstructive surgeons. Ideally, one would prefer to cover the defect with viable, supple, sensate skin while optimizing hand function.2 Skin grafting remains one of the most commonly used procedures to treat these injuries; however, its success is often limited and may result in contracture or even amputation.3

MATERIALS AND METHODS: We present the case of a 19-year old, 34-week pregnant female who suffered a