**Affiliation: Far Eastern Memorial Hospital, New Taipei City, Taiwan**

**PURPOSE:** Diabetic foot wounds are the leading cause of hospitalization and limb amputations, and timely healing and closure is critical. Split-thickness skin grafting (STSG) remain the gold standard treatment for lower extremity wounds in the diabetic patients, however these patients usually had multiple comorbidities and high risk for general anesthesia (GA) or spinal anesthesia (SA). In this study, we demonstrated our experience in treating diabetic leg and foot wounds with STSG by topical anesthesia (TA) with eutectic mixture of lidocaine and prilocaine (EMLA). The goal of the procedure was to lower the anesthetic risks and achieve better outcomes.

**METHODS AND MATERIALS:** This was a prospective, non-randomized, single-center study in Far Eastern memorial hospital. From January 2018 to December 2020, the diabetic patients with leg or foot wounds undergoing STSG surgery were included. Their wounds were all well-granulating and suitable for immediate skin graft. The patients were separated into two groups: topical anesthesia (TA) and general anesthesia or spinal anesthesia (GA/SA). Data on patient demographics and characteristics, wound etiology, location, and sizes were recorded. The outcomes including wound healing status, postoperative complications, length of hospital stay, medical expenditure and perioperative blood glucose were also evaluated.

**RESULTS:** During the study period, 28 patients underwent STSG under TA while 46 patients were under GA/SA. All the patients in TA group tolerated the procedural pain well without the conversion to GA or SA, and the mean pain score was 0.98 ± 1.37. The complete wound healing rate was 82.1% at postoperative 4 weeks. There was no significant difference in age, gender, comorbidity index, HbA1c and defect size between TA and GA/SA groups. The wound healing status was similar in both groups, however, TA group had less postoperative infections (TA VS GA/SA =3.6% VS 21.7%, p=0.044), shorter post-grafting hospital stay (TA VS GA/SA = 8.3 ± 6.2 VS 11.1 ± 7.2 days, p = 0.048) and lower mean blood glucose and glucose variability.

**CONCLUSIONS:** Conducting STSG under TA can effectively treat the lower leg and foot wounds in diabetic patients. Comparing with GA and SA, it could achieve better perioperative glucose control and had less postoperative infections. STSG under TA can be considered in patients with high anesthetic risk.

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**Track: Breast**

**Elective Replacement of Shaped Textured Implants with Round Smooth Implants: Is it Worth it? An Evaluation of Patient- and Outcomes in 530 Consecutive Cases**

**Presenter:** Haripriya Ayyala, MD  
**Co-Authors:** Tarek Afifi, Nikki Castel, MD, Colleen M. McCarthy, MD, Peter G. Cordeiro, MD, FACS

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**BACKGROUND:** The number of patients undergoing exchange of shaped, textured implants for round, smooth devices has greatly increased in the setting of BIA-ALCL. To date, there are no published studies evaluating long-term outcomes following these replacements. The objective of this study is thus to examine long-term patient- and surgeon-reported outcomes in terms of aesthetics, comfort, and complications.

**METHODS:** A prospectively-collected database of all patients who underwent postmastectomy, implant-based reconstruction by a single surgeon (PGC) was analyzed. All patients who underwent initial reconstruction with shaped, textured implants which were then replaced with round, smooth implants between 1994-2022 with a minimum follow-up of 1 year were included. Demographics and perioperative complications (hematoma, cellulitis, seroma) were recorded. Patient-reported outcomes (PROs) were collected using the BREAST-Q Reconstruction Module as well as a 5-point Likert scale surveying aesthetic outcome and comfort level. The BREAST-Q is a PRO measure administered to all patients undergoing breast reconstruction at our institution at the pre-operative visit followed by 3 months, 6 months, 1 year, 2 years, and 5 years post-operatively. Patients who had scores at least one year post-operatively were included. The following domains were evaluated in this study: Satisfaction with Breasts, Psychosocial Well-being, Physical Well-Being (Chest), and Sexual Well-Being. Values were converted to summary scores ranging from 0-100, and a difference of 4 points was considered clinically significant. Surgeon-reported outcomes included evaluation of aesthetics using a 5-point Likert scale and Baker classification of capsular contracture.
RESULTS: In total, 530 patients were reviewed and 307 met inclusion criteria with a mean age of 46 and mean BMI of 23.25. Mean follow-up was 3.8 years. 74% of cases were bilateral and 22.8% had a history of radiation. Pairwise comparison of BREAST-Q data demonstrated statistically significant, long-lasting improvement in all domains. At one-year follow-up after exchange of shaped, textured implants to round, smooth implants, psychosocial well-being (72.68 to 76.45; p=0.0075) and physical well-being (78.79 to 81.88; p=0.0078) significantly increased. Overall breast satisfaction (61.94 to 67.27; p=0.0082) and sexual well-being (53.89 to 57.98; p=0.0002) were also significantly higher in parallel with a clinically significant increase in BREAST-Q score of 5.33 and 4.09 points, respectively. Most patients felt they looked better (56.4%) or the same (27.3%) and were more comfortable (54.4%) or the same (39.4%) after the exchange procedure. The senior surgeon rated 40.1% of patients as a better aesthetic grade after replacement and 50.3% as the same aesthetic grade. 36.8% of patients were rated as having a decrease in Baker capsular contracture grade and only 4.3% with increased contracture. 2.9% of patients experienced a peri-operative complication and there were no reconstructive failures.

CONCLUSION: Exchange of textured to smooth implants is safe, does not appear to sacrifice aesthetic outcome, and provides a more comfortable and satisfactory outcome for patients with a low rate of complications. These results should be given consideration when counseling patients with textured implants and can aid in making an informed decision regarding exchange.

TRACK: AESTHETIC
Practice Patterns, Part 2: An American Society of Plastic Surgeons (ASPS) Member Survey, 2000 and 2020. How Much Has Browlifting Changed?

Presenter: Demetrius M. Coombs, MD
Co-Authors: Nicholas R. Sinclair, MD, Andrew L. Kochuba, MD, Jacob N. Grow, MD, Alan Matarasso, MD, FACS, James E. Zins, MD

PURPOSE: In 2001, Elkwood and Matarasso conducted an American Society of Plastic Surgeons (ASPS) member survey detailing browlift practice patterns. Despite significant changes in approach in the past twenty years, no survey has been performed since.

METHODS: A 34-question descriptive survey was electronically distributed to a random group of 2,360 ASPS members. Results were then compared to the 2001 survey.

RESULTS: A total of 257 responses were collected (11% response rate; ±6% margin of error at 95% CI). The most frequent technique for the correction of brow ptosis in both surveys was the endoscopic approach. The use of hardware fixation has increased in endoscopic browlifting while the use of cortical tunnels has decreased. While coronal browlifting has decreased in frequency, hairline and isolated temporal lift have increased. Neurotoxins have replaced resurfacing techniques as the most common non-surgical adjunct. Frequent use of neuromodulators has risen from 11.2% to 88.5%. Nearly 30% of current surgeons feel that neuromodulators have replaced formal browlifting procedures to a significant degree.

CONCLUSION: In comparing the 2001 and current ASPS member survey there has been a clear transition to less invasive procedures over time. While the endoscopic approach was the most popular means of forehead correction in both surveys, coronal brow lifting has decreased in frequency while the hairline and temporal approaches have increased. Neurotoxins have replaced laser resurfacing and chemical peeling methods as an adjunct, and in some cases replaced the invasive procedure entirely. Possible explanations for the above will be discussed.

TRACK: CRANIOMAXILLOFACIAL/HEAD AND NECK
Springs Forces and Parietal Bone Thickness Interact to Predict Changes in Cephalic Index following Spring-Mediated Cranioplasty for Non-Syndromic Sagittal Craniosynostosis

Presenter: Dillan Villavisanis
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