procedures), 3rd South Korea (440583 procedures), 4th Mexico (381207 procedures), 5th Japan (326398 procedures), 6th Germany (287262 procedures), 7th Colombia (252244 procedures), 8th France (233615 procedures). Considering underlying populations and distribution of the adapted ranking changes substantially led by South Korea (110162 procedures per 100000 capita), followed by Brazil (94252 procedures per 100000 capita), and Colombia (77743 procedures per 100000 capita). Further, it was found that the rate of surgical procedures per surgeon shows great regional variation.

CONCLUSIONS: The U.S. and Brazil are often quoted to be the countries with the highest demand for plastic surgery. However, according to the presented analysis, other countries lead the ranking. Valuable insight regarding the demand for surgical procedures and need for training new surgeons can be gained by taking specific demographic and geographic factors into consideration.

11.50 AN INTERNATIONAL COMPARISON OF REIMBURSEMENT FOR DIEAP FLAP BREAST RECONSTRUCTION

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Brussels, Belgium

INTRODUCTION: The deep inferior epigastric artery perforator (DIEAP) flap is currently considered the gold standard for autologous breast reconstruction. With the current economic climate and health cutbacks, we decided to survey reimbursement for DIEAP flaps performed at the main international centres in order to assess whether they are funded consistently.

MATERIALS AND METHODS: Data were collected confidentially from the main international centres by an anonymous questionnaire.

RESULTS: Our results illustrate the wide disparity in international DIEAP flap breast reconstruction reimbursement: a unilateral DIEAP flap performed in New York, USA, attracts V20,759, whereas the same operation in Madrid, Spain, will only be reimbursed for V300. Only 35.7% of the surgeons can set up their own fee. Moreover, 85.7% of the participants estimated that the current fees are insufficient, and most of them feel that we are evolving towards an even lower reimbursement rate. In 55.8% of the countries represented, there is no DIEAP-specific coding; in comparison, 74.4% of the represented countries have a specific coding for transverse rectus abdominis (TRAM) flaps. Finally, despite the fact that DIEAP flaps have become the gold standard for breast reconstruction, they comprise only a small percentage of all the number of breast reconstruction procedures performed (7e15%), with the only exception being Belgium (40%).

CONCLUSIONS: Our results demonstrate that DIEAP flap breast reconstruction is inconsistently funded. Unfortunately though, it appears that the current reimbursement offered by many countries may dissuade institutions and surgeons from offering this procedure. However, substantial evidence exists supporting the cost-effectiveness of perforator flaps for breast reconstruction, and, in our opinion, the long-term clinical benefits for our patients are so important that this investment of time and money is absolutely essential.

12.00 TWO-STAGE IMPLANT-BASED BREAST RECONSTRUCTION IS SAFER THAN IMMEDIATE ONE-STAGE IMPLANT-BASED BREAST RECONSTRUCTION AUGMENTED WITH AN ACELLULAR DERMAL MATRIX: A MULTICENTRE RANDOMIZED CONTROLLED TRIAL

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INTRODUCTION: The evidence justifying the use of acellular dermal matrices (ADMs) in implant-based breast reconstruction (IBBR) is limited. The aim of this prospective randomized trial was to compare the outcomes of direct IBBR augmented with an ADM (Strattice®, LifeCell Cooperation) with those of two-stage IBBR. We report on the first results on the safety outcomes of the two procedures.
MATERIALS AND METHODS: A non-blinded randomized controlled trial was conducted at eight hospitals in the Netherlands. Patients who intended to undergo skin-sparing mastectomy and immediate IBBR were randomized to one of two procedures for IBBR: one-stage ADM-assisted IBBR or two-stage IBBR. The primary endpoint was quality of life. In the present article, we assessed the effect of the procedure on the occurrence of adverse outcomes. Analyses were performed with logistic regression and the general linear model. The trial is registered in the Dutch National Trial Register (NTR TC 5446) and the public CCMO register in the Netherlands (NL41125.029.12). The inclusion of patients is completed.

RESULTS: Between April 14, 2013, and May 29, 2015, 140 patients were enrolled in the study. Eventually, 59 patients (91 breasts) in the one-stage IBBR group and 59 (87 breasts) in the two-stage IBBR group were included for analysis. The overall medical complication rates (38.5% vs 10.3%, OR=6.28, p=0.001), the medical re-operation rates (32.6% vs 9.6%, OR=3.96, p=0.009) and the implant explantation rates (27.0% vs 2.4%, OR=15.17, p=0.001) were significantly higher in the one-stage group. This remained the case after controlling for multiple confounding factors (p <.001).

CONCLUSIONS: Immediate one-stage ADM-assisted IBBR was associated with a significantly higher rate of post-operative complications compared with two-stage IBBR. There was no evidence of adverse tissue reactions to the ADM itself. These results indicate that immediate one-stage ADM-assisted IBBR should be considered very carefully.

12.10–12.40
Keynote Lecture 4

IT IS NECESSARY TO INNOVATE
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