through 2021 were retrospectively identified through a prospectively maintained database. Absence/development of BCRL was ascertained through analysis of patient reported symptoms, circumferential limb measurements, and bioimpedance spectroscopy. Patient characteristics, perioperative factors, and oncologic treatment history were reviewed.

RESULTS: 28 patients met inclusion. Mean age 55 years and BMI 29 kg/m2. Mean follow up 553 days. 28% of patients had previous oncologic breast and axillary surgery prior to ALND. Therapeutic adjuncts included adjuvant radiation (82%), neo-adjuvant chemotherapy (82%), adjuvant chemotherapy (32%). ILR was not performed due to lymphatics not visualized (43%) and anatomic disparities between identified lymphatics and preserved venules (57%). Thirteen patients (46%) had intact lymphatic channels visualized coursing outside the field of nodal extirpation. Eight patients (29%) developed BCRL during follow up. None of the studied characteristics/factors were statistically significant for development of BCRL.

CONCLUSION: Data presented demonstrates 29% incidence of BCRL. This represents a decrease in BCRL compared to historical ALND cohorts, but an increase compared to those receiving ILR. Continued close post-operative monitoring is recommended until further studies can risk stratify this cohort of patients.

PC13. COSMETIC ABDOMINOPLASTY VS FUNCTIONAL PANNICULECTOMY: PULMONARY EMBOLISM RISK

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PURPOSE: Increased intraabdominal pressure after cosmetic abdominoplasty may decrease venous return, which we hypothesized may contribute to increased risk of DVT or PE. The purpose of this study was to investigate the relative risk of PE in patients undergoing functional panniculectomy versus cosmetic abdominoplasty.

METHODS: The ACS NSQIP dataset was queried for panniculectomy procedures performed between 2015 and 2019. Excision of excessive infraumbilical tissue was defined as CPT 15830. According to ASPS guidelines, cosmetic abdominoplasty was defined as cases with the ICD-10 Z41.1 or CPT 15847 modifier, while functional panniculectomy was defined as cases without these modifiers. PE occurrence within 30 postoperative days was compared between these cohorts.

RESULTS: During the study interval, 11137 patients underwent excision of excessive infraumbilical tissue, including 57.4% (n=6397) functional panniculectomy and 42.6% (n=4740) cosmetic abdominoplasty. Average age overall was 46.4±12.1 years, but those undergoing cosmetic abdominoplasty were significantly younger (p<.001, 44.9±11.5 vs 47.5±12.3). Average preoperative BMI was 31.7±8.0 kg/m2, and those undergoing functional panniculectomy had significantly higher BMI (p<.001, 33.3±8.9 vs 29.5±6.0).

Patients undergoing cosmetic abdominoplasty were 2.4 times (95%CI 1.3-4.3) more likely to experience postoperative PE than patients undergoing functional panniculectomy (p=.003, 0.6% vs 0.3%). In multivariate regression, risk for postoperative PE was independently associated with cosmetic abdominoplasty (p<.001, AOR=4.1), elevated BMI (p=.001, AOR=1.3 per 5 kg/m2), and chronic renal failure on dialysis (p=.032, AOR=10.3).

CONCLUSION: Patients undergoing cosmetic abdominoplasty are four times more likely to develop PE in the immediate postoperative period than those undergoing functional panniculectomy.

PC14. RACIAL DISPARITIES IN SURGICAL OUTCOMES OF ABDOMINAL CONTOURING PROCEDURES: A RETROSPECTIVE ANALYSIS OF 8,643 PATIENTS FROM THE ACS-NSQIP

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PURPOSE: The obesity pandemic has led to an influx of patients requiring abdominal contouring procedures due to massive weight loss. Previous studies have demonstrated high wound complication rates, however, there is a paucity of data with regards to racial disparities in postoperative outcomes. The purpose of this study is to evaluate the relationship between race and postoperative outcomes in patients undergoing abdominal contouring procedures.
METHODS: The American College of Surgeons National Quality Improvements (NSQIP) database was queried between the years of 2015 and 2019. All patients who underwent either panniculectomy (CPT 15830) or abdominoplasty (CPT 15847) were included. Postoperative outcomes amongst racial groups were compared. Univariate analysis was performed followed by multivariate logistic regression to control for all possible confounders.

RESULTS: Review of the Database identified 8,643 patients who underwent either abdominoplasty or panniculectomy between the years 2015 and 2019. Multivariate logistic regression adjusted for confounders revealed Black/African American and Hispanic White patients had decreased odds of superficial surgical site infections (SSSI) when compared to non-Hispanic White patients (OR=0.518, p<0.001; OR=0.615, p=0.045). Black/African American patients were also found to have decreased odds of post-operative pneumonia and unplanned readmission when compared to non-Hispanic White patients (OR=0.109, p=0.03; OR=0.607, p=0.001).

CONCLUSION: Despite lower average BMI and rates of HTN, well-documented risk factors for poor surgical outcomes, non-Hispanic White patients had increased odds of SSSI, pneumonia, and unplanned readmission. These findings warrant further investigation to identify other potential risk factors to improve the risk stratification and safety profile of these procedures.

PC15. A TEN-YEAR REVIEW OF DERMAL FILLER ADVERSE EVENTS ASSOCIATED WITH VACCINATION

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PURPOSE: Following the authorization of two mRNA COVID-19 vaccinations in December 2020, there was increased media attention surrounding reactions to vaccination associated with dermal filler use. Dermal filler adverse events are reported as medical device reports (MDRs) to the United States Food and Drug Administration (FDA). This project seeks to characterize reporting for dermal filler adverse events associated with vaccination over a 10-year period.

RESULTS: There were 10,137 dermal filler MDRs identified for this period. Sixty-two MDRs mentioned vaccination. After excluding duplicates, literature, and reports with other known mechanisms, 19 reports were included. Of these, six reports were received prior to the pandemic. Twelve of 19 are related to COVID vaccination, with the other 7 covering other vaccinations. Eighteen of the reports were associated with hyaluronic acid-based fillers, and one was associated with PLLA. Timing of reaction ranged from immediate to over 1 month after injection. Anatomic locations varied on the face. The most common complication was swelling. Other adverse events included nodules, redness and numbness.

CONCLUSION: While the pandemic has brought attention to dermal filler adverse events related to vaccination, this study demonstrates that this phenomenon has been reported with other vaccines in the past. Injecting providers must be aware of concurrent therapies that may interfere with dermal filler use, and ensure that patients are appropriately screened and counseled prior to injection.

PC16. PERIPHERAL NERVE REGENERATION IN MRI/MPI MICE

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PURPOSE: Peripheral nerve injury (PNI) outcomes remain largely unchanged for decades. Scar formation following PNI poses a physical barrier to axonal regeneration. Murphy Roths Large (MRL/MpJ) mice have demonstrated minimal scar formation in wound and tendon healing. This study seeks to evaluate whether this attribute improves peripheral nerve regeneration.

METHODS: Six-week old male mice were divided into two groups: 1) Nerve Repair (NR, n=60) and 2) Nerve Graft (NG, n=60). The C57BL/6J was compared to the MRL/MpJ strain. The right sciatic nerve was either divided and microsurgically repaired (NR) or, had a 5mm segment excised, reversed and re-interposed (NG). The Sciatic Functional Index (SFI) was used to record functional recovery at postoperative weeks (POW) 1, 3, 6, 9, and 12. Sciatic nerves