**Presenter:** Catherine J. Sinnott, MD

**Co-Authors:** Martin Benjamin, MD; Ahmed E. Nasser, MD; Richard Reish, MD, FACS; Laurence T. Glickman, MD, MSc, FRCS(c), FACS; Noel Natoli, MD; Michael Dobryansky, MD; Malack Hamade, MD; Haritha Veeramachaneni, MD

**Affiliation:** Long Island Plastic Surgical Group, Garden City, NY

**PURPOSE:** Patient-reported outcomes after female cosmetic genital surgery have been well documented. Methods for assessing patient-reported outcomes after female cosmetic genital surgery vary widely between studies, and these methods are often very detailed, time consuming, and difficult to reproduce. This article aimed to assess patient-reported outcomes after female cosmetic genital surgery using a novel and efficient method and survey.

**METHODS:** A retrospective chart review identified 77 patients who underwent female cosmetic genital surgery performed by 1 of 6 plastic surgeons in a large group private plastic surgery practice from 2009 to 2018. Demographic, clinical, and operative information were reviewed and recorded. Clinical outcomes were assessed by evaluating postoperative complications. A novel survey was developed and extrapolated from the BREAST-Q, the patient-reported outcome measure after breast surgery, to assess patient-reported outcomes after female cosmetic genital surgery with respect to 4 domains, including satisfaction with outcome, physical well-being, psychosocial well-being, and sexual well-being. The survey included 14 questions with possible responses of “disagree,” “somewhat agree,” or “strongly agree” and was administered to all patients who underwent female cosmetic genital surgery during the study period by telephone interview. Patient-reported outcomes were assessed by evaluating responses to questions and by comparing preoperative and postoperative responses in individual patients.

**RESULTS:** Seventy-seven women underwent female cosmetic genital surgery during the study period. All patients underwent central wedge excision for labia minora hypertrophy with or without extension for clitoral hood hypertrophy. Over a mean follow-up of 37.4 months, the overall postoperative complication rate was 35.1% (27 patients), which included wound dehiscence, asymmetry or redundancy, hematoma, decreased sensation, and dyspareunia, and the revision surgery rate was 27.3% (21 patients). The patient-reported outcomes survey response rate was 50.6% (39 patients), with a mean age of 30.0 ± 11.4 years and a mean body mass index of 22.2 ± 3.6 kg/m², a mean time since surgery of 55.6 months, a revision surgery rate of 25.6% (10), and an overall complication rate of 35.9% (14 patients), which included wound dehiscence, asymmetry or redundancy, decreased sensation, and dyspareunia. With regard to satisfaction with outcome, despite the high complication and revision surgery rate, 97.4% (38 patients) felt overall the surgery was a good experience and were satisfied with the results after surgery and only 2.6% (1 patient) did not. When compared with preoperative assessment, patient-reported outcomes after female cosmetic genital surgery showed significant improvement, with regard to physical well-being (97.4% [38 versus 38.5% [15]), psychosocial well-being (100.0% [39 versus 5.1% [2]), and sexual well-being (100.0% [39 versus 12.8% [5]) (P < 0.001).

**CONCLUSIONS:** This novel and efficient method and survey can be used to assess patient-reported outcomes after female cosmetic genital surgery, with respect to 4 important domains. Despite a high potential complication and need for revision surgery rate, the vast majority of patients who undergo female cosmetic genital surgery feel that it is a good experience, are satisfied with the results after surgery, and show significant improvement in patient-reported outcomes after surgery with regard to physical well-being, psychosocial well-being, and sexual well-being.

**Safety of Enoxaparin as Venous Thromboembolism Prophylaxis After Rhytidectomy**

**Presenter:** Jeffrey L. Lisiecki, MD

**Co-Authors:** Robert Gilman, MD, DMD

**Affiliation:** Michigan Medicine, Ann Arbor, MI

**PURPOSE:** Venous thromboembolism (VTE) is a recognized and highly morbid complication of plastic surgical procedures. Although rare after cervicofacial rhytidectomy, it is a potential complication of this procedure and significantly more likely in instances of combined procedures. We are concerned that some surgeons may elect not to give deep venous thrombosis (DVT) prophylaxis postoperatively, in rhytidectomy or combined procedures patients, out of concern about the potential for hematoma at the facelift site. We aim to examine whether postoperative VTE prophylaxis with enoxaparin increases the risk of postoperative bleeding complications after these procedures.

**METHODS:** All research was performed with approval of the University of Michigan Institutional Review Board (HUM00153351). Patients undergoing cervicofacial rhytidectomy procedures (facelift and neck lift via periauricular incisions) between 2006 and 2018 were recorded. Demographic factors were recorded and the Caprini score as documented at the time of surgery. Patients who received
postoperative DVT chemoprophylaxis received enoxaparin 40 mg starting ≥6 hours postoperatively, per our institution’s usual guidelines. The choice between receipt of postoperative VTE chemoprophylaxis or not was at the discretion of the treating surgeons. All hematomas and other complications were managed appropriately and documented.

RESULTS: Eighty-six patients underwent facelift and neck lift at the University of Michigan between 2006 and 2018. Thirteen of these patients (15%) received postoperative DVT prophylaxis with enoxaparin 40 mg within the 24 hours after surgery (range, 6.5–19.8 hours). The rate of hematoma was 7.7% in the group that received enoxaparin and 6.8% in the group that did not; the difference was not significantly different ($P = 1.0$). The groups were otherwise similar, except that the group receiving enoxaparin had a higher mean body mass index than the group that did not (28.2 versus 25.0; $P = 0.01$). No VTE was observed in either group, and the mean Caprini score was similar between groups (4.5 versus 4.6; $P = 0.66$). In multivariate logistic regression controlling for age, gender, and body mass index, enoxaparin administration was not associated with hematoma development (odds ratio = 1.30; $P = 0.84$; 95% confidence interval = −2.24 to 2.76).

CONCLUSIONS: In patients undergoing cervicofacial rhytidectomy, administration of enoxaparin 40 mg beginning ≥6 hours after surgery does not seem to significantly increase the rate of hematoma requiring intervention.

How Does the Public Perceive a Patient After Treatment With Minimally Invasive Cosmetics?

Presenter: Rachel Gray, BS

Co-Authors: Stephen M. Lu, MD, MDiv; David Shafer, MD

Affiliation: Hofstra Northwell School of Medicine, New York, NY

PURPOSE: Minimally invasive cosmetic procedures are very popular with over 17 million procedures occurring in 2017. Botulinum toxin and injectable fillers are the 2 most popular procedures because they help patients achieve a younger, more attractive appearance. Numerous studies have indicated that patients and physicians alike are highly satisfied with the results of botulinum toxin and injectable fillers. However, it remains unclear how the public responds to individuals after they are treated with these procedures. This study intends to first identify if botulinum toxin and hyaluronic acid fillers impact the way the public perceives a patient and second measure the impact of the public’s change in perception by assessing if the public would behave differently toward a patient after treatment with botulinum toxin and hyaluronic acid fillers.

METHODS: A total of 40 patients were recruited for this Institutional Review Board–approved study. Eligible patients were over 18 years old and had not received any cosmetic procedures in the past year. Patients were divided into 2 treatment groups. One group received 1 syringe of Juvéderm applied to their lips, and the other group received 50 units of botulinum toxin applied to their glabella, forehead, and crow’s feet. Each patient answered a survey about their interactions with others before treatment and returned for follow-up in 1 week to take the same survey. Demographics and surgical history were recorded, and before and after photographs were taken. Photographs were used to create a crowdsourced survey which asked respondents to assess patients on different personality traits and indicate how likely they would be to engage in a particular action with the patient.

RESULTS: A total of 1,000 survey responses were received. On average, the public perceived patients as significantly more attractive, trustworthy, intelligent, youthful, naturally beautiful, and likeable following treatment with botulinum toxin and Juvéderm ($P < 0.05$ for all). The public was also more likely to invite patients to social events and ask the patient on a date following treatment with botulinum toxin and Juvéderm ($P < 0.05$ for all). There were not significant changes in the public’s likelihood to hire a patient, ask them for help with a work project, or lend the patient money following either treatment. Patients also reported that they felt more likely to be asked on a date following both treatments.

CONCLUSIONS: This study suggests that treatment with minimally invasive cosmetics such as botulinum toxin and Juvéderm may impact the way the public both perceives and interacts with patients. Patients may be perceived more favorably in many ways. However, minimally invasive procedures are unlikely to impact how individuals interact with patients in a professional capacity.

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Evaluation and Timing of Improvement Following Direct Doxycycline Hyclate Injections for Malar Edema and Lower Eyelid Festoons

Presenter: Kyle J. Godfrey, MD

Co-Authors: Peter D. Kally, MD; Andrea J. Schepsis, MD