The videos found under the search “nose reshaping” had the lowest mean score (10.24 SE = .74) while “eyelid surgery” and “buttock lift” had the highest (14.36 SE = .83, 14.36 SE = .70). Videos with physician authorship, (59% of included videos), were found to have a higher mean EQIP score and video views than those posted by patients. Whether the search term used was the appropriate medical terminology for the procedure or a non-expert description, such as “otoplasty” versus “ear surgery,” influenced how many of the top 50 videos were relevant to plastic surgery and the average EQIP score for that search.

CONCLUSION: The information available to patients from YouTube videos related to common aesthetic surgical procedures is of low quality. Patients should be aware that the information in existing videos has the potential to be inaccurate. Plastic surgeons and organizations such as the ASPS should be encouraged to develop high-quality videos to educate patients effectively.

AESTHETIC SESSION 1

Lower Body Lift in the Massive Weight Loss Patient: A New Classification and Algorithmic Approach for Gluteal Augmentation

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INTRODUCTION: An often neglected part of the body lift procedure is the gluteal region as a lower body lift alone fails to create “ideal” well projected buttocks. The objective of this study is to classify the massive weight loss (MWL) patients undergoing a body lift procedure and provide a safe, standardized approach for gluteal augmentation.

METHODS: A retrospective review of all body lift procedures performed between January 2012 and January 2017 was conducted. MWL patients undertaking a lower body lift with (group 1) or without (group 2) gluteal augmentation were included for analysis. Only patients with at least 4 weeks of follow up were included. Patients were classified as follow: type I, minimal lower and upper back fat and deflated buttocks; type II, substantial lower back fat, minimal upper back fat and deflated buttocks; type III, substantial lower and upper back fat and deflated buttocks; type IV, good buttocks projection. Type I patients had gluteal implants, type II patients had autologous flap augmentation, type III patients had gluteal lipofilling and type IV patients did not have any gluteal augmentation.

RESULTS: 280 patients were included for analysis. 238 underwent concomitant gluteal augmentation (85%) (group 1): 213 had autologous flaps (76%), 13 had gluteal implants (5%) and 12 had large volume lipofilling (4%). Forty-two patients underwent a body lift with no gluteal augmentation (15%) (group 2). The mean age was 35.17 years and 34.17 years in groups 1 and 2 respectively. There was no statistically significant difference between groups 1 and 2 with respect to hematoma (p=0.061), seroma (p=0.419), infection (p=0.074), wound dehiscence (p=0.183) and all complications combined (p=0.555). In both groups, no skin necrosis, venous thrombosis or pulmonary embolism were reported. The mean duration of hospital stay was comparable in both groups with 4.91 days in group 1 and 5 days in group 2. Patients who had a sleeve gastrectomy had significantly lower odds of complications when compared to bypass (OR= 0.45, p=0.017).

CONCLUSION: Gluteal augmentation is an important component of the body lift procedure. A standardized algorithmic approach for gluteal augmentation optimizes aesthetic results and decreases the complication rate. By using our algorithm, we did not find any increase in the rate of complications in the augmented population versus the non-augmented population.

Post-Massive Weight Loss Chest Contouring: Inferior Pedicle Technique in Pseudogynecomastia Correction

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