MATERIALS AND METHODS: Seventy-five patients undergoing breast augmentation had a round implant of placed in one breast and either an anatomical silicone sizer or actual implant of similar volume temporarily placed in the other. There were twenty-five cases each representing Allergan, Mentor, and Sientra. Standardized multiple view photographs were then taken with the patient sitting completely upright. The anatomical device was then replaced by a second round implant to complete the procedure. An online survey instrument was designed for evaluation of all 75 patients by 10 plastic surgeons and 10 lay reviewers. All reviewers were asked ‘which breast was more aesthetically pleasing’ and ‘by how much’ on 5-point Likert scale. Plastic surgeon reviewers were also queried on which implant style they thought was placed on the side judged better and what breast characteristics were responsible for perceived aesthetic superiority.

RESULTS: No observable difference in breast aesthetics between anatomical and round implants was reported in 36.4% of cases. In the remaining 63.6% of cases where a difference was perceived neither reviewer group preferred the anatomical side significantly more often than the round side. Aesthetic preferences did not correlate with manufacturer. Plastic surgeons reported not knowing which implant shape was producing the aesthetic superiority they perceived in 35.0% of cases. In the remaining cases where they believed they knew the implant type, they were able to identify it correctly in only 26.5%. Regarding breast characteristics accounting for perceived aesthetic superiority there was no statistically significant difference between the two implant types.

CONCLUSIONS: This Level I study shows no aesthetic superiority of anatomical over round implants. Given disadvantages including greater firmness, malrotation potential, possible higher risk for late seroma and ALCL due to surface texturization, limited incision options, and greater cost, a lack of proven aesthetic superiority argues against the continued routine use of anatomical implants in breast augmentation.

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INTRODUCTION: Seroma formation is the most common complication in abdominoplasty procedure. The frequency of the postoperative seroma ranges from 1 to 57% with an accepted rate of over 10%. Mechanisms that are hypothesised to cause seroma formation include: disruption of vascular and lymphatic channels, shearing forces between the fascia and abdominal flap, dead space formation and release of inflammatory mediators.

The objective of this review was to assess the effect of three different abdominoplasty techniques, namely progressive tension sutures, application of glue and elevation of flap in a superficial Scarpa’s plane, on the outcome of seroma formation in abdominoplasty.

METHODS: The following electronic databases were searched between 1962 and January 21st 2015: Cochrane Library, MEDLINE (via Ovid), EMBASE (via Ovid), World Health Organization (WHO) International Clinical Trials Registry Platform, with no language restriction. Studies were included according to pre-specified inclusion and exclusion criteria. Data for the outcome of interest were extracted. Treatment effect was investigated with Review Manager software tool.

RESULTS: Out of 121 citations 15 studies fulfilled the inclusion / exclusion criteria for the final analysis involving 1824 patients. Four randomised controlled trials (RCTs) and eleven non-randomised studies (NRS) were identified with five studies for each group. The risk of bias across the study designs was high mainly due to the non-randomised nature of the majority of the studies. The patients in the quilting group and those undergoing superficial fascia (Scarpa’s group) abdominoplasty have a reduced incidence of seroma formation compared to patients undergoing standard abdominoplasty. Patients in the glue group do not appear to have significant change in seroma outcome compared to the control arm.

CONCLUSION: The data suggests that quilting and raising the flap in a more superficial plane (Scarpa’s fascia) reduces the incidence of seroma but using fibrin glue has no impact on the occurrence of seroma.

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COSMETIC SESSION 3

The Effect of Technical Options on the Outcome of Seroma Formation in Abdominoplasty: A Systematic Review
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**Why Women Request Labiaplasty**

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**INTRODUCTION**: Over the past five years, labiaplasty has jumped in popularity, yet in 2007, the Committee on Gynecological Practice under the American College of Obstetricians and Gynecologists published a formal position paper on vaginal rejuvenation and cosmetic vaginal procedures in which they stated, “Absence of data supporting the safety and efficacy of these procedures makes their recommendation untenable.” The multifactorial reasons for having labiaplasty are not yet accepted by many physicians, limiting patient access to surgical relief.

**MATERIALS AND METHODS**: In this prospective study, 50 consecutive patients consulting about labiaplasty in a two-plastic-surgeon practice were given a questionnaire asking about psychological and appearance-related symptoms.

**RESULTS**: The mean patient age was 33.5, with a range of 17 – 51. Fifty-eight percent of women had given birth, and 42% were nulliparous. Half (52%) noticed their labia become elongated as they got older, and nearly all (93%), had bilateral elongation. When asked about physical symptoms, over half of the fifty patients experienced tugging during intercourse, felt tight pants uncomfortable, experienced twisting of the labia, and noted that their labia were visible in yoga pants. Nearly half (48%) experienced pain during intercourse, and 40% said their labia could become exposed in bathing suits. Regarding appearance, nearly all (94%) patients were self-conscious, and over half felt less attractive to their partner, experienced restricted choice of clothing, and noted a negative impact on both self-esteem and intimacy. All 50 patients experienced at least one symptom, and 92% experienced four or more.

**CONCLUSION**: The motivation for labiaplasty is multifactorial, with most women complaining of both physical and appearance-related symptoms related to the length of their labia. The more physicians understand the symptomatology associated elongated labia, the better supported patients will feel in their search for relief.

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**Postburn Head and Neck Reconstruction: An Algorithmic Approach**

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**BACKGROUND**: Optimizing functional and aesthetic outcomes in postburn head and neck reconstruction remains a surgical challenge. Recurrent contractures, impaired range of motion, and disfigurement because of disruption of the aesthetic subunits of the face, can result in poor patient satisfaction and ultimately, contribute to social isolation of the patient. In an effort to improve the quality of life of these patients, this study evaluates different surgical approaches with an emphasis on tissue expansion of free and regional flaps.

**METHODS**: Regional and free-flap reconstruction was performed in 20 patients (26 flaps) with severe postburn head and neck contractures. To minimize donor site morbidity and obtain large amounts of thin and pliable tissue, pre-expansion was performed in all patients treated with