Conclusions: Contrary to our hypothesis, previous XRT does not adversely affect outcomes in abdominal wall reconstruction. Surgeons should be aware of the higher likelihood of needing a flap for skin replacement when performing AWR in the setting of XRT.

11.30 Versatility of the Pedicled ALT Flap in Functional and Sensate Reconstruction

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Introduction: The pedicled ALT reaches defects from the mid-abdomen to the perineum, and can extend to cover the knee in reverse pedicled ALTs. The lateral femoral cutaneous nerve (LFCN) provides sensation to the well-known flap. Based off of the descending branch of the lateral femoral cutaneous artery, multiple skin islands and the vastus lateralis muscle can be combined. We present the safety and reliability of sensate pedicled ALT flaps used to cover defects outside the borders of the thigh.

Materials and Methods: Anatomic studies of 40 anterolateral thigh flaps were performed in 20 cadavers. LFCN was identified in each. From May 2010 to May 2014, thirty-five patients were reconstructed using the sensate pedicled ALT. Patient age ranged from 28 to 60 years. Vessels to the rectus femoris muscle were ligated for elongation of the main pedicle. For inguinal and perineal defects, a tunnel was created under the proximal sartorius and the rectus femoris muscles. The flap was tunnel subcutaneously for lateral defects. Superdraining was performed when the reverse ALT was utilized.

Results: Twenty fasciocutaneous and fifteen myocutaneous flaps were harvested with 80% including the LFCN. Six functional vaginal reconstructions, 3 penile functional reconstructions, and various hip and abdominal defects were successfully treated. The reverse ALT required superdraining to the greater saphenous vein. Sensate flaps regained similar sensation as compared to the contralateral thigh as demonstrated by two-point discrimination within an average of 6 months. The donor area was grafted in 12 patients and no major complications were observed. Five minor wound dehiscences were treated conservatively. Mean follow up was 8 months.

Conclusions: Functional and sensate reconstruction of the groin, hip, lower abdomen, and perineum can be successfully achieved with the use of the pedicled ALT flap with inclusion of the LFCN. Superdraining the reverse ALT is suggested to prevent flap congestion.

11.40 Global Aesthetic Surgery Statistics: Meaning & Implications

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Introduction: The International Society of Aesthetic Plastic Surgery (ISAPS) reports the total number of aesthetic surgeries performed worldwide on a yearly basis. While providing valuable data, ISAPS interpretation of the published statistics leaves two important factors unaccounted for: 1) the underlying base population, and 2) the number of surgeons performing the procedures. The presented analysis puts the regional and quantitative distribution of surgeries into perspective in order to better assess the global demand and possible need for training new surgeons in the respective regions.

Materials and Methods: Statistics of the recently published ISAPS International Survey on Aesthetic/Cosmetic Surgery were analyzed by country taking into account the underlying base population (age +19) according to the official United Nations census data. Further, the number of surgeons per country as published by ISAPS was used to calculate the number of surgeries performed per surgeon.

Results: In 2014, as quoted by ISAPS, survey data resulted in the following ranking: 1st USA (1483020 procedures), 2nd Brazil (1343293...
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 the adapted ranking changes substantially led by South Korea (1101,62 procedures per 100000 capita), followed by Brazil (942,52 procedures per 100000 capita), and Colombia (777,43 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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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 total 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.