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desired position with sutures at the 3, 9 and 12 o’clock positions.

Results: 15 patients with a total of 24 implants were included in this study. Median age was 51 (range 24–77). Table 1 shows details of the indications for surgery, implant and pocket type, radiotherapy, post-operative complications and patient-reported outcomes. Implant volume up to 550cc was used. Follow-up data at three months was available for 12 patients and showed no implant loss or readmission.

Table 1

| Indication for surgery          | Number of breasts [number (%)] |
|---------------------------------|--------------------------------|
| Malignancy                      | 16 (66.7%)                     |
| Risk-reducing mastectomy        | 5 (20.8%)                      |
| Implant revision to pre-pectoral| 3 (12.5%)                      |
| Number of stages                |                                |
| Single-stage fixed implant      | 21 (87.5%)                     |
| Two-stage with temporary expander| 3 (12.5%)                     |
| Radiotherapy                    |                                |
| Previous radiotherapy           | 2 (8.3%)                       |
| Radiotherapy between stages     | 3 (12.5%)                      |
| Post-operative radiotherapy of fixed implant | 2 (8.3%)               |
| Implant pocket composition      |                                |
| ADM alone                       | 17 (70.8%)                     |
| ADM with dermal sling           | 7 (29.2%)                      |
| Complications within 3 months (n=18 implants) |                         |
| Seroma requiring up to 2 aspirations | 5 (28%)                     |
| Wound infection                 | 1 (6%)                         |
| Superficial skin infection      | 1 (6%)                         |
| Implant loss                    | 0 (0%)                         |
| Readmission within 3 months (n=12 patients) |                         |
| Patient-reported outcomes: BREAST-Q (n=12 patients) |          |
| Satisfaction with breasts [mean (SD)] | 74 (14.4)          |
| Psychosocial wellbeing [mean (SD)] | 70 (50.2)          |

Conclusions: The purse-string method of implant control using fenestrated Surgimend ADM is a straightforward, feasible technique for prepectoral implant-based breast reconstruction. It provides full anterior coverage and is simple and quick to perform. Our initial experience suggests that complication rates and patient-reported outcomes are comparable to published studies of implant-based breast reconstruction.

P140. RESTARTING STREAMLINED: ADDRESSING THE CHALLENGES OF THE COVID-19 CRISIS IN BREAST RECONSTRUCTION WITH ENHANCED SELECTION AND ERAS

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Introduction: The current COVID-19 pandemic has restricted the capacity of Scotland’s hospitals to offer breast reconstruction surgery. The aim of this project was to examine if services could recommence effectively whilst minimising risk to patients from COVID 19 through the introduction of more selective criteria for patient selection (BMI<30, non-smoker, age<60), alongside a new Enhanced Recovery After Surgery (ERAS) pathway.

Methods: Data was collected prospectively for patients across 2020 detailing patient demographics and medical risk factors, and outcome metrics, including LOS, post-operative opiate use (normalised to milligrams of oral morphine), costs, and complications (stratified using the Clavien-Dindo classification) to compare outcomes between the pre-COVID patient cohort (n=37) (January 2020–March 2020) and the peri-COVID cohort (n=11) (September 2020–December 2020). Statistical comparison was made using a Student T test for parametric data and Mann-Whitney test for non-parametric data, significance level was set at p<0.05.

Results: Complications were reduced in the ERAS group (CD score 1 vs. 0, p=0.0187), LOS (4.68 vs. 3.11 days p=0.0421) was significantly reduced for free-flaps (n=9), but not for all reconstructions (4.73 days vs. 2.83 days, p=0.16). Opiate and anti-emetic usage were not significantly different.

Conclusions: This data is an early report, and represents a heterogeneous mixture of reconstruction types. However, we have already seen a significant reduction in complications and free-flap LOS with its use and, to date, have found that the combination of narrower patient selection and the introduction of ERAS is a feasible solution to address the risk-minimising requirements of a peri-COVID-19 breast reconstruction service.

P141. MESH-POCKET SUPPORTED PREPECTORAL IMPLANT-BASED BREAST RECONSTRUCTION: FINAL RESULTS OF A RETROSPECTIVE ANALYSIS

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Introduction: Implant based breast reconstruction gained a high and increasing level of importance, currently performed with implant-place- ment in a prepectoral pocket. Although the safety and breast aesthetics of this approach are well recognized prepectoral techniques adds a whole new dimension with the development of the next generation of specific for prepectoral implant placement created titanized implant pockets - especially in patients with smooth implants.

Material and Method: A retrospective net-based documentation was done in 135 patients (42 patients with bilateral procedures). Data focused on patient demographics, indication, feasibility and short term cosmetic outcome were analysed.

Results: From on 10/2017 until 09/2018 patients were analysed; (age 23-81, mean BMI was 24.7 ± 4.6 kg/m2). Cosmetic outcome, judged by breast surgeons, was rated in 85.9% as very satisfied, in 11.9% as somewhat satisfied and in 0.7% as somewhat dissatisfied (moderate insufficient). Handling and feasibility of this new product and the prepectoral implant position was easy and sufficient in all cases.

Discussion: Use of TiLOOP®-Bra-Pocket enables a new standard of prepectoral reconstructive techniques preserves the natural anatomy, thereby avoiding adverse effects associated with submuscular reconstruction, minimizing postoperative pain, risk of bleeding and hematoma, and the lack of animation deformity like “jumping breast phenomenon”. Pocket-supported reconstructive techniques become more valuable in times of changing to implants with smooth surface due to the excellent stabilization of implant position. Since 7/2019 a prospective international multicenter trial is ongoing to demonstrate patient reported outcome parameters (PRO TiLOOP®-Pocket-Trial CLINICALTRIALS.GOV NCT03868514 and DRKS00016673).

P142. THERAPEUTIC MAMMOPLASTY BREAST TRAINING MODEL NEEDS ASSESSMENT

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Introduction: Simulation training has been utilised by the Royal College of Surgeons on their many surgical courses and is a recognised training tool by the Intercollegiate Surgical Curriculum Programme. The purpose of this assessment is to identify training needs in breast surgery registrars and assist in their exposure and training in Therapeutic Mammoplasty, with the aid of a training model. This primary outcome is to build confidence and serve as a teaching tool for those who do not work in centres with a