**Presenter:** Oscar A. Zimman, MD, PhD  
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Tumescent anesthesia is useful in liposuction and other plastic surgery procedures because of its great benefits for patients and surgeons.¹ The key to easy access in breast surgery is an accurate technique for dividing or separating anatomic spaces and to avoid pain. In this study, we describe tips to facilitate breast surgery with local tumescent anesthesia that will make the dissection of different spaces easier. As a complimentary issue, we proceed to blocking the last four intercostal nerves with lidocaine 1% with epinephrine. We use Klein solution and Klein needles or any other needle with blunt ending. Submammary incision is always performed.

1. **Breast augmentation in subglandular space:** Infiltration of local local anesthesia is applied to the incision. Then, a little stab is performed in the middle of it to allow Klein needle introduction. After this, tumescent infiltration between the gland and fascia occurs, as if opening a hand fan from medial to lateral.

2. **Breast augmentation in submuscular space:** A little stab is performed at the incision laterally near the anterior axillar line, through which the subglandular space is infiltrated. After skin incision, the *m. pectoralis major* is located, and the submuscular space is infiltrated under direct vision. Finding the space between both pectoralis muscles, major and minor, in the upper part of the pocket is as important as in the lower part of it to infiltrate the fascia below the inferior edge of *m. pectoralis major* for the creation of a submuscular/subfascial pocket without release of the muscle from sternal insertions, maintaining a unit muscle/fascia. This process will create a plinth to hold the implant.² The subfascial plane acts as a shelf that gives firmness and stability to the new inframammary fold.

3. **Capsular contracture in subglandular breast augmentation:** Full capsulectomy is planned through an inframammary incision. Local anesthesia is performed up to the capsule, followed by capsulotomy and explantation. To allow the easy introduction of the Klein needle tip, one inch of the capsule is dissected, and then tumescent infiltration is performed, and the capsule is detached. If the patient has a previous periareolar incision, scar tissue dissection may be difficult at that point. The detaching procedure may be performed either with scissors or with blunt dissection.

4. **Immediate breast reconstruction to place a tissue expander:** This situation is the easiest one because real anatomy is widely exposed. The *m. serratus anterior* fascia is very thin and often not easy to dissect. Infiltration starts at an upper level between the *m. pectoralis major and minor* and then downward, overpassing the pectoralis major edge and creating a submuscular/subfascial pocket again.

These tips make surgery easier and give comfort to the patient, reducing post-operative pain, in addition to conscious sedation or general anesthesia.

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**‘Get-Keep-Grow’ Patients Using Geospatial Heat Maps: Successful Practice-Building Via Business Intelligence**

**Presenter:** Jason D. Hehr, MD  
**Co-Authors:** Allison Capek, PA-C; Rajiv Chandawarkar, MD  
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**BACKGROUND:** Building a new Plastic Surgery practice requires clear understanding of the market- its needs, size, demographic, psychometric-data, current referral patterns and capacity for new growth. New graduates are neither taught to obtain, extract, and analyze this type of data, nor do they ever learn how to identify actionable insights based on this data during training. Here, we apply one such method towards practice-building in Central Ohio. Geospatial mapping identifies clusters and
is typically used in population studies to better understand patterns, strategize, implement change and measure results.

**METHODS:** Geospatial patient demographic data of practice-referrals was collected at two time periods: pre-marketing (12/1/2013–6/30/2014) and post-marketing (7/1/2015-3/31/2017). Potential referring centers with maximum referral-potential were identified and a personalized, targeted, marketing plan was implemented via deployment of consistent and relevant cross-service information. Patient access was improved with implementation of agile referral-logistics. Post-study, we measured our referrals, and created a new strategic plan for future growth.

**RESULTS:** Geospatial heat-maps allowed us to achieve four goals: 1) plan effective outreach using specific customized messaging based on powerful insights of physicians’ referral behaviors, 2) use timely feedback to effect practice-changes (co-localize multidisciplinary service delivery, speed up patient access by simplifying communication, etc), 3) establish a function rich, scalable platform for new growth- to support more services that could be marketed to the same customer, 4) track our results. Ultimately, we have shown drastically increased rates of conversion from contact-to-referral-to-surgery. Additionally, new patient referrals increased significantly in Northwestern and Southeastern, Ohio, within specific, targeted markets.

**CONCLUSION:** Heat-mapping yields powerful data on customer-behavior, which in turn can guide a coherent practice-strategy, help design a customized marketing plan, and ultimately improve market penetration.

**‘Community-Responsive’ Practice Building in Plastic Surgery: Implementing Business Development Tools and Outreach**

**Presenter:** Jason D. Hehr, MD

**Co-Authors:** Allison Capek, PA-C; Rajiv Chandawarkar, MD

**Affiliation:** The Ohio State University Wexner Medical Center, Columbus, OH

**BACKGROUND:** Most inner-city hospitals are isolated from the socioeconomically backward communities that surround them. Other than providing emergent healthcare, they do little to help the community improve. Despite commonly being the respective area’s biggest business, our hospitals resemble islands, sequestered from the blight and frankly unaware of their communities’ most pressing needs.

**METHODS:** Using “community-responsiveness” as our chief guiding principle, a new Plastic Surgery practice was created at The Ohio State University- East Hospital, located on the east-side of Columbus, Ohio (demographically >70% black, high rates of disability/unemployment and crime). A 3-step plan was initiated: 1) community-needs assessment, 2) business-level strategic planning, 3) implementation via community-outreach, service alignment and delivery.

**RESULTS:** The needs-assessment provided clear understanding of our community’s most immediate and unmet clinical needs, market-size, market-segmentation data, sociocultural behavior patterns, and economic descriptors (service-delivery-vehicles, cost-differentiators and scalability). Programs were launched that served as local and regional centers for complex reconstruction of the 3 most common, unmet, clinical problems: hidradenitis suppurativa, traumatic/diabetic limb reconstruction/salvage, and decubitus ulcer management. Services-marketing was implemented via meetings with local providers, hospital-based community healthcare programs, and most importantly, through health-science exhibitions at local schools. Relevant internal service providers were aligned to create comprehensive, multidisciplinary care-teams for effective delivery. New year-to-date and year-year revenues grew by 68%, contribution margin increased by 78%, patient satisfaction scores peaked at 100%, and numbers of new patients increased significantly.

**CONCLUSION:** Combining principles of business development with community engagement, one can create a vibrant bond between healthcare providers, their patients, and the surrounding community. Here, we also describe a novel “community-stewardship” practice model that can be implemented by both new trainees and senior surgeons alike.

**A Randomized, Prospective, Time-and-Motion Study Comparing Rate of Processing Techniques in Autologous Fat Grafting**

**Presenter:** [Name]

**Affiliation:** [Institution]

**BACKGROUND:** Most inner-city hospitals are isolated from the socioeconomically backward communities that surround them. Other than providing emergent healthcare, they do little to help the community improve. Despite commonly being the respective area’s biggest business, our hospitals resemble islands, sequestered from the blight and frankly unaware of their communities’ most pressing needs.

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