Reviewing Nearly a Decade of ACGME Plastic Surgery Fellowship Case Logs: Is Surgical Experience Increasing?
Nicholas J Iglesias, BS, Taylor P Williams, MD, Claire B Cummins, MD, Shana S Kalaria, MD, Alexander Perez, MD, FACS, Kayla M Colvill, MD, John P Walker, MD, FACS, Ravi S Radhakrishnan, MD, FACS
University of Texas Medical Branch, Galveston, TX

INTRODUCTION: During the last decade, there has been a 32% decrease in independent plastic surgery fellowships. The growing prevalence of 6-year integrated plastic surgery residencies, duty hour restrictions, and new sub-specialty training fellowships for general surgeons has changed the training experience of plastic surgery fellows.

METHODS: A retrospective review was conducted of ACGME case logs for graduating fellows of independent plastic surgery fellowships in the US from 2011 to 2019. Linear regression analysis was conducted for each case log code and category, and a 95% level of confidence was assumed (α = 0.05).

RESULTS: In 2011, 141 residents from 69 programs graduated with an average of 1,469.7 cases. In 2019, 84 residents from 47 programs graduated with an average of 1,952 cases. Index procedures significantly increased over all 9 years (p < 0.0001). Categorical cases increased in aesthetics (p < 0.001), including facelift, browlift, blepharoplasty, and more. Categorical cases increased in reconstructive surgical procedures (p < 0.001), including treatment of deformities of the skin, lower extremities, and trunk, nerve decompression, hand reconstruction. In breast procedures, an increase was seen in reduction mammoplasty, reconstruction, and treatment of other breast deformities. In head and neck procedures, an increase was seen in resection of head and neck neoplasms and secondary cleft lip repair. Decreases in procedural numbers were seen in primary cleft lip repair and hand reconstruction by primary closure.

CONCLUSION: Despite a 32% decline in independent plastic surgery fellowships during the last 9 years, plastic surgery fellows are obtaining significantly more surgical experience, both in aesthetic and reconstructive surgery.

The Impact of Plastic Surgeon Attire on Patient Perceptions
Fara Dayani, BS, Kometh Thawanyarat, BA, Rahim Nazerali, MD, FACS
UCSF School of Medicine, San Francisco, CA
Augusta University, Athens, GA
Stanford University, Stanford, CA

INTRODUCTION: Physician attire has been shown to impact patients’ perceptions of their providers in other surgical subspecialties. However, there are no studies that have explored the impact of physician attire on patient perceptions in plastic surgery. Our study aims to address this knowledge gap to determine patient preferences for physician attire.

METHODS: A survey was distributed to adult participants in the US via Amazon MTurk platform from February to December 2020. Participants were asked to evaluate 6 attires (scrubs, scrubs with white coat [WC], business casual [BC], BC with WC, casual, and casual with WC) in terms of professionalism, competency, and trustworthiness of plastic surgeons during the first encounter in outpatient setting using a 5-point Likert scale. The 5-point Likert scale was converted into a numerical scale (1 to 5) for our analysis.

RESULTS: Three hundred and two responses were obtained. The highest professionalism and competency score belonged to the BC with WC attire with mean scores of 4.62 (p = 0.43) and 4.72 (p = 0.23), respectively. The lowest professionalism score was 3.24 (p = 0.36) for the casual attire. The lowest competency score was 3.12 (p = 0.36) for casual with WC attire. The highest trustworthiness score was 4.58 (p = 0.19) for the BC with WC attire. The lowest trustworthiness score was 3.54 (p = 0.32) for the casual attire.

CONCLUSION: Our study suggests that physician attire impacts patients’ perception of plastic surgeons with regard to professionalism, competency, and trustworthiness. WCs continue to remain a powerful entity in clinical settings, given that attires with WCs were consistently ranked higher.

The Impact of Reconstructive Modality on the Severity of Postoperative Complications in Breast Reconstruction
Rachel Pedreira, MD, Ruth Tevlin, MB BAO BCh, MRCSI, MD, Michelle Griffin, MBChB, MRCS, PhD, Derrick Wan, MD, Arash Momeni, MD, FACS
Stanford University Division of Plastic and Reconstructive Surgery, Stanford, CA
Stanford University Division of Plastic and Reconstructive Surgery, Palo Alto, CA

INTRODUCTION: Several clinical studies have reported autologous breast reconstruction (ABR) to be associated with a higher postoperative complication rate compared with implant-based breast reconstruction (IBR); however, few have investigated the impact of reconstructive modality on complication severity. Therefore, this study examines the impact of reconstructive modality on complication severity in a matched cohort of patients who underwent ABR vs IBR.

METHODS: A retrospective study of patients who underwent nipple-sparing mastectomy with immediate reconstruction was performed. Propensity score matching ensured adequate matching of patients who underwent ABR and staged prepectoral IBR, respectively. Patient demographics, breast measuring, and postoperative outcomes, including the incidence and severity of complications were analyzed. Multivariable logistic regression analysis was performed. A p value < 0.05 was considered significant.

RESULTS: One hundred and twenty-eight patients (214 breast reconstructions) were included for analysis (ABR n = 64; IBR n = 64). No difference in overall complication rate was noted (p =
However, a significant association of IBR with major complications was noted ($p = 0.0002$). In contrast, minor complications were significantly more frequent after ABR ($p = 0.0075$).

**CONCLUSION:** Although the reconstructive modality did not appear to have an effect on the overall complication rate, it did significantly affect the severity of postoperative complications with major and minor complications being associated with IBR and ABR, respectively. These findings are relevant to patient-centered decision making, as they provide further granularity about postoperative complications and address the issue of complication severity.

**METHODS:** Retrospective study using the 2005-2015 NSQIP database. Chi-square analysis, independent samples $t$-tests, and multivariate regression were used to determine statistical association between subspecialty involvement and surgical metrics.

**RESULTS:** There were 3,480 patients identified undergoing facial fracture repair. Otolaryngology was the primary surgical team for 57.0% of cases and plastics for 43.0% of cases. Otolaryngology as the primary team was statistically significant for having longer total operative times (126.7 vs 117.4 minutes; $p = 0.014$; 95% CI, 1.92 to 16.71) and shorter length of total surgical stay (0.97 vs 1.36 days; $p = 0.036$; 95% CI, 0.026 to 0.754). Ear, nose, and throat (ENT)-performed cases were more likely on regression to be outpatient (OR 1.506; 95% CI, 1.309 to 1.733; $p < 0.001$) compared with plastics. Otolaryngology had increased likelihood of senior-resident (PGY3 to 5) (OR 1.973; 95% CI, 1.504 to 2.587; $p < 0.001$), and plastics had increased likelihood of fellow involvement (OR 1.981; 95% CI, 1.466 to 2.676; $p < 0.001$). No significant difference was found between subspecialty and work relative value units ($p = 0.269$).

**CONCLUSION:** ENT operating as the primary team was associated with longer total operation time but shorter total surgical stay. ENT was more likely to be operating outpatient and plastics was more likely operating in an inpatient setting. ENT was more likely to have senior resident involvement and plastics was more likely to have fellows operating. No significant difference was found between subspeciality and work relative value units.