## A 3-Year Retrospective Analysis of Total Operating Time, Length of Stay, and Readmission Rates for Orthognathic Surgery

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**OBJECTIVES:** It is well documented (Cunnigham et al, 2002) that orthognathic surgery improves quality of life in terms of enhanced oral function, facial aesthetics and wellbeing.

Prior to a large multi-centre study performed by Garg et al, 2009 there are no studies that look at operating time and length of in-patient stay for orthognathic procedures.

We aimed to compare operative time and length of inpatient stay for in our diverse group of patients against the published data, in addition to assessing readmission/reoperation rate at 7 and 30 days post-operatively.

**METHODS:** Our busy central London Orthognathic Unit treats a diverse selection of patients with complex facial deformity. We devised a 3-year retrospective analysis of 130 patients who underwent (1) routine primary orthognathic surgery; (2) revisional orthognathic surgery and (3) primary orthognathic surgery in Syndromic patientsat University College London Hospital.

We collected data from hospital records of all patients who underwent 4 orthognathic procedures; (1) Bimaxillary Osteotomy; (2) Le Fort 1 Osteotomy; (3) Mandible BSSO and (4) Genioplasty.

**RESULTS:** Our data highlights that our operating times and length of in-patient stay for the 3 most common and conventional orthognathic procedures performed in the United Kingdom, is significantly lower compared to the published data to date.

**CONCLUSIONS:** We believe that the results achieved within our Unit reflect a combination of the unique orthognathic protocol, operative technique, and multidisciplinary management employed for all of our patients.

There is no doubt that the robust documentation of such data will be an invaluable resource for professional revalidation, clinical governance, healthcare commissioning and safeguarding surgical practice.

## Regional and National Trends Over 20 Years in One-Stage vs Two-staged Implant Based Breast Reconstruction

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**INTRODUCTION:** Approximately 70% of patients undergoing reconstruction following mastectomy will receive implant-based breast reconstruction. However, the literature reports inconsistent breast reconstruction (BR) rates in terms of one-stage versus two-staged reconstruction protocols. The aim of this study was to assess national and regional trends in one-stage versus two-stage implant based breast reconstruction in the United States.

**PATIENTS AND METHODS:** A serial cross-sectional study of immediate implant-breast reconstruction trends was performed using the Nationwide Inpatient Sample database from 1992 to 2012. Data on mastectomy rates, reconstructive protocol (one-stage/two-stage), and sociodemographics were obtained and analyzed.

**RESULTS:** In total, 35,233 (14.8%) patients underwent one-stage vs 202,722 (85.2%) undergoing two-staged breast reconstruction. Following an initial increase in one-stage BR from 16.3% to 20.1% until 1997 ($p<0.001$), a drop to 13.9% was observed in 2012. Two-stage BR rates increased from 83.7%, in 1992, to 86.1% in 2012 ($p<0.001$). In both groups patients were more likely to be 40-49 years of age, Caucasian, to have private insurance and to undergo unilateral reconstruction. A majority of both one-stage and two-stage BR were performed in the Southern region of the USA (29.7% and 30.2% respectively). Interestingly, one-stage BR rates grew mostly in the Northeast region, while two-stage BR showed the biggest increase in the Midwest.

**CONCLUSION:** In the United States, two-staged implant based breast reconstruction followed a significantly positive trend particularly in middle-aged white females. Whereas one-stage BR has been increasingly reported in the Northeast, two-staged implant based BR has gained most of its popularity in the Midwestern region.

## Evaluation of an Academic Resident Aesthetic Clinic from Perspective of Patient and Resident

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**INTRODUCTION:** A key component of plastic surgery residency is to provide trainees with training in aesthetic surgery. The training program must often achieve a balance between allowing for independent formulation of planning and execution of cosmetic procedures while conforming to patient's