



Abstract 36: Management of Primary and Secondary Lymphedema: Analysis of 400 Referrals to a Center

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Training in Transgender Patient Care - A National Survey of Plastic Surgery and Urology Residents and Residency Directors

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PURPOSE: Gender dysphoria is estimated to occur in up to 0.9% of the United States population. With increasing awareness and decreasing stigma surrounding transgender issues, it is predicted more patients will begin to seek medical and surgical transition. We sought to characterize transgender-related educational content provided in United States plastic and urologic surgery residencies, predictors of having transgender-specific curricula, and trainee perceptions of transgender patient care.

METHODS: Program directors (PD) from 219 United States ACGME-accredited plastic surgery (91) and urology (128) programs, and residents at greater than 20 representative urology and plastic surgery programs were asked to complete a web-based survey between November 2015 and March 2016. Respondents were queried on the extent didactic and clinical hours dedicated to transgender-related curricular content, types of clinical exposure available, and perceptions regarding the importance of transgender-specific education.

RESULTS: One hundred and fifty-four (70.3%) PDs responded, and 145 (66.2%) completed the questionnaire. Three hundred and twenty-two plastic surgery residents or fellows responded to the survey (80% response rate) and 294 urology residents or fellows responded to the survey

(73% response rate). PDs reported a median of 1 didactic hour (interquartile range [IQR], 2 hours), and 2 clinical hours (IQR, 10) dedicated to transgender content. Of 71 plastic surgery and 74 urology PD respondents, 18.3% and 41.9% provided no didactic exposure; and 33.3% and 29.7% provided no clinical exposure, respectively. 64% of plastic surgery trainees had education on or direct exposure to transgender care during residency. Overall, the majority of respondents believed that training in gender-confirming surgery is important and 72% endorsed the necessity of gender-confirming surgery fellowship training opportunities. 54% of urology trainees reported exposure to transgender patient care. Most urology trainees (77%) felt gender-confirming surgical training should be offered in fellowships.

CONCLUSIONS: The median reported time dedicated to transgender education was minimal across US plastic surgery and urology programs, though highly variable. The majority of PDs endorse transgender-focused education as important, yet there were significant regional differences in attitudes. The majority of trainees endorsed the importance of residency and fellowship training in gender-confirming surgery, and had exposure to transgender patient care. In order to better serve the transgender population, formal fellowship training in gender-confirming surgery should be considered.

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Management of Primary and Secondary Lymphedema: Analysis of 400 Referrals to a Center

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BACKGROUND: Lymphedema is the progressive swelling of tissue due to inadequate lymphatic function. Although lymphedema is a specific condition, patients with a large extremity are often labeled as having "lymphedema", regardless of the underlying cause. The purpose of this study was to characterize referrals to a center to determine if lymphedema should be managed by specialists.

METHODS: Patients treated in our Lymphedema Program between 2009 and 2016 were reviewed. Diagnosis was determined based on history, physical examination,

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photographs, and imaging studies. Lymphedema type (primary, secondary), location of swelling, age, gender, previous management, accuracy of referral diagnosis and the geographic origin were documented.

RESULTS: Four hundred patients were referred with a diagnosis of “lymphedema”; 70% were female and 30% were children. Lymphedema was confirmed in 73% of the cohort: primary (56%) and secondary (44%). Twenty-seven percent of patients labeled with “lymphedema” had another condition. Before referral, only 4% of the cohort underwent lymphoscintigraphy (the gold standard diagnostic test for lymphedema), whereas 31% of patients with lymphedema received nondiagnostic tests for lymphedema. Eight percent were given a diuretic which does not improve the condition. One-third of patients resided outside of our local referral area. The average time between onset of lymphedema and referral to our Lymphedema Program was 10 years (range, <1–62 years).

CONCLUSIONS: Patients presenting to a center with “lymphedema” often have another condition, and may be suboptimally managed prior to their referral. Patients with suspected lymphedema should be referred to specialists focused on this disease.

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Evaluating Resident Perspectives on International Humanitarian Missions as Educationally and Professionally Beneficial

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PURPOSE: Opportunities for international humanitarian missions are highly sought after by medical students, residents, and attending plastic surgeons. The educational benefits and ethical considerations of trainees participating in these ventures have been debated. Currently, many surgical training programs do not have the necessary infrastructure to support missions of this sort, though resident interest in these experiences have been increasing. The perceived benefit and value of international work have not

yet been well evaluated. In this study, we evaluate surgical residents’ perspectives on the personal and educational benefits of international mission work.

METHODS: A 24-item online questionnaire was designed to measure residents’ perspectives on humanitarian missions and potential educational benefits. Residents’ perceptions on how participation in these missions may have influenced their career path were also evaluated. This questionnaire was disseminated to the plastic surgery residents in accredited programs in the United States during the 2015–2016 academic year.

RESULTS: 123 responses were collected. Of these, 49 (40%) indicated they had participated in international mission work prior to beginning residency, while 74 (60%) had not. Of those who had participated, 57% (n=25) agreed that this experience impacted their choice to pursue plastic surgery as a specialty. Twenty-nine (24%) participated in one or more missions during residency. The most common type of mission work focused on cleft lip/palate repairs (n=24) followed by non-surgical medical relief (n=18) and general plastics/combined (n=6). Most respondents reported trips lasting 6–8 days (n=29, 48%), though several reported trips that lasted 9–10 days (n=6, 10%) and 11 days or more (n=16, 27%). When asked about the volume of cases performed, 32 (65%) reported participating in more than 15 cases, with 15 (31%) residents reporting participation in 26 cases or more. When asked to evaluate the educational benefits in light of the six core competencies from the Accreditation Council for Graduate Medical Education, there was an overwhelmingly positive response.

CONCLUSION: Residents perceive international mission experiences to be valuable for professional development as well as an effective tool for surgical education, particularly in the setting of competency-based education goals and these ventures should be supported by training programs. An appropriately planned mission experience can impact the professional and educational development of the trainee.

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Disparities in the Surgical Treatment of Facial Fractures: Results from the National Trauma Data Bank

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