

Letter to the Editor: Comment
on Chen, et al. *Surgical
Outcomes of Implant-Based
Breast Reconstruction Using
TiLoop Bra Mesh Combined
With Pectoralis Major
Disconnection* (*Ann Plast Surg.*
2019;83(4):396–400)

The authors should be congratulated because they offer a new surgical technique in this regard.

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The authors found the top 10 plastic surgery websites were written at a mean reading grade level of 13.0 (range, 12.1–14.9). None of the 10 included websites were written at the American Medical Association– and National Institutes of Health–recommended sixth- to eighth-grade reading level. This is consistent with our study’s findings that online education material may be serving as an obstacle to patient education, decision making, and satisfaction.²

In addition, we reported the average readability of the informed consents distributed to plastic surgery patients is above 12th-grade reading level. The American Society of Plastic Surgeons’ informed consent documents were written at a reading level approximately 20% of the plastic surgery patients would not understand. We introduced the use of the Hemingway Editor tool, which may be used to identify certain words and phrases that may improve the readability of each informed consent document.

The authors excluded private practice websites from their search to focus on organizational web pages; however, we would encourage them to review private practice entities in future studies, as the private practice plastic surgeons are performing a high percentage of gluteal augmentations.

The authors promote the use of focus group testing as an optimal way to gain feedback from the target population to test materials and elicit feedback. We support this initiative and feel it would help eliminate barriers in health communication, especially with culturally diverse patient populations.

Although online resources on plastic surgery procedures are available in abundance, high readability scores and complexity of resources may limit their utility. We applaud the authors on their efforts to identify the challenges in the understanding of the materials available online for gluteal augmentation with fat grafting. We hope this elicits plastic surgeons to take appropriate actions toward eliminating obstacles in health communication.

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To the Editor:

We have read the article “Surgical Outcomes of Implant-based Breast Reconstruction Using TiLoop Bra Mesh Combined With Pectoralis Major Disconnection” by Chen et al¹ with a great interest. In our opinion, there are some points in the article that needs further clarification based on our clinical experience.

The objective of the study was to compare breast symmetry and patient satisfaction with breast appearance between implant-based breast reconstruction using titanized polypropylene mesh combined with pectoralis major disconnection and conventional implant reconstruction, to analyze differences in complications. In patients who underwent pectoralis major disconnection, the whole lower edge of the pectoralis major to the fourth intercostal was disconnected to sink the prosthesis, which was covered with the lower edge of the pectoralis major combined with the titanized polypropylene mesh (TiLoop Bra) by suture.¹

We know that, in the initial stage of immediate breast reconstruction, surgeons use in particular acellular dermal matrix when the pectoral muscle is not sufficient to cover the subpectorally located expander. Histologic analyses of acellular dermal matrix show retention of transplanted elastic fibers after graft incorporation.^{2,3} During acellular dermal matrix–assisted breast reconstruction with tissue expanders, it appears that the pectoralis muscle stretches primarily rather than the graft. Once the acellular dermal matrix graft becomes incorporated, it is repopulated with host fibroblasts and ultimately converted to the host tissue.⁴ In this way, we can conclude that the acellular dermal matrix loses its foreign body properties by showing biocompatibility over time.

Nevertheless, we wondered why authors prefer titanized polypropylene mesh in immediate reconstruction, which does not give away its foreign body properties over time, instead of the acellular dermal matrix, which shows biocompatibility over time.

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Letter to the Editor: Comment
on Oleck, et al. *A Multimetric
Health Literacy Analysis of
Online Information for Gluteal
Augmentation With Fat
Grafting*. (*Ann Plast Surg.*
2020;85:S97–S101)

To the Editor:

We read with great interest the recent original article by Oleck et al entitled “A multimetric health literacy analysis of online information for gluteal augmentation with fat grafting” published in *Annals of Plastic Surgery*.¹ The authors concluded that online patient education materials for gluteal augmentation with fat grafting were written at an inappropriately elevated reading grade level. Moreover, the material was overly complex, did not promote reader action, and was not sensitive to the needs of the target demographic. In 2018, the Aesthetic Surgery Education and Research Foundation Task Force reported that death rates associated with gluteal augmentation far exceeded that of all other aesthetic procedures. It is fitting that Oleck et al chose to study the information available online for this high-risk procedure.

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Letter to the Editor: Comment on Sinha, et al. *Clinically Applied Anatomy: An Impactful Initiative in the Evolution of Medical Education* (Ann Plast Surg. 2020;84:476–480)

To the Editor:

We read with great interest the study by Sinha et al,¹ which explores the educational potential of implementing clinically applied anatomy (CAA) in the medical curriculum. By supplementing dissection and anatomy lectures with case-based teaching, the authors sought to improve both understanding and interest in anatomy. The changes were instituted on first-year medical students between 2014 and 2018, and survey feedback showed that students found CAA beneficial as a whole and agreed that it helped them learn and develop anatomical interest as well as improve critical thinking skills. The findings here contribute to consolidating the role of case-based learning in optimizing anatomy education.

After the introduction of 13 case-based didactics to improve standard anatomy teaching, feedback from 164 students showed that the majority had a positive experience and felt it improved their interests and mastery of anatomy. However, like most surveys, inferences on how CAA benefit anatomical knowledge and clinical application may be limited by the nature of self-rated feedback systems. Although

it is important that students find teaching helpful, it lacks the objective assessments and qualitative feedback, specifically free-text responses, to ascertain its place in the curriculum. To further compel arguments for CAA, the assessment should compare its efficacy against “traditional” teaching methods through performance on anatomical examinations, or even future performance on clinical placements.² This would substantiate and add weight to the self-reported benefits of anatomical mastery and critical thinking. Similarly, to assess long-term benefits of CAA, follow-up surveys for students entering clinical stages could provide insight into how anatomical knowledge and critical thinking is retained over time and whether they improve the application of anatomy knowledge in clinical environments when compared with “traditional” teaching. In addition, as only first-year “anatomy-naive” students were assessed, their lack of prior experience with “traditional” methods cannot accurately represent the perceived benefits of CAA over “traditional” methods. Hence, the fairest assessment can be achieved by combining objective assessment and equal emphasis on comparison of efficacy against current anatomy education standards.

Regardless, anatomy has always been an essential part of medicine and is continually improved upon by medical teachers to optimize the learning experience. We commend the work of Sinha et al¹ in that the CAA experience has inspired nearly half of all students to apply for proceduralist careers,³ which, in itself, would independently benefit these students' success in both anatomy performance and future endeavors. Although comparisons cannot be drawn directly against “traditional” teaching, it is clear that the majority enjoyed it, with 30% desiring even more CAA. Moreover, to optimize the experi-

ence, and improve CAA for the less enthusiastic, implementing qualitative feedback in future surveys may allow tailored improvements as even problem-based learning curriculums can fall short in delivering effective anatomical education.⁴ In short, the authors succeeded in highlighting student receptivity to such changes and further consolidates the role of CAA in perfecting anatomy teaching.

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