

The Value of Resident Aesthetic Clinics in Aesthetic Surgery Training

Sir,

I was with great interest and enthusiasm that we read the recent report by Brown et al¹ entitled "Program Director Survey of Aesthetic Plastic Surgery Fellowships in the United States: Current State-of-the-Art," published in the November 2020 issue of *Annals of Plastic Surgery*.¹ We wish to applaud the authors for their contribution to the literature regarding the value of aesthetic surgery fellowships and the current training offered by American Society for Aesthetic Plastic Surgery-sponsored fellowships. Additional aesthetic surgery training is invaluable, allowing residents to receive additional training to compliment what was learned during their categorical residency training or to increase marketability for potential job prospects.

The authors also astutely point out the value of Accreditation Council for Graduate Medical Education minimum case requirements and resident cosmetic clinics for appropriate aesthetic surgery training for residents. We have seen in our own surveys that the Accreditation Council for Graduate Medical Education case log requirement increase for aesthetic surgery training was a meaningful change for resident comfort with aesthetic procedures upon graduating.² We also had similar findings to Hashem et al³ that facial aesthetic procedures such as rhinoplasty remain areas where residents have less comfort upon graduation.

We also would like to highlight to the authors that resident cosmetic clinics have been recently surveyed as well and have been shown to have acceptable revision and complication rates.⁴ In addition, although most resident cosmetic clinics provide sufficient supervision and resident autonomy, there remains a lack of standardization in the level of autonomy. Furthermore, the medicolegal backing for resident cosmetic clinics across the country is variable and may pose a challenge to increasing resident aesthetic training. Our own survey also demonstrated that residents felt that resident cosmetic clinics had a substantial impact on the comfort with aesthetic surgery upon graduation and ability to operate independently as an attending.² Although substantial variability exists across the country, there is space for continued research

and discussion to create a maximally effective learning environment for residents while maintaining patient safety and outcomes.

Once again, we appreciate the authors' efforts for highlighting the current aspects of aesthetic fellowship training across the country. We feel that these additional comments add to the understanding of the resident aesthetic surgery training experience and augment the message of the current article.

Casey T. Kraft, MD

Jeffrey E. Janis, MD

Department of Plastic Surgery
The Ohio State University Wexner
Medical Center
Columbus, OH
Jeffrey.Janis@osumc.edu

REFERENCES

1. Brown CA, Nahai F, Miotto GC. Program director survey of aesthetic plastic surgery fellowships in the United States: current state-of-the-art. *Ann Plast Surg*. 2020;85:464-467.
2. Kraft CT, Harake MS, Janis JE. Longitudinal assessment of aesthetic plastic surgery training in the United States: the effect of increased ACGME case log minimum requirements. *Aesthet Surg J*. 2019;39:NP76-NP82.
3. Hashem AM, Waltzman JT, D'Souza GF, et al. Resident and program director perceptions of aesthetic training in plastic surgery residency: an update. *Aesthet Surg J*. 2017;37:837-846.
4. Hultman CS, Wu C, Bentz ML, et al. Identification of best practices for resident aesthetic clinics in plastic surgery training: the ACAPS national survey. *Plast Reconstr Surg Glob Open*. 2015;3:e370.

Comments on "Abdominoplasty With Scarpa Fascia Preservation: Prospective Comparative Study of Suction Drain Number"

To the Editor:

As with any surgical procedure, abdominoplasty is associated with a variety of complications the most common of which is seroma formation that Pisco et al¹ have addressed in a prospective study. The authors compared placement of 2 suction drains to 3 suction drains after abdominoplasty with Scarpa fascia preservation trying to determine the most efficient method to prevent seroma formation by comparing total

and daily drain output, time to drain removal, and postoperative complications.

It is true that drains should be considered whenever a dead space is created in any surgical procedure; it is true also that the overwhelming majority of plastic surgeons still use suction drains with abdominoplasty. However, instead of considering seroma as an inevitable fatality that can be managed only by better drainage and of investigating parameters that may affect drain efficiency, such as drain vacuum intensity as the authors did, we believe it would have been more informative and valuable had they explored ways to reduce seroma fluid formation and collection. Despite the widespread use of drains that are mostly cumbersome and sometimes painful causing great discomfort for patients, restricting their mobility and prolonging hospital stay, it is widely recognized that these devices alone are not very effective in preventing seroma fluid collection. Drains may also have several adverse effects; they may be a source of infection and can cause additional scarring; moreover, not infrequently, they malfunction and require patient education and intervention for proper use to prevent periodical loss of negative pressure.²

Seroma fluid is a subcutaneous noninfective fluid collection resembling an inflammatory exudate.^{3,4} Postulated mechanisms for post-abdominoplasty seroma accumulation include disruption of vascular and lymphatic channels, dead space creation, shearing forces between the flap and fascia and release of inflammatory mediators. Significant predisposing factors are body mass index, extent of flap undermining, and the combination of liposuction or other procedures³ despite some contradicting evidence suggesting that tumescent analgesia, lipoabdominoplasty, and lateral abdomen liposuction do not appear to increase risk of seroma formation.⁵ Regardless, the main cause of seroma is thought to be inflammation, a normal physiological response to trauma of surgery but disruption of lymphatic systems and dead space creation are thought to be the most relevant aggravating factors.³

Abdominoplasty techniques have considerably evolved over the past decades, and several ways to reduce the risk of seroma formation have been suggested.² Authors report that Scarpa fascia preservation significantly reduces drain output and time to drain removal, and that Scarpa fascia sparing with closed-suction drains has the lowest seroma rates in the literature. Indeed, Scarpa fascia preservation has been postulated to spare lower abdominal lymphatic channels.^{2,4} However, to the contrary, a recent cadaveric study concluded that Scarpa fascia preservation does not preserve lower abdominal lymphatic collectors.⁶ Comparing scalpel dissection to electrodissection, it appeared that reduced seroma formation is related more to less tissue injury rather than to preservation of lower abdominal Scarpa fascia⁴

Conflicts of interest and sources of funding: J.E.J. receives royalties from Thieme and Springer publishing and has no other relevant conflicts of interest. C.T.K. has no conflict of interest to declare.

Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.

ISSN: 0148-7043/21/8604-0485

DOI: 10.1097/SAP.0000000000002719

Conflicts of interest and sources of funding: none declared. EBM Level: V.

Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.

ISSN: 0148-7043/21/8604-0485

DOI: 10.1097/SAP.0000000000002528