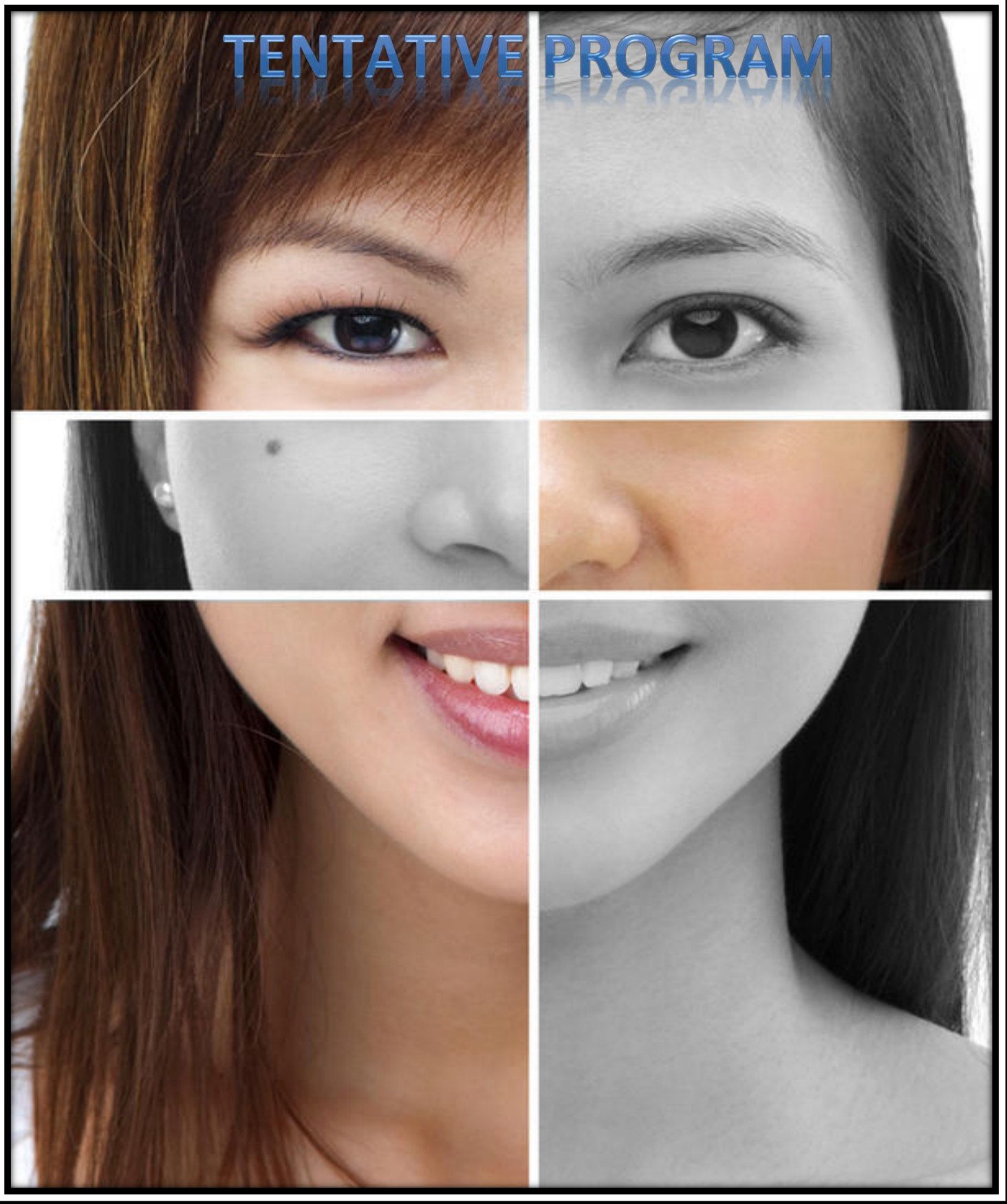
International Conference and Exhibition on

Plastic and Reconstructive Surgery

October 06-07, 2016 Orlando, USA



Program at a Glance

Day 1

Morning Sessions / Evening Sessions

	Time	Sessions
Keynote Session	08.00-09.00	Registration
	09.00-09.15	Inaugural Address
	09.15-09.45	Keynote Talk 1
	09.45-10.15	KEYNOTE SLOT AVAILABLE
	10.15-10.45	Keynote Talk 3
Panel Discussions/Group Photo		
Networking & Refreshment Break 10.45-11.00		
11.00-12.40		Track 1: Plastic Surgery Track 2: Cosmetic Surgery
SPEAKER SLOT AVAILABLE		
Lunch Break 12.40-13.30		
13.30-15.30		Track 3: Rhinoplasty and Otoplasty Track 4: Breast Reconstruction
SPEAKER SLOT AVAILABLE		
Networking & Refreshment Break 15.30-15.45		
15.45-17.25		Track 5: Craniomaxillofacial Surgery /Head, neck and Cosmetic Dentistry

19 Speakers for Day 1

Day 2

Morning Sessions / Evening Sessions

Time	Sessions
09.00-10.40	Hand and Upper Extremities SPEAKER SLOT AVAILABLE
Networking & Refreshment Break 10.40-10.55	
10.55-12.35	Non-Surgical Aesthetic Procedures
Lunch Break 12.35-13.25	
13.25-15.05	Reconstructive Surgery SPEAKER SLOT AVAILABLE
Networking & Refreshment Break 15.05-15.20	
15.20-17.00	Pediatric Craniofacial Surgery /Facial Rejuvenation SPEAKER SLOT AVAILABLE

Awards & Closing Ceremony

For more Details PS: http://plasticsurgery.conferenceseries.com/

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Biography

Andrew Hadj is a final year plastics and reconstructive surgery resident having recently passed his FRACS (Plas) in May of 2016. He is currently working at the head and neck plastics surgery unit at the Princess Alexandra Hospital, Brisbane, QLD AUSTRALIA. He has completed masters of surgical anatomy as well as bachelors of advanced medical science

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Abstract

The reliability of perforator flaps in sarcoma reconstruction

Andrew HADJ1, Sarah LONIE2, Eldon MAH3
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Background: Soft tissue sarcoma management has evolved over the years with specialized treatment centers, multidisciplinary units1, sophisticated reconstructive techniques and modestly improved outcomes of disease morbidity and mortality. Treatment protocols that include peri-operative radiotherapy2 are common and introduce complexities for the reconstructive unit. The aim of this study was to analyze the utility of perforator flaps as a reliable option in sarcoma reconstruction.

Methods: A prospective study at a single center (St. Vincent's Hospital, Melbourne, VIC) was undertaken with all sarcoma patients requiring reconstruction (n=183) from January 2009-September 2015 identified from audit data and medical records. All patient demographics, disease pathogenesis, reconstructive flap options, defect size as well as post-operative course and complications were reviewed.

Results: 29 patients (17.8%) underwent freestyle perforator flap reconstruction. Overall the defect size was less than for free tissue transfer (176.7cm2 vs. 217.8cm2), defect composition was limited to skin/subcutaneous tissue only, there were significantly lower rates of any total complication (27.5% vs. 44.4%; $p<0.003$), significantly shorter in-patient stay (10.7d vs. 17.5d; $p>0.02$) and there were no total failures.

Conclusion: Perforator flaps have a useful role in soft tissue sarcoma reconstruction for small to moderate sized uncomplicated defects. This study demonstrates a lower total complication rate compared with free tissue transfer.

References: 1: Rosenberg SA et al; The treatment of soft tissue sarcoma of the extremities, prospective randomised study of 1) limb sparing surgery plus radiotherapy compared with amputation and 2) the role of chemotherapy; Ann Surg 1982; 196-305-15

2: Tseng JF et al; The effect of preoperative radiotherapy and the effect on reconstructive surgery on wound complications after resection of extremity soft tissue sarcoma; Ann Surg Onc 2006; 13; 1209-15

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Abstract

Total sacral reconstruction with hinged free fibula flap

Andrew HADJ1, Michael Wagels2
Princess Alexandra Hospital, Brisbane, Australia

Background: Total sacral onco-ablative defects present unique reconstructive challenges. Chordoma, chondrosarcoma and giant cell-tumors are common aggressive pathologies associated with sacro-pelvic disease. Varied reconstructive efforts using loco-regional, alloplastic and free-tissue transfer techniques have been described, including the free fibula flap1. The aim of this study was to assess the reliability of the free fibula flap for sacral reconstruction and compare the outcomes of other loco-regional options at a single institution.

Methods: Retrospective analysis of total sacral defects from 1996 to 2016 was undertaken including the newer technique of free-fibula bone reconstruction. Demographic data was obtained from patient records, including flap selection, defect size and complications. Median follow up was 56 months.

Results: A total of 17 patients; 15 loco-regional flaps and 2 free-fibula flap reconstructions were undertaken. Average tumour size was 996cm3, with a total complication rate of 43.7%. Independent gait at 6 months was 68.8%.

Conclusion: The hinged free fibula flap for total sacral reconstruction is a reliable and robust reconstructive technique. The study describes a surgical algorithm for total sacral reconstruction.

References: Choudry et al: Functional reconstruction of the pelvic ring with simultaneous bilateral free fibula flaps following total sacral resection; Annal Plas. Surg; 57: 673-676 2006

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Abstract

The medial femoral condylar free flap: utility in Head and Neck reconstruction

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Purpose: Composite head and neck onco-ablative defects present unique challenges to the reconstructive surgeon. Skeletal support, soft tissue coverage and lining are all critical components of reconstruction1. Small to medium sized bone defects can be reconstructed with well-established techniques (bone graft, fibula flap, and iliac crest flap) however these donor sites remain the gold standard for large, segmental defects and are useful in managing recurrent disease. We present our early experience with the medial femoral condyle (MFC) flap2 to reconstruct a range of small-medium sized composite bony defects.

Methodology: MFC free flaps were identified from the Plastic and Reconstructive Surgery database at a large Queensland tertiary hospital. A retrospective review and analysis of prospectively collected data was undertaken. MFCs were raised on the descending genicular artery, from which unicortical femoral bone was harvested.

Results: MFCs were performed in 3 cases; 2 anterior maxillary defects and 1 mandibular defect. Bone defects ranged from 16x13mm to 60x65mm with an average size of 52x39mm. Osseofasciocutanous flaps were used in 2 cases, and an osseomyocutaneous flap in 1 case. 1 patient suffered post-operative Haematoma at the inset site (requiring return to theatre). There were no free flap failures or significant donor site morbidity.

Conclusions: We find the MFC a versatile chimeric flap for the management of bony defects in head and neck reconstruction. The donor site morbidity and complication profile associated with the use of the MFC flap is in keeping with other bone free flaps.

References: 1: Hanasono M et al: Important aspects of head and neck reconstruction; Dec 2014 PRS; CME article

2: Sakai K et al: Free vascularised thin corticoperiosteal graft; PRS 1991; 87: 290-298

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Biography

Zundi Xu has completed his Master's degree at the age of 31 years from Army Medical College in Beijing. He is the Vice Chairman of the laser medical committee of the whole army. He has published more than 5 papers in reputed journals and got 2 Awards of Military science and technology progress.

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Abstract

Non surgical treatment of facial angioma –a clinical analysis of 520 cases

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Third Hospital of Beijing Armed Police Corps , Beijing100039, CHINA

Objective: To discuss the method of non surgical treatment for facial angioma.
Method: 20 years from 1995 to 2015, a total of 520 cases. Male 242, female 278, age from 3 months to 55 years, 380 cases of infants and children. Types of angioma: strawberry, cavernous and mixed (strawberry+ cavernous), involving the location: parotid gland 132, eyelid 88, nose 57, lip 63 and other parts of the face 180 cases. Injection of Pingyangmycin (BleomycinA5), low concentration: 20 mg%, micro dose: 1-5ml (0.2-1mg), a long period of time: a course of treatment every 1-2 months, 2-3 days per course, the total long period of time: about 1 years.
Results: The results were divided into grade 5, according to the tumor disappeared and with or without treatment defects. Excellent: 389 cases ,accounting for 75% , disappeared 100%, no defects; Good: 91 cases, accounting for 17% ,disappeared 75-99%, no defects; Effective: 40 cases, accounting for 8% , disappeared 20-74%, a slight defects; Invalid: 0 case, disappeared 0-20% , no defects; Bad :0 cases , tumor disappeared or non disappeared with significant treatment defects.
Conclusion: The method of treating angioma in face by Injection of Pingyangmycin with low concentration, micro dose and long period is security and excellent, especially for infants and children. No necessary with disfiguring method, such as surgery, laser ablation.
Key words: Angioma, Vascular malformation, BleomycinA5, Pingyangmycin (250-300 words)

TOURIST ATTRACTIONS

Orlando a city in the U.S. state of Florida, and the county seat of Orange County. Located in Central Florida, it is the center of the Orlando metropolitan area, which had a population of 2,387,138, according to U.S. Census Bureau figures released in March 2016, making it the 24th largest metropolitan area.



CINDERELLA CASTLE, MAGIC KINGDOM

Inspired by the castle in Disney's *Cinderella*, this iconic fairy-tale palace is the symbol of Magic Kingdom Park. Walt Disney World, located approximately 21 miles (34 km) southwest of Downtown Orlando in Bay Lake, opened by the Walt Disney Company in 1971



LAKE EOLA PARK

Located in the heart of Downtown Orlando. The sidewalk that circles the lake is .9 miles in length, making it easy for visitors to keep track of their walking or running distances. Other activities available to park visitors include renting swan-shaped paddle boats, feeding the live swans and other birds inhabiting the park, seeing a concert or a play in the Walt Disney Amphitheatre, grabbing a bite to eat at Relax Grill on Lake Eola or relaxing amid beautiful flower beds and a spectacular view.



UNIVERSAL ORLANDO RESORT

A theme park resort in Orlando, Florida. Universal Orlando is the second-largest resort in Greater Orlando after Walt Disney World.

Plastic and Reconstructive Surgery

GLIMPSES OF PREVIOUS CONFERENCE











