



# THE PEDICLE

Newsletter

Division of Plastic Surgery | University of British Columbia | APR 2018 | ISSUE #6

## CHAIR'S REPORT



Peter Lennox, MD, FRCSC

Every year when I sit down to write the introduction to the Pedicle, I have the opportunity to review the activities within the UBC Division of Plastic Surgery, and every year I am humbled and impressed by the activities of my colleagues and our residents and fellows. The division continues to grow, and every year I believe we are in a better position by every metric.

Last year we held our first every Alumni Day, which was an overwhelming success. We had graduates return from all across Canada, the UK, Saudi Arabia, and the EU. We had a great day of lectures followed by a dinner to celebrate the relationships and accomplishments we have experienced as alumni of this great program. Based on discussion with many of you, we have decided to hold this event every three years.

### RESIDENCY PROGRAM

Our residency program has continued to flourish under the guidance of Dr. Mark Hill. Dr. Alex Seal has joined Mark as Associate Program Director, and will take over from Mark, July 1, 2018. Mark has done an outstanding job in this role. Although he will be missed, he has left the program in fantastic shape for Alex to move forward with the implementation of Competency by Design.

We have two residents graduating again this year, Drs. Karen Slater and Leslie Leung. They will both be heading off for fellowships in Hand Surgery in Canniesburn, Glasgow and University of Toronto respectively. In the most recent CaRMS Match, Drs. Annie Wang and Zach Zhang matched to the UBC Program, and I would like to extend a warm welcome to both of them.

### THE BCPFF BURN AND WOUND HEALING LAB

The BC Professional Firefighters Burn and Wound Healing Lab continues to be an outstanding success. Under the leadership of Dr. Aziz Ghahary and Dr. David Granville, the lab continues to attract research grants and publish regularly. The lab has continued to move forward with clinical trials on a scar modification compound which may have significant impact clinically.

Research in general continues to be a focus for the division. We have been fortunate to secure funding from WorkSafe BC to support our Microsurgical Lab as well as our research assistant, and we are happy to welcome Tesnim Sairi into this role in the adult hospitals. Tess has already become integral to a number of research projects. Research continues to be under the guidance of Drs. Erin Brown and Sheina Macadam.

Erin also supervises the fellowship programs. We continue to offer fellowships in Craniofacial Surgery, Breast Reconstruction, Paediatric Plastic Surgery, and Hand and Micro Surgery. This year we had our first Aesthetic Fellow as well.

### DIVISION MEMBERS

Our Division members continue to be very involved in many national and

international plastic surgery societies. On a personal note, I completed my term as CSPS President and started as CSAPS President. I have to thank my colleagues for their ongoing support in these roles. I could not have succeeded in these roles without this support.

The Division continues to grow. This year two new surgeons have joined us. Dr. Sally Hynes has joined BCCH as a Paediatric Surgeon, and Dr. Krista Genoway has joined the adult group with a focus on SRS surgery. We are thrilled to have been able to attract them both.

I believe you will find specifics on the achievements noted above, as well as many other high points in this past year within the Pedicle. The Division continues to be successful because of the outstanding faculty and residents we have. We work more every year with our colleagues in distributed sites, in both the residency and fellowship programs, and this has been a significant improvement in the training program over time. I would like to thank all of you for your contributions.

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# PEARLS AND PERSPECTIVES



## ...Top 10 List of Things I didn't Learn in Residency

*I've been in practice now for almost a hemi-decade and I still feel like I stumble through most days. Likely I'm not unique, but I thought I'd share a short list of things I now know, I wish I knew a lot more about yesterday.* - *A commentary from a new grad for other new grads*

**James Saunders, MD, FRCSC**

### 1. IF YOU DON'T USE IT, YOU LOSE IT

I didn't realize how quickly my practice would pigeon hole! The first time you say "no" may be the last time you say "yes".

### 2. BUSINESS SAVVY

I'm good with sharp objects but I'm a business idiot. Learning about my corporation and practice is an ongoing battle, but I know I don't have the time or the knowledge to do it justice. Delegating taxes, financial planning, book keeping, and house cleaning avoids unnecessary nightmares. As early as possible discuss taboo topics with mentors (income, billing codes, challenges)

### 3. THE COLLEGE/CMPA ARE YOUR FRIENDS?

As much as the mere mention of the name sends a chill down your spine, they are good resources. Ask them questions early and before you dig yourself a hole. It's ok to both fear and respect them.

### 4. YOUR REPUTATION IS ALREADY SET

The plastic surgery community is a small community ripe with gossip. For better or worse, by the end of residency your reputation is likely established. Most fellowship or job applications involve "unofficial conversations".

### 5. MOA TROUBLES...

Besides your partner, your MOA is the most important person in your life. They know all your dirty secrets/preferences/passwords/limitations and can make your life incredibly smooth or a living hell. At any cost, don't let them go if you find a good one. Just like your spouse, find ways to remind them they are important.

### 6. HOW TO GET SUED IN A STANDARD FASHION

Unfortunately, complications are inevitable, even for the best surgeon. You are eventually going to end up on the wrong side of a situation. We are empowered through knowledge and skill, the public is empowered through our college and lawyers.

I have extended conversations regarding complications and expectations with patients to minimize the chance that we are put on opposite ends of a knowledge or expectation gap. I don't sugar coat complications or expectations.

### 7. TRUST YOUR GUT (MINE IS GETTING BIGGER)

If something doesn't feel right listen to your gut. Slow down, take a step back from the situation, get another opinion, document everything, get others to document... (see point 6) Use your colleagues, they will make you a better physician. The more experienced I get the more I realize I don't know!

### 8. SET UP AN "ANNUAL CONFERENCE"

I've adopted this advice from someone much older and wiser than myself. Every year I participate in a micro-multidisciplinary-conference with a select group of friends. We create a genuine itinerary and interesting nightly lectures, but it also occurs at a kiteboarding destination and is a business expense. Win-win.

### 9. PHYSICIAN BURN OUT IS NOT A BBQ AT KEVIN BUSH'S HOUSE

Once past residency the stakes are real, pressures, work load, and expectations increase. Burn out is real and you need to find and do what keeps you fresh/motivated. Self reflection every once in a while, can keep you pointed in the right direction. Retail therapy, although fun, isn't the solution.

### 10. GET INVOLVED IN YOUR COMMUNITY

We all have something to complain about, but if you only complain people will ignore you. You can get a lot further by trying to make a positive change. Getting involved in your hospital foundation, the community, or the medical staff association can be beneficial. Personally, my annual volunteer trip is my most rewarding time of the year.



## NEW SURGEON SPOTLIGHT

## Sally Hynes, MD, FRCSC

**Where you did medical school, residency and fellowships and any other degrees; what are your areas of clinical and research interest?**

I studied at Queen's for my undergraduate degree in life sciences and medical school before returning to BC for residency. I then completed a pediatric plastics fellowship at Sickkids, followed by a cleft and craniofacial fellowship in Zurich.

**What do you see as the greatest challenge you have faced in starting practice?**

I started my career in Switzerland, where I moved with my family shortly after completing my training. The greatest challenge was trying to establish a role on the plastic surgery team at the children's hospital in Zurich in the face of language, cultural, and hierarchical barriers.

**How did you endeavor to manage it?**

Perseverance, and a strong support network.

**What advice would you give current residents and fellows about the transition to practice?**

Find a good mentor, or several good mentors, as in my case.

**Where do you see the practice of medicine going over the course of your career?**

In the plastic surgery realm, I see further advancements in bioengineering and 3 D printing yielding autologous bioengineered composite tissue substitutes. These may ultimately provide an alternative to free flaps and composite tissue allotransplantation.

**What operation do you think we will not be doing in the future that we are doing now?**

I believe the split thickness skin graft will ultimately be replaced by a bioengineered autologous dermo-epidermal skin substitute, revolutionizing the treatment of massive burns.



# DOCTORS OF BC

*There are several current issues that I would like to bring to the attention of the Section of Plastic Surgery through the Doctors of British Columbia.*

**Nancy Van Laeken, MD, FRCSC**

## 1. NEW GOVERNANCE MODEL:

For the past several years, the Doctors of BC has been exploring a change in the governance model. The previous board, which had 39 members was considered too large, too expensive to maintain and very inefficient. After consultation with members, a new governance model was proposed and passed through a referendum. The new board will only have nine directors. Based on consultation with the members, it was identified that the principals of representation, collaboration and engagement, as well as cost effectiveness and efficiency were critical to the ongoing governance structure. With the newer model with less directors there is a large Representative Assembly, which is comprised of a mixture of delegates from different regions and from all existing sections. The delegates include rural delegates, new in practice, students and residents those providing services to First Nations, the societies and the CMA. The provisions of the new governance model contain provisions that allow for changes in the number and allocations of seats if it can be approved.

Since the approval of the new governance model and the election of members, there have been two meetings. The section representative is Dr. Owen Reid. He reports that at the last several meetings the majority of the meeting content consisted of details of managing the new governance model and implementation of strategies for future meetings.

## 2. PHYSICIAN MASTER AGREEMENT:

For the past several years, the Doctors of BC has been exploring a change in the governance model.

- Enhancement of after-hours surcharges. The Section of Plastic Surgery would like to support the other specialty divisions who have requested the same.
- With the implementation of the new standards for office-based procedures through the College of Physicians and Surgeons of British Columbia, it is recognized that it will be prohibitively expensive for surgeons to perform MSP insured services in their offices. This will aggravate what are currently excessive wait times for management of skin cancers and minor hand problems. It is requested that the tray fee be increased in value making it feasible for surgeons to provide this service to patients. It is reasonable that this may be requested as additional funds because the decision was a unilateral one made by the College which has altered the equipment/supplies cost. This issue addresses both quality of care as well as access issues.
- As a continuum of that request, it is recommended by the Section of Plastic Surgery that surgeons have an opportunity to have increased access to day procedures outside of public facilities. It is requested that all options should be explored to recruit any resources available to manage the wait list. Surgeons are



currently not able to meet the wait time targets according to the priorities set forth by the current government. One of their mandates has been to review the opportunity to access private facilities to get all of the procedures with wait time targets completed within those wait time targets. This would necessitate the government's obligation to reconcile their promise to reduce wait times but will require additional funds be infused to support these promises.

- In the last round of negotiations, money was allocated for physician engagement. Section members do not feel that these funds have been optimally utilized to facilitate medical staff relationships with the health authorities or each hospital administration.

By optimizing these relationships, it should be possible to better allocate funds in the areas of patient need. The joint collaborative committees have a responsibility to utilize the funding that has been allocated to enhance patient access to care. It would be at the level of the hospital administration to mandate that these relationships be consolidated and be used productively. This would also facilitate organization of multidisciplinary care processes. This would include centralized booking and patient distribution for those areas of maximum need, appropriate multidisciplinary care rounds for better disposition of patients with a more efficient diagnostic and treatment pathway grid to follow, optimization of telehealth and teleconferencing.

- One last request from the Section of Plastic Surgery is the request that the government revisit an opportunity for patient-focused funding. If complex tertiary and quaternary level patients are being centralized in certain health authorities, or in certain institutions, then those institutions require the funds in order to provide sub-specialized care in a timely and efficient fashion without compromising that institution's ability to service other patient needs.
- Requesting more timely payment from MSP for billed services.

### 3. COLLEGE ISSUES:

There are two issues with the college that are currently at the forefront of a number of the subspecialty groups for the Doctors of BC. One involves the College of Physicians and Surgeons implementation of new criteria for minor procedures that will be done across multiple specialties in physicians' offices. This includes effectively every subspecialty area because all of the procedures performed, including intravenous infusion of therapies to the completion of minor surgical procedures. There are new standards that must be met. This will either involve additional nursing staff, additional cost for equipment for the office and additional sterilization and equipment management.

There was a meeting, to address this issue, with representatives from the College of Physicians and Surgeons of British Columbia. They were not sympathetic to the requests by the physicians. It was decided at the most recent Society of Specialists meeting that the next step would be for the physicians to meet directly with the Ministry of Health. The Ministry of Health will be advised that waitlists for minor procedures and patient access to care will be severely limited if the college is allowed to implement their new standards. The Ministry will either have to provide additional financial support for physicians who wish to perform these services in their offices or ask that the standards be revisited by the college.

The second important issue for which the college has been involved is that inaccurate and false advertising by non specialists on various sites online, most specifically RateMDs.com. The College has not been able to adequately police these fraudulent physicians. Most recently, the dermatologists and the plastic surgeons have filed several complaints against family physicians who are advertising themselves as being cosmetic surgeons or cosmetic specialists. Further investigation of these false advertisements and a strategic plan will have to be devised. This is not only an intra-provincial problem, but as noted by the Canadian Society of Plastic Surgeons, this is also a national problem with plastic surgeons identifying across Canada doctors who would like to advertise themselves as qualified Plastic and Reconstructive Surgeons, but clearly are not, or members whose behaviour is deemed unprofessional within our section. Further details to follow.



**Richard J. Warren MD, FRCSC**

# HOW I DO IT ? Cutaneous Lateral Browlift

With normal aging, about one third of people will develop ptosis of the lateral half of the eyebrow. For many of these patients a simple lateral browlift done in the subcutaneous plane can be effective treatment.

Typically I do this procedure in the facial rejuvenation population as an adjunctive procedure for patients undergoing blepharoplasty or facelift. In these cases, lax aging forehead skin is often the main issue contributing to lateral brow ptosis. Logically, if loose skin is the problem, tightening the cutaneous layer is a reasonable solution.

By definition, a cutaneous browlift involves the removal of skin – something that can be done at any level from eyebrow to the anterior hair line (**Figure 1**). The main side effect will be a scar, so it is important to place the incision adjacent to the eyebrow, adjacent to or within scalp hair or in a natural forehead crease. Plication of underlying musculature can be a useful adjunct.

Planning is done preoperatively by marking the incision, the desired vector of lift and the amount of skin likely to be excised. These are aesthetic judgment calls influenced by the amount of brow ptosis, skin thickness and the soft tissue changes expected from simultaneous facelift or blepharoplasty. A rule of thumb is that for the amount of brow lift required, skin removal adjacent to the eyebrow will be close to a 1:1 ratio, whereas at the anterior hairline, it will be 1:3 or 1:4, depending on forehead height.

The example shown here is a mid brow crease incision with frontalis plication – an approach most commonly done for males.

After the injection of local anesthetic containing adrenaline, an incision is made directly in a transverse forehead crease. Care is taken to not cut the frontalis muscle or the superficial branches of the supraorbital nerve running on top of the frontalis. When skin excision is done immediately adjacent to the eyebrow, no skin undermining is done. However, in the mid or upper forehead, a skin flap is undermined inferiorly, exposing the frontalis muscle down to the transverse running fibers of the orbicularis. With this exposure, the frontalis muscle can be plicated or the orbicularis can be ‘pexed’ to a higher level on the frontalis – using 5-0 vicryl. The skin is then drawn superiorly, raising the lateral eyebrow to a slightly over-corrected position. Placing the patient in the sitting position is helpful during this maneuver. Excess skin is removed. This can be done on either the superior or the inferior side of the incision, depending on the desired location of the resulting scar. Skin edges are coapted with 6-0 or 5-0 permanent sutures that are left in place for one week (**Figure 2**).

Results of this procedure are usually excellent with minimal side effects, other than a visible scar (**Figures 3 & 4**). When carefully executed, these scars will be erythematous for 6 to 8 weeks but will become almost invisible after complete healing. Like any browlift, partial relapse is possible. Fortunately, this procedure can easily be repeated under local anesthetic, using the existing scar for access.

### FIGURE 1

Possible locations for subcutaneous brow lift procedure.

### FIGURE 2

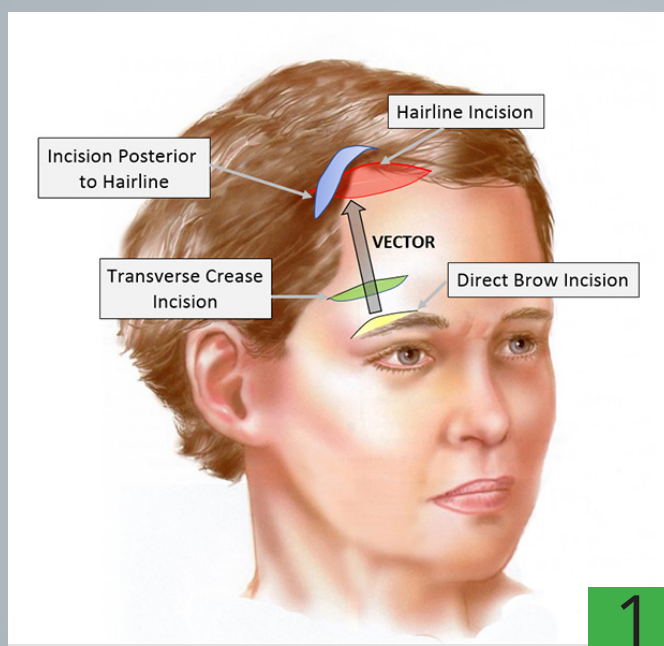
Through a mid brow incision, the frontalis muscle is plicated prior to skin excision and wound closure.

### FIGURE 3

68 year old man shown before a **right sided brow lift** using a mid brow incision.

### FIGURE 4

Same patient shown 6 months after **right sided brow lift** using a mid brow incision.





# Residents Corner

➔ PLASTIC SURGERY RESIDENTS 2017/2018



**Mark Hill, MD, FRCS**

The biggest news for this year is that we are starting the process of Competency by Design for the Residency program. This will start with a series of preparation seminars at the Royal College over the next year with implementation in 2020.

This will be my last year as Program Director. It has been an extremely enjoyable and rewarding time and I am thankful for all the great residents we have had over the past 8 years. As of July, Dr. Alex Seal will be taking over. We are very confident that the program will be in good hands.

Last year's Residents Research day was once again a great success with our visiting professor Babak Mehrara providing great information on breast reconstruction and the treatment of lymphedema. Along with the normal research day, we had the first Alumni day which added a great new dimension to our teaching program. Winners of last year's Robert Cowan Clinical paper was Morgan Evans presenting Quality of Life and Patient Reported Outcomes of Lower Extremity Sarcoma Reconstruction. The winner of the Robert Cowan Best Basic Science paper was Daniel Demsey presenting Development of the Laser Gauge. We look forward to this year's VP Heather Furnas.

The residents put on a strong representation at the CSPS meeting last year. Aaron Knox won the best clinical paper award and Daniel Dempsey won the best Innovation paper award. In addition, the team won the best costume award in the Resident's Challenge competition!

The annual Surgical Departments Chung day had great representation from our residents. Awards went to Morgan Evans for the Houbitsky Award and Aaron Knox the Bill Knox Award. Peter Mankowski was awarded the best short Oral presentation.

Our fall visiting professor was a pleasurable event hosting Dr. Steve McCabe who provided great insight into carpal tunnel as well as hand transplantation.

Last year's graduating residents were Aaron Knox who went on to do a fellowship in Hand Surgery in Sydney Australia. Our other graduate was Morgan Evans, who went to Seattle to complete a fellowship in Craniofacial Surgery. This year's graduates include Leslie Leung who will be off to Toronto for a Hand Surgery fellowship and Karen Slater who will do a Hand Surgery fellowship at Canniesburn in Scotland.

We are pioneering the training of an out of Canada resident this year. An Omani resident Nawaf Almuqaimi joined us in September. Our new residents for the new academic year are Zach Zhang (not to be confused with last year's Jacques Zhang) and Annie Wang was selected in the CIP program.

We would like to congratulate Diana Forbes for the arrival of her second child Carter. We are so fortunate to have such talented and dedicated residents. I couldn't be more proud. The future of Plastic Surgery is indeed bright.

Leslie Leung - PGY-5



Karen Slater - PGY-5



Daniel Demsey - PGY-4



Tyler Omeis - PGY-4



Diana Song - PGY-4 (CIP)



Stahs Priotnev - PGY-3



Aaron Van Slyke - PGY-3



Sofie Schlagintweit - PGY-2



Peter Mankowski - PGY-2 (CIP)



Jacques Zhang - PGY-1



Janine Roller - PGY-1



Nawaf Al Muqaimi - PGY-1





# Fellowship Program

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## ➔ PLASTIC SURGERY FELLOWS 2017/2018



**Erin Brown,  
MD, PhD, FRCSC**

Although Plastic Surgery is a five year Royal College Residency Program, it is extremely unusual for the professional development of Canadian Plastic Surgeons to end without Fellowship training. UBC has demonstrated more than 20 years of commitment to this aspect of Plastic Surgery professional development. We offer subspecialty training in all of the major areas of Plastic Surgery (Breast Reconstruction, Craniofacial Surgery, Hand & Microsurgery, Paediatric Plastic Surgery, Aesthetic & Breast Surgery and Breast Reconstruction Research), other than Burn Surgery. The philosophy of training at UBC remains to provide

subspecialty level experiences to fully trained Plastic Surgeons, as opposed to "general" Fellowship programs (R6 year). The ongoing difficulties Canadian graduates experience in obtaining fellowship training opportunities outside of the country make the need for high quality training at UBC essential to contribute to the further development of our future colleagues. Given the long history of educational excellence within the UBC Division of Plastic Surgery, the development and maturation of these fellowship programs reflects the natural evolution of a commitment to training excellent surgeons.

## FELLOWS 2018

### **AREZOO ASTANEHE**

Breast Reconstruction Fellow

Jul 1, 2017 to Dec 31, 2017

**Residency:** University of Calgary

### **JASMINE TANG**

Paediatric Fellow

Jul 1, 2017 to Jun 30, 2018

**Residency:** Plastic Surgery  
(Higher Surgical Training),  
School of Surgery, Yorkshire  
& Humber Postgraduate  
Deanery, UK

### **LIGIA ZAMPIERI**

Breast Reconstruction

Jan 1, 2018 to Jun 30, 2018

**Residency:** University of São Paulo

### **HEATHER GREIG**

Breast Reconstruction Fellow

Jul 1, 2017 to Dec 31, 2017

**Residency:** Royal Australasian  
College, New Zealand

### **RASHA BAAQEEL**

Aesthetic Fellow

Sept 15, 2017 to May 15, 2018

**Residency:** University of Western  
Ontario

### **ANNA GORMASZ**

Hand & Microsurgery Fellow

Jan 1, 2018 to Jun 30, 2018

**Residency:** Plastic Surgery,  
University Hospital, Zurich,  
Switzerland

### **JESSICA ROBB**

Aesthetic & Breast Fellow

(Kelowna)

Jul 1, 2017 to Dec 31, 2017

**Residency:** University of Alberta

### **MARTIN TUNGOTYO**

Breast Reconstruction Fellow

Feb 5, 2018 to Jun 30, 2018

**Residency:** Mbarara  
University of Science and  
Technology

### **VICTORIA HAYWOOD**

Aesthetic Plastic Surgery Fellow

Jan 1, 2018 to Jun 30, 2018

**Residency:** University of Toronto



# UNDERGRADUATE PROGRAM

*This will be my last report as the Director of Undergraduate Education, having served in this role since 2005. I will be stepping aside in 2018, and I'd like to thank (insert your name here) in taking up this role.*

**Arko Demianczuk, MD, FRCSC**

During my tenure, countless students have passed through the Division of Plastic Surgery at UBC, with each successive year displaying increased prowess in technology, and maturity beyond their years. We have seen the arrival of a "New Curriculum" that focused on Problem Based Learning, which has subsequently been replaced by a "Newer" Curriculum, focused on Competency Based Educational Modules. Large, didactic classes were scuttled, replaced by small group problem based learning. Small groups have been disbanded, as there is a move to having earlier clinical rotations. Evaluations have progressively devolved from letter grade, to Pass/Fail, to simply "Being on Track" to complete the year. The ability to discern the best from the worst based on their transcript is now almost impossible. It would seem the Faculty of Medicine keeps evolving in an attempt to improve the quality of the student's education (the traditionalist would ask: was it ever broken?). With immediate access to information via digital devices, the emphasis within medical education has shifted from memorization of facts and figures, to emphasis on collaboration, innovation, professionalism, continuous quality improvement, and social responsibility.

In reviewing the situation over the last decade, I remain passionate about education and optimistic about the student. The hard working medical students who move quickly through two-week rotations on our service routinely impress me. Moreover, the incredible fourth year students who apply to our Post-Graduate Plastic Surgery Residency program are consistently exceptional, and improve on successive years.

But it is clear that their success is our success. The exemplary clinical teaching within the Division of Plastic Surgery has been critical in their learning process. The tireless efforts of our administrative staff have ensured a smooth flow of students. Countless questions and emails have been answered, and biblical volumes of students have been distributed amongst the clinical sites. Following the lead of our current and historic Division Heads, attending surgeons have remained committed to medical education within a framework of high quality, patient centered care. Surgical residents continue to pass on their knowledge and skills to those immediately below them, always cognizant of the knowledge and skills they have learned from those immediately above them.

To all our Division members, keep up the great work - we must be doing something right.



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cohesive gel

**Firmness**

Comparable firmness  
against Natrelle® Inspira  
Breast Implants



Preferred by 9 out of 10 Consumers\*

8. Mentor Worldwide LLC. Mentor Worldwide Sales Data

\*In-person consumer survey with 452 respondents

1. Mentor Consumer Preference Market Research Report - July 2017
2. Product Dimensions for MemoryGel™ and MemoryGel™ Xtra Breast Implants and Mentor R&D Compression
3. When compared to MemoryGel™ Breast Implants



# ACHIEVEMENTS UBC DIVISION OF PLASTIC SURGERY



**Sheina Macadam,  
MD, MHS, FRCSC**

Another year and another set of achievements for the residents and staff of the UBC Division of Plastic Surgery. Our division and labs published a total of 31 journal articles in peer-reviewed publications (best ever!) and were awarded ~\$1.2m in grants (also a best!). Our publications included three invited authorships in the Evidence-Based Medicine review series for Plastic and Reconstructive Surgery. Dr Peter Lennox was elected President of the Canadian Society of Aesthetic Plastic Surgery (CSAPS) and Dr Richard Warren continues his tenure as the 2017-2019 Traveling Professor for the American Society for Aesthetic Plastic Surgery. Dr Erin Brown was the only Canadian elected to the Mid-Career Leaders Program for the American Society for Surgery of the Hand (ASSH). Our members have also represented our division internationally as visiting professors in Oman (Dr Mark Hill), Alberta (Dr Nick Carr), and Missouri USA (Dr Richard Warren) as well as invited speakers in Toronto (Dr Peter Lennox), and Norway, China, and Las Vegas/New York USA (Dr Richard Warren).

## CONGRATULATIONS TO OUR MEMBERS WHO CONTINUE TO ENHANCE THE REPUTATION OF THE UBC DIVISION OF PLASTIC SURGERY. WE WOULD LIKE TO HIGHLIGHT THE FOLLOWING INDIVIDUALS:

GRANTING AGENCY	TITLE	AMOUNT	PI
UNIVERSITY OF BRITISH COLUMBIA SUMMER STUDENT RESEARCH PROGRAM GRANT	OUTCOMES OF PATIENTS WITH UNRESECTABLE ARTERIOVENOUS MALFORMATIONS	\$1,600	DR. JUGPAL ARNEJA
BCCH RESEARCH INSTITUTE GRANT	NSQIP REPORTED SURGICAL SITE INFECTIONS (SSI) AND ELECTIVE PLASTIC SURGERY FROM 2014-2016: STRATIFYING WHICH PATIENTS ARE AT HIGHER RISK	\$4,331	DR. JUGPAL ARNEJA
UNIVERSITY OF BRITISH COLUMBIA OKANAGAN CAMPUS SUMMER STUDENT RESEARCH PROGRAM GRANT	A COMPARISON OF SURGEON-REPORTED AND PATIENT-REPORTED OUTCOME MEASURES FOR BREAST RECONSTRUCTION	\$3,200	DR. DOUGLAS COURTEMANCHE
CIHR GRANT IN COLLABORATION WITH MCMASTER UNIVERSITY	FACE-Q	\$6,750	DR. DOUGLAS COURTEMANCHE
CIHR GRANT	MONITORING AND MANAGEMENT OF BURN INJURIES USING AN INTELLIGENT MULTIFUNCTIONAL WOUND DRESSING	\$129,000	DR. AZIZ GHAHARY
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS GRANT	PRE-CLINICAL STUDY OF LIQUID SKIN SUBSTITUTE	\$50,000	DR. AZIZ GHAHARY
RICK HANSEN FOUNDATION (ICORD) GRANT	PREVENTION OF URINARY TRACK CATHETER- INDUCED SCARRING BY THE USE OF KYNURENIC ACID	\$20,000	DR. AZIZ GHAHARY

GRANTING AGENCY	TITLE	AMOUNT	PI
LUMIRA CAPITAL AND VGH & UBC HOSPITAL FOUNDATION	INNOVATOR'S CHALLENGE AWARD	\$25,000	DR. AZIZ GHAHARY
WORKSAFE BC GRANT	LIQUID SKIN SUBSTITUTE COMBINED WITH AUTOLOGOUS MESHED GRAFTS IMPROVES THE SURVIVABILITY, HEALING QUALITY AND FASTER RECOVERY OF PATIENTS WITH LARGE INJURIES	\$52,282	DR. AZIZ GHAHARY
VCHRI GRANT	IN SITU FORMING LIQUID SKIN SUBSTITUTE (MESHFILL) IMPROVE SKIN MESHED GRAFTING IN PIG	\$50,000	DR. AZIZ GHAHARY
MICHAEL SMITH FOUNDATION GRANT	LIQUID SKIN SUBSTITUTE IMPROVES TREATMENT OF BURN AND NON-HEALING WOUNDS	\$297,000	DR. AZIZ GHAHARY
MICHAEL SMITH FOUNDATION GRANT	A NOVEL THERAPEUTIC FOR INFLAMMATORY SKIN DISEASES	\$300,000	DR. DAVID GRANVILLE
MS SOCIETY GRANT	GRANZYME B INHIBITORS AS NEUROPROTECTIVE AGENTS IN PROGRESSIVE MULTIPLE SCLEROSIS	\$198,000	DR. DAVID GRANVILLE
UBC SUMMER STUDENT RESEARCH PROGRAM GRANT	CLEFT LIP AND PALATE EDUCATIONAL VIDEO RESOURCES FOR FAMILIES: NEEDS ASSESSMENT	\$3,200	DR. ERIKA HENKELMAN
MEDICAL AND ALLIED STAFF ENGAGEMENT SOCIETY GRANT	TEAM BUILDING AND WELLNESS INITIATIVES FOR THE BCCH PLASTIC SURGERY CLINIC	\$4,000	DR. ERIKA HENKELMAN
CANADIAN MEDICAL ASSOCIATION JOULE INNOVATION GRANT	VIRTUAL PREOPERATIVE SURGICAL PLANNING SOFTWARE FOR COMPLEX POST-ONCOLOGICAL RECONSTRUCTION	\$25,000	DR. DIANA SONG
NATURAL SCIENCES AND ENGINEERING RESEARCH COUNCIL	FREDERICK BANTING AND CHARLES BEST NOVEL THERAPY FOR COMPLEX WOUNDS USING A DERMAL GEL MATRIX WITH ADIPOSE DERIVED STEM CELLS	\$17,500	DR. DIANA SONG
UNIVERSITY OF BRITISH COLUMBIA SUMMER STUDENT RESEARCH PROGRAM GRANT	TISSUE EXPANSION AND SCOLIOSIS	\$3,200	DR. CINDY VERCHERE
CIHR GRANT IN COLLABORATION WITH MCMASTER UNIVERSITY	FACE-Q	\$6,750	DR. NANCY VAN LAEKEN

## AWARDS

### DR. DANIEL DEMSEY

- Best Innovation Paper. Canadian Society of Plastic Surgeons 71st Annual General Meeting. Feasibility of using optical sensing to measure bore depth in surgical bone drilling.
- Best Technical Poster. 17th Annual Meeting of the International Society for Computer Assisted Orthopedic Surgery. Feasibility of using optical sensing to measure bore depth in surgical bone drilling.
- Best Overall Oral Presentation. 17th Annual Research Fellows Day, UBC Clinician Investigator Program. Development of the laser gauge.
- Dr. Robert Cowan Award for Best Basic Science Paper. 35th Annual UBC Division of Plastic Surgery Research Day. Development of the laser gauge.

### DR. PETER MANKOWSKI

- Chung Day 2017 Best short oral presentation. Ensuring success after match: perceptions of attributes valued in plastic surgery resident.

### DR. REBECCA MORLEY

- 2017 Vancouver Island Clerkship Preceptor Teaching Excellence Award.

### DR. RICHARD WARREN

- Travelling Professor for the American Society for Aesthetic Plastic Surgery 2017-2019.

## PUBLICATIONS

<b>BURNS</b>	<ul style="list-style-type: none"> <li>• Ho A, Chambers R, Papp A: Universal contact precautions do not change the prevalence of antibiotic resistant organisms in a tertiary burn unit. <i>Burns</i> 2017;43:265-72.</li> <li>• Pripotnev S, Papp A. Split thickness skin graft meshing ratio indications and common practices. <i>Burns</i>. 2017;43(8):1775-1781.</li> <li>• Sikora S, Papp A: Venous thromboembolisms in burn patients is not prevented by chemoprophylaxis. <i>Burns</i> 2017;43:1330-34.</li> </ul>
<b>WOUND HEALING LAB/BASIC SCIENCE</b>	<ul style="list-style-type: none"> <li>• Arias M, Martínez-Lostao L, Santiago L, Ferrandez A, Granville DJ, Pardo J. The untold story of granzymes in oncoimmunology: Novel opportunities with old acquaintances. <i>Trends Cancer</i>. 2017;3(6):407-422.</li> <li>• Carr MJ, Li Y, Rezakhanlou AM, Ghahary A. Keratinocyte-releasable factors stimulate the expression of granulocyte colony-stimulating factor in human dermal fibroblasts. <i>J Cell Biochem</i>. 2017;118(2):308-317.</li> <li>• Cheng JZ, Farrokhi A, Ghahary A, Jalili R. Therapeutic use of stem cells in treatment of burn injuries. <i>J Burn Care &amp; Res</i>. 2017;39(2):175-182.</li> <li>• Khosravi-Maharlooei M, Pakyari M, Jalili RB, Kilani RT, Ghahary A. Intraperitoneal injection of IDO-expressing dermal fibroblasts improves the allograft survival. <i>Clin Immunol</i>. 2017;174:1-9.</li> <li>• Mirani B, Pagan E, Currie B, Siddiqui MA, Hosseinzadeh R, Mostafalu P, Zhang YS, Ghahary A, Akbari M. An advanced multifunctional hydrogel-based dressing for wound monitoring and drug delivery. <i>Adv Healthc Mater</i>. 2017;6(19): 1700718.</li> <li>• Nabai L, Ghahary A. Hypertrophic Scarring in the Rabbit Ear: A Practical Model for Studying Dermal Fibrosis. <i>Methods Mol Biol</i>. 2017;1627:81-89.</li> <li>• Pripotnev S, White C. The Keystone Flap – A case series demonstrating practical design, use and applications. <i>Plastic Surgery</i>. 2017;3:184-187.</li> <li>• Salimi Elizei S, Poormasjedi-Meibod MS, Wang X, Kheirandish M, Ghahary A. Kynurenic acid downregulates IL-17/1L-23 axis in vitro. <i>Mol Cell Biochem</i>. 2017;431(1-2):55-65.</li> <li>• Shen Y, Russo V, Zeglinski MR, Sellers SL, Wu Z, Oram C, Santacruz S, Merkulova Y, Turner C, Tauh K, Zhao H, Bozin T, Bohunek L, Zeng H, Seidman MA, Bleackley RC, McManus BM, Ruoslahti E, Järvinen TAH, Granville DJ. Recombinant decorin fusion protein attenuates murine abdominal aortic aneurysm formation and rupture. <i>Scientific Reports</i> 2017;7(1):15857.</li> <li>• Shi FT, Yu M, Zloty D, Bell RH, Wang E, Akhoundsadegh N, Leung G, Haegert A, Carr N, Shapiro J, McElwee KJ. Notch signaling is significantly suppressed in basal cell carcinomas and activation induces basal cell carcinoma cell apoptosis. <i>Mol Med Rep</i>. 2017;15(4):1441-1454.</li> </ul>
<b>BREAST</b>	<ul style="list-style-type: none"> <li>• Knox ADC, Ho AL, Hynes S, Tashakkor Y, Leung L, Park Y, Macadam SA, Bowman C. A Review of subcutaneous mastectomies and male chest contouring in female to male transgendered patients – The UBC experience <i>Plast Reconstr Surg</i> 2017;139(6):1260e-1272e.</li> <li>• Lennox PA, Bovill E, Macadam SA. Evidence-based medicine: Alloplastic breast reconstruction. <i>Plast Reconstr Surg</i>. 2017;140(1):94e-108e.</li> <li>• Macadam SA, Bovill E, Buchel E, Lennox PA Evidence-based medicine: Autologous breast reconstruction. <i>Plast Reconstr Surg</i>. 2017;139(1):204e-229e.</li> <li>• McKevitt EC, Dingee CK, Leung SP, Brown CJ, Van Laeken NY, Lee R, Kuusk U. Reduced time to breast cancer diagnosis with coordination of radiological and clinical care. <i>Cureus</i>. 2017 Dec 7;9(12):e1919.</li> </ul>



**PUBLICATIONS CONT.**

<b>PEDIATRIC</b>	<ul style="list-style-type: none"> <li>• Courtemanche DJ, Barton R, Li D, McNeill G, Heran MKS. Routine postoperative imaging is not indicated in the management of mandibular fractures. <i>J Oral Maxillofac Surg.</i> 2017;75(4):770-4.</li> <li>• Dean PH, Bucevska M, Strahlendorf C, Verchere C. Pediatric melanoma: A 35-year population-based review. <i>Plast Reconstr Surg Glob Open</i> 2017;5(3):e1252.</li> <li>• Li W, Poon A, Courtemanche DJ, Verchere C, Robertson S, Bucevska M, Malic C, Arneja J. Airway management in Pierre Robin Sequence: The Vancouver classification. <i>Can J Plast Surg.</i> 2017; 25(1):14-20.</li> <li>• Malic CC, Guilfoyle R, Courtemanche RJM, Arneja JS, Heran MKS, Courtemanche DJ. Lymphatic malformation architecture: Implications for treatment with OK-432. <i>J Craniofac Surg.</i> 2017;28(7):1721-1724.</li> <li>• Parwal C, Pandey A, Saha SS, Kuma V, Choudhary Lm, Somani N, Arneja JS. Open Cancellous bone grafting for recalcitrant palatal fistula: Repurposing the Papineau technique. <i>Plast Reconstr Surg Glob Open</i> 2017;5:e1530.</li> <li>• Phang M, Courtemanche DJ, Bucevska M, Malic C, Arneja JS. Spontaneously resolved macrocystic lymphatic malformations: Predictive variables and outcomes. <i>Can J Plast Surg.</i> 2017;25(1):27-31.</li> <li>• Zhang JX, Arneja J. Evidence-Based Medicine: The bilateral cleft lip repair. <i>Plast Reconstr Surg.</i> 2017;140(1):152e-165e.</li> </ul>
<b>EDUCATION</b>	<ul style="list-style-type: none"> <li>• Al-Taha M, Al Youha S, Al-Halabi B, Stone J, Retrouvey H, Samargandi O, Efanov JI, Stein M, Morzycki A, Augustine H, Bougie E, Song D, Power H, Diaz-Abele J, Symonette C, Noland M, Coroneos C, Voineskos S, Vorstenbosch J, Zhong T, Bezuhy M, Williams JG. Barriers and Attitudes to Research Among Residents in Plastic and Reconstructive Surgery: A National Multicenter Cross-Sectional Study. <i>J Surg Ed.</i> 2017;74(6):1094-1104.</li> <li>• Hryciw N, Knox A, Arneja JS. How well are we doing at teaching critical appraisal skills to our residents? A needs assessment of Plastic Surgery journal club. <i>Plastic Surgery.</i> 2017;25(4):261-7.</li> </ul>
<b>COSMETIC</b>	<ul style="list-style-type: none"> <li>• Demsey D, Carr NJ, Clarke H, Vipler S. Managing opioid addiction risk in plastic surgery during the perioperative period. <i>Plast Reconstr Surg.</i> 2017 Oct;140(4):613e-619e.</li> <li>• Klassen AF, Cano SJ, Grotting JC, Baker SB, Carruthers J, Carruthers A, Van Laeken N, Sykes JM, Schwitzer JA, Pusic AL. FACE-Q Eye module for measuring patient-reported outcomes following cosmetic eye treatments. <i>JAMA Facial Plast Surg.</i> 2017 Jan 1;19(1):7-14.</li> <li>• Van Slyke AC, Carr M, Knox ADC, Genoway K, Carr NJ. Perioperative and long-term smoking behaviors in cosmetic surgery patients. <i>Plast Reconstr Surg.</i> 2017 Sep;140(3):503-509.</li> </ul>
<b>HAND &amp; PERIPHERAL NERVE</b>	<ul style="list-style-type: none"> <li>• Pripotnev S, White C. Ulnar nerve neuropathy secondary to "Snapping Triceps Syndrome". <i>Plastic Surgery Case Studies.</i> 2017.</li> <li>• Zhang JX, Gray J, Lalonde DH, Carr N. Digital necrosis after lidocaine and epinephrine injection in the flexor tendon sheath without phentolamine rescue. <i>J Hand Surg Am.</i> 2017 Feb;42(2):e119-e123.</li> </ul>
<b>BOOK CHAPTERS</b>	<ul style="list-style-type: none"> <li>• Warren, R.J. Facelift: Principles of and Surgical Approaches. In: Neligan, P. (editor) <i>Plastic Surgery</i> 4th Edition. London: Elsevier, 2017, 112-143.</li> <li>• Warren, R.J. Forehead Rejuvenation. In: Neligan, P. (editor) <i>Plastic Surgery</i> 4th Edition. London: Elsevier, 2017, 273 - 287.</li> </ul>

## EDITOR'S NOTE



**Jugal Arneja,  
MD, MBA, FRCSC**

*"The greater danger for most of us lies not in setting our aim too high and falling short; but in setting our aim too low, and achieving our mark"*

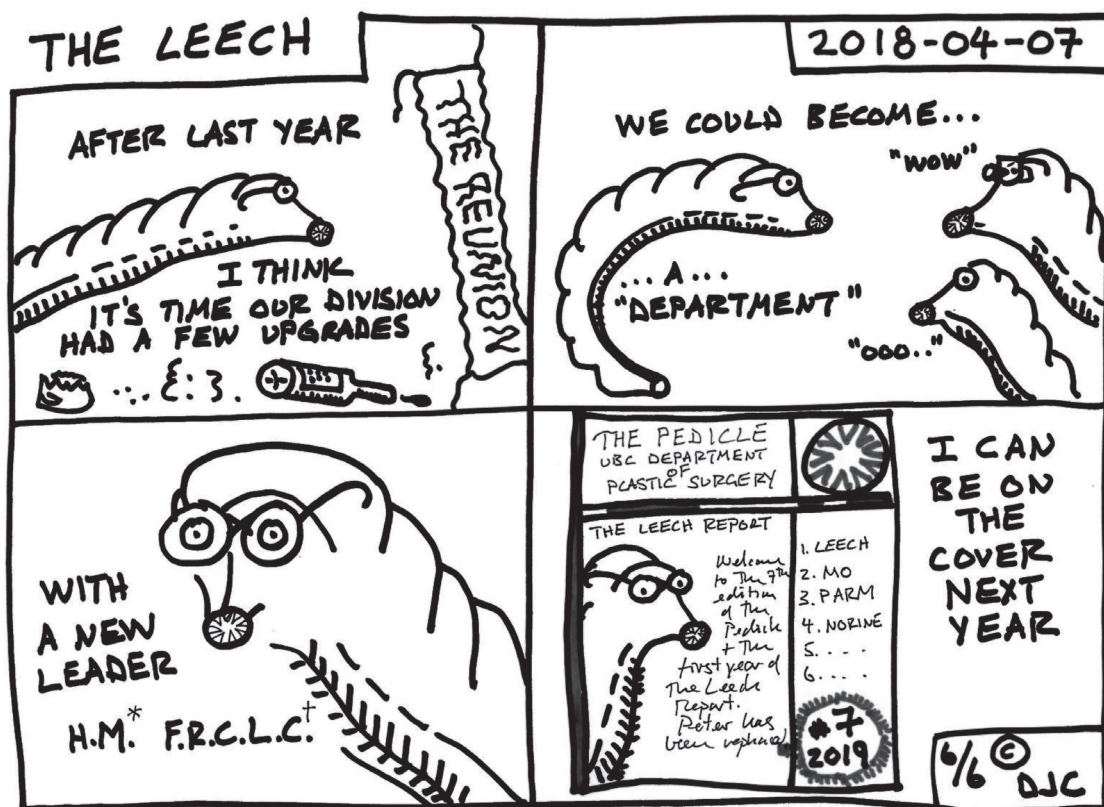
- Michelangelo

I'm consistently inspired by my peers, residents and fellows and privileged to work in an academic setting where continuous improvement, innovation, lifelong learning are woven into the fabric of the trade. The "how I do it", "pearls and perspectives", "division achievements", and "The Leech" (even the leech seems to be trying to inch ahead!) sections herein are samples of people and groups in our division moving the needle through innovation. Whereas it is difficult to relate to the great Michelangelo (although his words and legacy remain timeless), it is easier to look to other successful contemporary industries and their leaders for inspiration; one of the great modern CEO's of our time in Jack Welch eloquently stated:

**"Innovation is not a big breakthrough invention every time. Innovation is a constant thing. But if you don't have an innovative company coming to work every day to find a better way you don't have a company..."**

Innovation. Our patients demand it, the system requires it, our trainees are challenged by it, our peers improve by it, and collectively science is advanced by it.

Many thanks to Mentor for sponsoring this edition, the contributors that give their time and thoughtful submissions, the Pedicle team, (Cindy, Sheina & Peter) and of course Mo, Parm, and Norine for all they do.



\* Hirudo medicinalis † Fellow of the Royal College of Leeches of Canada

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