

# Disparities in Cosmetic Procedures Performed By Plastic Surgery Residents

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*Disclosures:* None

**Background:** Recent efforts in the accreditation of plastic surgery residency programs have sought to improve the resident operative experience. Yet, adequate exposure to cosmetic surgery remains problematic. This study assesses the variability in cosmetic procedures performed by plastic surgery residents in the U.S.

**Methods:** National operative case logs of chief residents in independent and integrated plastic surgery residency programs were analyzed (2011 – 2015). The number of cosmetic procedures performed by integrated and independent plastic surgery residents were compared with unpaired t tests. Additionally, the median number of cases performed by the bottom 10% and top 10% of residents for each category of procedures was determined and the fold difference computed.

**Results:** Case logs of 818 plastic surgery residents were analyzed. Integrated residents performed more browlift, brachioplasty, abdominoplasty, and thighplasty surgeries over several graduating years ( $p < 0.05$ ). Independent residents performed more blepharoplasty, breast augmentation and mastopexy surgeries during 2014 ( $p < 0.05$ ). No differences were observed for facelift, rhinoplasty, breast reduction, or body lift surgeries by training model ( $p > 0.05$ ). Variability in case volume performed by the bottom and top 10<sup>th</sup> percentiles of residents changed over time with significant decreases in variability for rhinoplasty cases among integrated residents ( $p = 0.001$ ) and abdominoplasty cases among independent residents ( $p = 0.049$ ).

**Conclusions:** Significant variability exists in the number of cosmetic procedures performed by plastic surgery residents. These differences may impact the competency and practice patterns of

future plastic surgeons. Greater efforts are needed to ensure adequate cosmetic operative experience during plastic surgery residency.