**Plastic Surgery Residency Rotations**

- Breast Surgery Rotation
- Hand Surgery Rotation
- General Reconstruction Rotation
- Pediatric/Craniofacial Surgery Rotation
- Aesthetic/Breast Surgery Rotation

**Breast Surgery Rotation: PGY 4, 5, 6 Resident Rotation**

The breast surgery education is provided throughout the three years of concentrated plastic surgery training, but accentuated in a dedicated rotation during each of the three years. During this time, residents participate in the preoperative and postoperative management of a broad spectrum of breast and aesthetic problems. It includes a weekly clinic which allows residents to evaluate new patients and to learn about postoperative care in patients that he or she has operated on with the attending surgeon.

Residents are expected to participate in planning of the operations. The plan for each case is didactically outlined by discussing the “markings” prior to surgery. The didactic educational experience also includes a dialogue about each patient in the operating room, postoperative rounds, and a discussion of suggested literature articles. At the completion of this rotation, residents are expected to be familiar with the management of patients with a broad spectrum of both cosmetic and reconstructive breast procedures including management of complications.

The surgeons who partake in the breast reconstructive services are Dr. Gregory Borah, Dr. Vidas Dumasias, Dr. Aaron Mason, Dr. Cristiane Ueno. All procedures occur at the WVU Ruby Memorial Hospital. The rotation gives residents the opportunity to focus on breast problems and breast surgical procedures.

Recommended Selected Reading:

- Plastic Surgery: Indications, Operations, and Outcomes Volumes 1 and 5
- Core Procedures in Plastic Surgery

**Hand Surgery Rotation: PGY 4, 5 Resident Rotation**

Hand surgery education is provided throughout the three years of concentrated plastic surgery training, but accentuated in a dedicated rotation during the plastic surgery 4 and 5 years. The rotation combines outpatient clinic, emergency department, and operating room experience at the WVU Ruby Memorial Hospital, the University Town Center, and the Cheat Lake Outpatient Clinic.

The West Virginia University Ruby Memorial Hospital is a Level I trauma center and tertiary referral center for West Virginia. There is a rich clinical volume provided across the entire spectrum of hand and upper extremity conditions, including congenital, acquired, and traumatic conditions. Skills in diagnosis, treatment options, technical execution, and postoperative care are
developed under close mentorship by the faculty who include Dr. Gregory Borah and Dr. Vidas Dumasius.

There are ample didactic opportunities in hand surgery throughout the years of plastic surgery training. Teaching is conducted at bedside, clinic, and OR.

Recommended Selected Reading:

Plastic Surgery: Indications, Operations, and Outcomes Volume 4
Principles of Hand Surgery and Therapy
Core Procedures in Plastic Surgery

**General Reconstruction Rotation: PGY 4, 5, 6 Resident Rotation**

General reconstructive surgery education is provided throughout the three years of concentrated plastic surgery training, but accentuated in a dedicated rotation during each of the three years. The reconstructive surgery service rotation at the WVU Ruby Memorial Hospital will provide a comprehensive experience in various aspects of reconstructive surgery. Working with sister surgical services is an essential part of this rotation and will acquaint residents with a much larger body of surgical knowledge and experience.

Residents will interact with Dr. Gregory Borah, Dr. Vidas Dumasias, Dr. Aaron Mason, and Dr. Cristiane Ueno. They will work integrally with the inpatient Wound Team as well.

The WVU Ruby Memorial hospital is a Level I Trauma Center and regional referral center. A wide variety of problems will appear, often cared for in concert with the other surgical services, including general surgery, neurosurgery, cardiothoracic surgery, orthopaedic surgery, transplantation, urology, oculoplastic surgery, oromaxillofacial surgery, and otolaryngology-head and neck surgery.

While on the reconstructive surgery rotation, residents will evaluate patients in the emergency department and on the units. A large share of residents’ time will be spent preparing patients for surgery, performing surgery and in postoperative care. The microsurgery experience will be heavy.

The rotation will acquaint residents with the problems of related surgical disciplines, such as coverage of the brain and spinal cord; treatment of sternal infections, mediastinitis and chest wall defects; complex soft tissue coverage for fracture care, including free flaps to the lower extremity, complex wounds in immunosuppressed patients; genitourinary reconstruction, and head and neck reconstructions involving local, distant, and free flaps.

The formal didactic component of the rotation will be obtained through the weekly grand rounds on Wednesdays, morbidity and mortality conferences. During the three years of primary plastic surgery residency training, all the major topics of reconstructive surgery will be covered in the didactic conferences and in the weekly grand rounds. There is an abundance of clinical material
and residents are encouraged to prepare presentations and manuscripts describing their clinical experience.

The rotation will provide residents with experience in assessing wounds and patients. Residents will have a primary role in solving the reconstructive problems with the guidance of fellow residents and the supervising staff. Independence in decision making and skillful execution of the operative plan is expected. A graded increase in responsibility is permitted as competence is demonstrated. Here residents will have a prime opportunity to become competent and confident independent operators. The patients are sicker, frequently requiring care in the ICU setting, and the challenge of caring for them will increase the medical fund of knowledge of every resident.

Recommended Selected Reading:

- Plastic Surgery: Indications, Operations, and Outcomes Volumes 1 and 3
- Reconstructive Surgery Principles, Anatomy, and Techniques
- Local Flaps in Head and Neck Reconstruction
- Core Procedures in Plastic Surgery

**Pediatric/Craniofacial Rotation: PGY 4, 6 Resident Rotation**

Pediatric and craniofacial surgery education is provided throughout the three years of concentrated plastic surgery training, but accentuated in a dedicated rotation the PGY 4 and PGY 6 years. The plastic surgery rotation at the WVU Ruby Children’s Hospital is designed as an intense and comprehensive exposure to and experience with pediatric plastic surgery and craniomaxillofacial surgery.

Residents will clinically interact with Dr. Gregory Borah and Dr. Aaron Mason. Dr. Mason is the director of the Pediatric Craniofacial Center. WVU Ruby Children’s Hospital is a pediatric trauma center and regional referral center for infants and children. Patients seen in this rotation will include the full range of congenital and acquired anomalies seen in the pediatric population.

While on the Children’s Hospital rotation, residents will participate in the craniofacial clinic which meets for one full day twice a month and the cleft lip and palate clinic which meets for half a day twice a month. These outpatient clinics provide residents with an excellent continuity of care experience through preoperative evaluation and preparation for the surgical procedure, as well as postoperative management.

The Children’s Hospital rotation will provide residents with the opportunity to learn the unique psychosocial skill set needed to adequately care for pediatric patients and attend to the needs of their families. Residents will learn how to assist families with preoperative teaching and counseling as well as postoperative care.
The formal didactic component of the Children’s Hospital rotation will be obtained through the cleft-craniofacial teaching conference which is held on the second Thursday of each month. This conference consists of presentations of craniofacial patients.

The rotation will provide residents with experience in primary and secondary cleft lip and palate, as well as congenital and traumatic craniofacial surgery. The unique experience of functioning within a multidisciplinary, cleft-craniofacial team caring for syndromic patients will be the expectation and will provide competence in interpersonal and communication skills as well as systems-based practice. A detailed experience with congenital and traumatic pediatric hand will be obtained. Additionally, exposure to the full range of diagnoses pertinent to pediatric plastic surgery will be obtained, including, vascular anomalies, congenital nevi, congenital ear anomalies, congenital breast anomalies and gynecomastia. Care for the adult with traumatic craniofacial fractures is also an integral part of the resident experience on this rotation. Working with sister surgical services is an essential part of this rotation and will acquaint residents with a much larger body of surgical knowledge and experience in the approach to patients with facial fractures.

Recommended Selected Reading:

Principles and Practice of Pediatric Plastic Surgery
Craniofacial Surgery Science and Surgical Techniques
Craniofacial Reconstructive and Corrective Bone Surgery
Surgical Approaches to the Facial Skeleton
Surgical Anatomy of the Orbit

Aesthetic/Breast Surgery Rotation: PGY 6 Resident Rotation

The aesthetic/breast rotation is a three-month plastic surgery chief resident rotation during which the resident evaluates patients and participates in aesthetic surgery with faculty members Dr. Gregory Borah, Dr. Vidas Dumasias, Dr. Aaron Mason, and Dr. Cristiane Ueno

Presently, all aesthetic surgery is done at the WVU Ruby Memorial Hospital. The rotation exposes the resident to the full spectrum of aesthetic surgery procedures including face, breast, trunk, extremity and body aesthetics. There is a broad exposure to the newest concepts of body contouring from the standpoint of both liposuction and body lifts. At the completion of their rotation, the student should have an understanding of the approaches to aesthetic surgery patients seeing facial, breast, truncal and extremity cosmetic surgery including indications, contraindications, surgical techniques and complications’ management.

Recommended Selected Reading:

Plastic Surgery: Indications, Operations, and Outcomes Volume 5
Fat Injection From Filling to Regeneration
Core Procedures in Plastic Surgery