

# Plastic Surgery

## ATTENDINGS

Kerri Woodberry, MD, MBA - Chief and Program Director  
Sebastian Brooke, MD – Associate Program Director  
Safak Uygur, MD  
Majed Maalouf, MD

## PLASTIC SURGERY INTEGRATED RESIDENTS

Rebecca Norcini, MD PGY – 6: 713-444-7242  
Acara Turner, MD – PGY-5: 281-804-8938  
Zack Koenig, MD – PGY-4: 304-767-0543  
Niki Patel, MD – PGY-3: 601-467-0294  
Vardhan Avasarala – PGY-2: 513-535-5448  
Isabella Benintendi – PGY-1: 513-550-3770

## ADVANCED PRACTICE PROFESSIONALS

Zach Bragano, PA: 412-519-4975  
Sania Ullah, PA: 443-786-7131  
Natalie McCarthy, PA: 724-244-8431  
Claire Carter, PA: 570-994-7237  
Emma Laughinghouse, PA: 216-339-5330  
Michelle Sabatini-Gump, NP: 304-657-4772  
Michele Vidulich, PA: 304-288-1882  
Gingie Ford, NP: 304-479-3803

## **CONFERENCES**

**M&M (General Surgery) at 0700** in 2118 HSC (Pathology Amphitheater)

**Wednesdays at 0800** in the 7607 HSC-S

## **TIPS FOR SERVICE**

### **ROUNDING/FLOOR MANAGEMENT:**

- Residents (PGY-1-5) and students meet in the 9E work room at 0530.
- Between 0530 and 0600, obtain updated vitals, labs, imaging, micro results, and changes on all patients
- This is also the time during which the dressing supply bag is refilled and nurses are contacted to request premedication for patients who will require potentially uncomfortable dressing changes.
- The chief resident (PGY-6) joins the team before 0600 once all charts are checked. We briefly huddle and then round as a team at 0600.
- One resident will be assigned to be on call each day and night.
- All the inpatient PAs are immensely helpful and assist with rounds, seeing consults and holding the pager during the day.
- Dressing changes: place “dressing change” orders on all patients, whether primary patients or consults. Specify the exact dressing and topical cream/ointment/antibiotic to be applied to each wound. Specify the frequency of dressing change and whose responsibility it is to perform the dressing change

(plastic surgery service, wound care, nurse, etc.)

## Wound Vacuums

- If your patient has a wound vac covering a skin graft or a wound, ask the attending how frequently the vac should be changed.  
If there are exposed tendons or major blood vessels, use white-foam to cover that first before using the black foam.
- If an irrigating wound vac is utilized, input the volume (100 cc), dwell time (10 minutes), frequency(Q1 hour). The irrigating solution is typically either 0.025% Dakin's or Sulfamylon (staff preference).
- The Prevena vacuum is a purple incisional vacuum with which the patient can be discharged
- Wound vacuum supplies may be found in materials on the 4<sup>th</sup> floor of Ruby.

## Drains

- Always order, "JP drain care" in orders. Specify how frequently the nurse should empty and record output. This is to make sure drains are emptied in a timely manner and numbers are accurate.
- Pay attention to drain output and quality: sanguinous (bloody), serosanguinous (blood and serous fluid) or purulent.
- Strip the drains during rounds.
- When is the typical time at which a drain can be pulled?  
When the output has decreased to less than 30 cc per day for two consecutive days.
- Antibiotic duration while drains are in place is attending specific. Make sure to clarify with attendings at the end of each case.

## Flaps

- Always thoroughly examine the flaps yourself.
- Document flap color, capillary refill, relative temperature (warm vs cool to touch), signs of swelling (hematoma vs. seroma), as well as doppler signal if applicable.
- In-person examination of a flap with comparison to previous exam is the most likely way to identify early compromise of a flap.
- If the Vioptix monitor is utilized, notice the trend. A slow steady decline in the Vioptix signal is concerning for developing venous congestion and flap compromise.
- Changes in flap exam should be discussed with plastic surgery resident team and an attending

## Pain control

- Understand the concept of combining analgesics with different mechanisms of action to control pain (multimodal pain control)
- Pain control is attending specific: most cases will be a combination of scheduled tylenol +/- ibuprofen (specify with attending with the following options.
- Opioids: Oxy, possibly Norco or Percocet
- Anti-spasmodic: Flexeril or robaxin for muscle flaps. If you're unsure or not explicitly told, ask the attending at the end of the case if one of these should be ordered.
- Neurontin can be added for neuropathic pain.

# PLASTIC SURGERY

## Antibiotics

- Always check culture and sensitivity results regularly if OR cultures were obtained. Call the microbiology lab for questions on sensitivities.
- Always place the end date when ordering antibiotics in EPIC.
- If long-term IV antibiotics are planned, the patient will likely need a PICC line. Talk with care management regarding home health services for antibiotic infusions.

## DISCHARGES:

- Be very specific with discharge wound care instructions for patients. Communicate with the patient the plan, and make sure they are comfortable performing the dressing changes or that home health is arranged for someone to help them. Be sure to provide supplies if needed.
- Clarify whether the patient can shower or not with the attending. This will vary by attending and operative case.
- Use the “Plastic Surgery” discharge order set.

## FOLLOW UP

- Double check when the patient should follow up after discharge with the attending and place the correct order in EPIC.

- All pediatric patients (less than age 18) are to be scheduled in the Pediatric Plastics Clinic
- General plastic and reconstructive surgery: POC (4<sup>th</sup> floor)
- Hand surgery: follow up should be arranged at UTC (University Town Center).



### **TIPS**

- As with any surgical rotation, be sure to look up the patient, their indication for surgery and read up on the procedure.
- The most important preparation for any PRS case is to know the relevant anatomy. Always know the blood supply for any flap and the landmarks for dissection.
- One of the keys to successful reconstruction is the pre-operative markings. Be present when the attending is marking the patient whenever possible.
- Suture speed comes with practice. Start with practicing suture quality and your speed will naturally increase with time.