visualized with the PDE Neo II (Hamamatsu, Japan) using the fluorescence mode and evaluated using Koshima patterns of dermal backflow.

RESULTS: 52 sides (29 patients) were included in the study. 8 sides underwent neither surgery nor radiation and were considered controls. No lymphedema was identified within the control cohort. Of the 42 non-control/functional transit sides, 35 sides (76%) had some form of dermal backflow abnormality. Severe dermal backflow (diffuse pattern) was seen most commonly in the anterior trunk (37%), lateral trunk (24%), and inferior breast (22%).

CONCLUSION: We report clear evidence that following breast cancer surgery, lymphedema occurs throughout the trunk and breast. Severe dysfunction appears to be located around the inferior-lateral aspect of the breast and chest wall. This may explain post-mastectomy breast/chest wall heaviness and dysesthesia.

61. EVOLVING CLINICAL PRACTICE PATTERNS IN ABDOMINOPLASTY: A 16-YEAR ANALYSIS OF CONTINUOUS CERTIFICATION TRACER DATA FROM THE AMERICAN BOARD OF PLASTIC SURGERY

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PURPOSE: This study evaluates changes in practice patterns in abdominoplasty based on a 16-year review of tracer data collected by the American Board of Plastic Surgery (ABPS) as part of the Continuous Certification process.

METHODS: ABPS tracer data was reviewed from 2005 to 2020, comparing data between two timeframes with similar case numbers: 2005-2014 versus 2015-2020. Patient demographics, surgical techniques, and complication rates were compared using two-sample t-tests.

RESULTS: Cumulative data included 4740 cases from 2005-2014 and 4250 cases from 2015-2020. Comparing patient selection practices, the latter group had significantly increased BMI; however, there was a decrease in pregnancies, previous intra-abdominal surgeries, body scars, and redundant skin over the umbilicus. Among procedure techniques, there has been a significant decline in the use of wide undermining, vertical plication of the abdomen, and surgical drains. Abdominoplasties are increasingly being performed in an outpatient setting (81%) and more surgeons are prescribing heparin instead of postoperative sequential compression devices. Liposuctioning the abdominal flap, hips, and flank is becoming more common while liposuctioning the thighs less common. More abdominoplasties are being performed with no complications (78%vs81%, $p<0.001$) and without the need for revisionary surgery (90%vs92%, $p<0.001$).

CONCLUSION: Despite surgeons operating on higher BMI patients and performing more aggressive liposuction of the abdominoplasty flap, abdominoplasties are being performed with less complications and increasingly as an outpatient procedure.

62. COSMETIC SURGERY TOURISM: A SINGLE ACADEMIC CENTER'S EXPERIENCE DURING THE COVID-19 PANDEMIC

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PURPOSE: Cosmetic surgery tourism is a burgeoning field, attracting patients with seemingly financially viable options for obtaining their desired procedures. Traveling for elective surgeries during the COVID-19 pandemic adds another layer of complexity where patients return home and utilize strained healthcare resources. We report our experience with complications following cosmetic surgery tourism during the COVID-19 pandemic