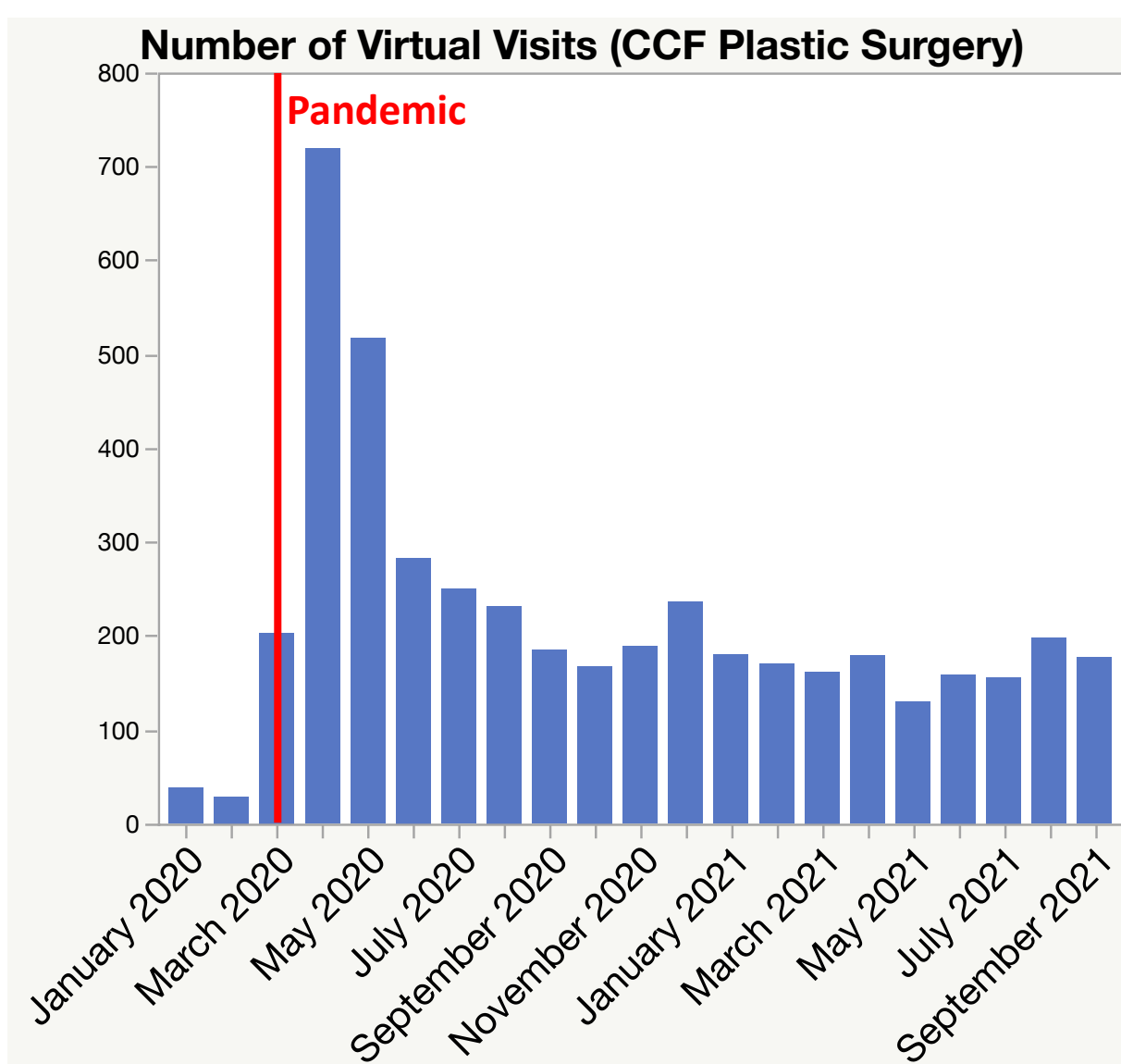
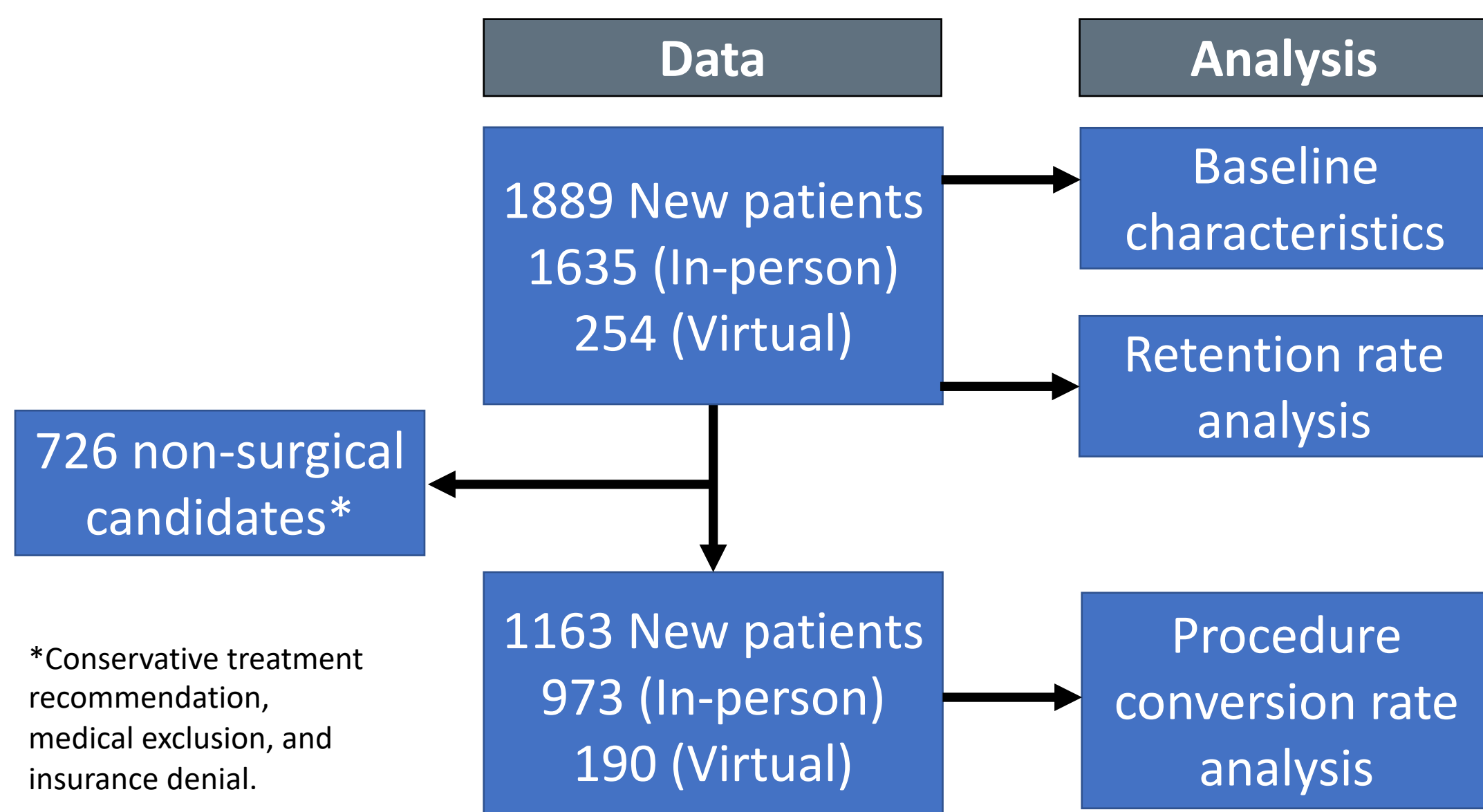


Background

- 20-fold peak increase in virtual visits during April 2020 (Covid-19 Pandemic).
- Stable 5-fold increase from July 2020 – July 2022.
- It remains unclear if virtual visits are effective in retention of new patients.
- Study aim:** To evaluate patient characteristics, retention rate, and surgical conversion of new plastic surgery patients initially seen virtually versus in-person.



Methods



Data Collected

- Demographics
- Residence (ZIP code)
- Chief complaint
- Past medical, surgical, psychiatric history
- Additional preoperative visits
- Time to in person visit
- Time to surgery
- Type of surgical procedure
- In person vs virtual follow up
- Follow up time
- Complications

Statistical Analysis

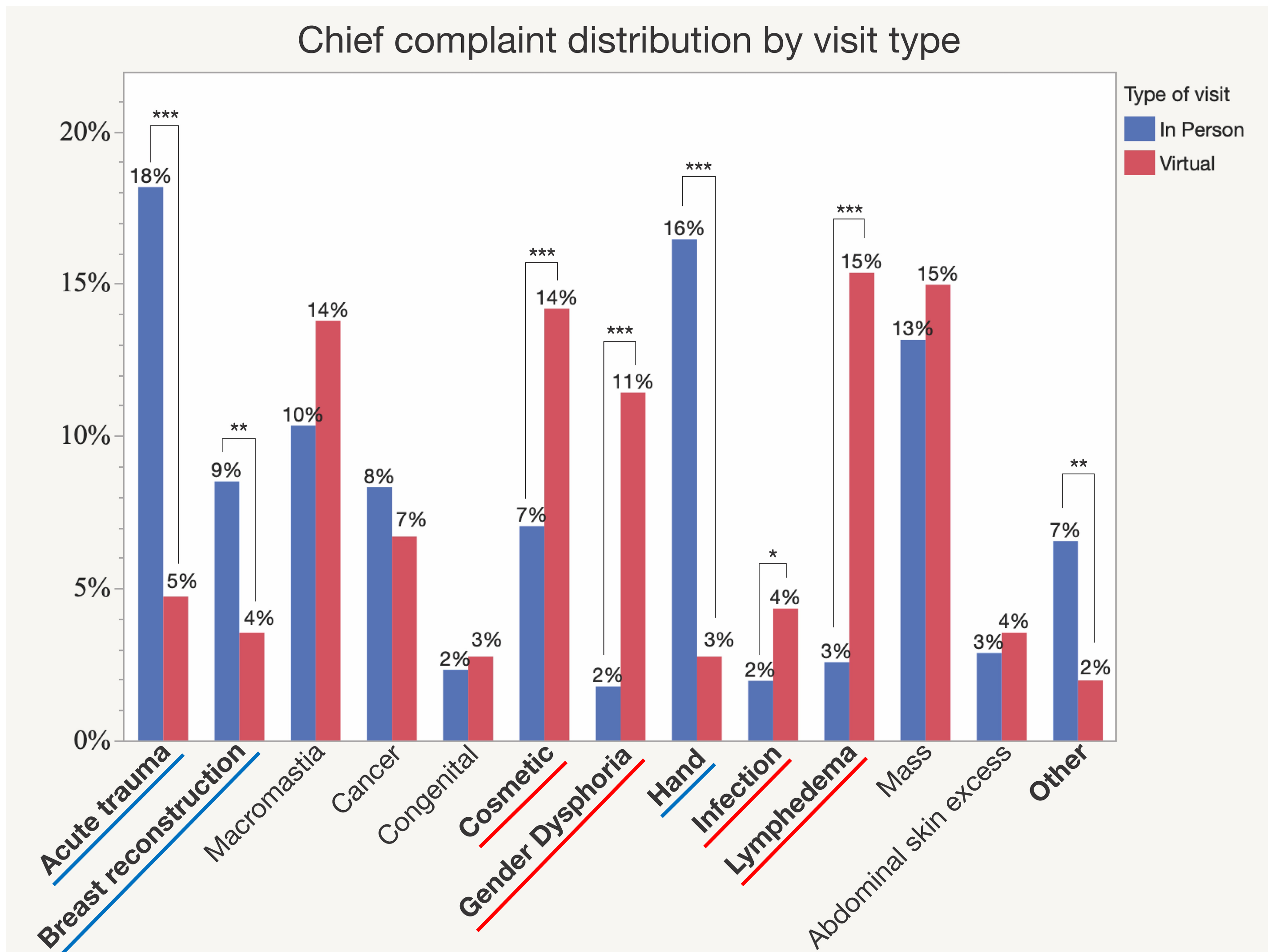
- Chi-squared and Fisher's Exact test for categorical variables
- Unpaired t-test for continuous variables
- Statistical significance if p-value less than 0.05 (p<0.05)

Results

Baseline Characteristics

	In Person	Virtual	p-value
Age (years)	49.5 ± 20.7	44.5 ± 19.0	<0.001
Sex (M vs F)	35% vs 65%	33% vs 67%	0.53
Residence >50 miles	16%	42%	<0.001

Significant Differences in Chief Complaints



Virtual Patients presented more frequently for **cosmetic surgery** (p<0.001), **gender dysphoria** (p<0.001), **infection** (p<0.05), and **lymphedema** (p<0.001). In person patients presented more often for **acute trauma** (p<0.001), **breast reconstruction** (p<0.01), and **elective hand complaints** (p<0.001).

No Difference in Procedure Conversion Rate

	In Person	Virtual	p-value
Macromastia	75/126(60%)	17/26(65%)	0.58
Breast reconstruction	86/132(65%)	3/7(43%)	0.25
Cancer	118/133(89%)	14/17(82%)	0.43
Congenital	19/29(66%)	4/5(80%)	1.00
Gender Dysphoria	19/28(68%)	18/24(75%)	0.57
Hand	46/69(67%)	2/4(50%)	0.60
Lymphedema	18/30(60%)	16/34(47%)	0.30
Acute Trauma	70/92(76%)	-	-
Infection	8/12(67%)	4/5(80%)	1.00
Abdominal Skin Excess	14/31(45%)	1/3(33%)	1.00
Mass	108/161(67%)	17/31(55%)	0.19
Other	24/46(53%)	1/2(50%)	1.00
Cosmetic	40/84(48%)	20/32(63%)	0.15
Total	645/973 (66%)	117/190 (62%)	0.21

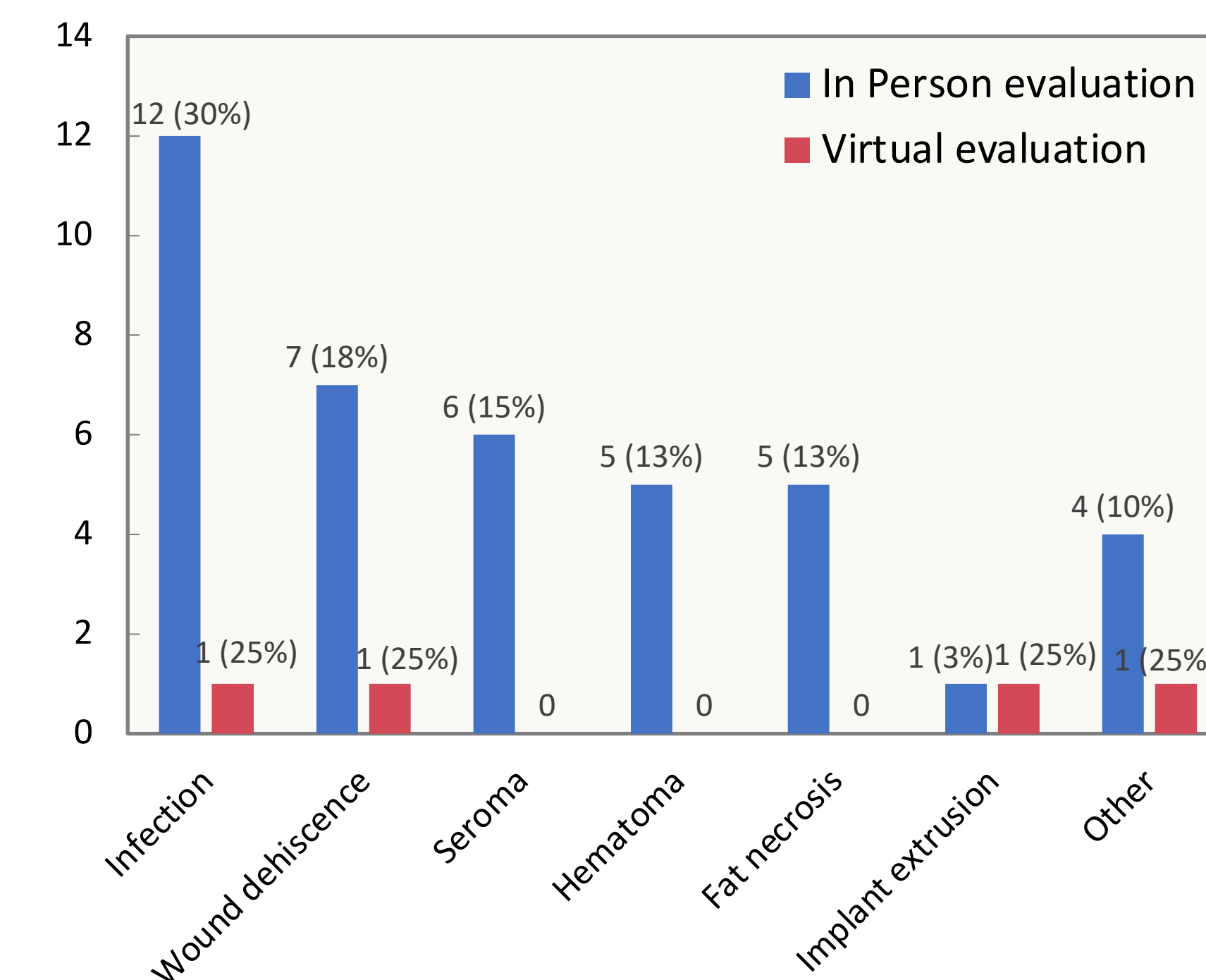
Longer Time to Procedure

	In Person	Virtual	p-value
Procedure conversion rate	645/973 (66%)	117/190 (62%)	0.21
Time to procedure (days)	31 [10 – 90]	95 [28 – 160]	<0.001
Additional pre-operative visits (%)	136/645 (21%)	76/117 (65%)	<0.001

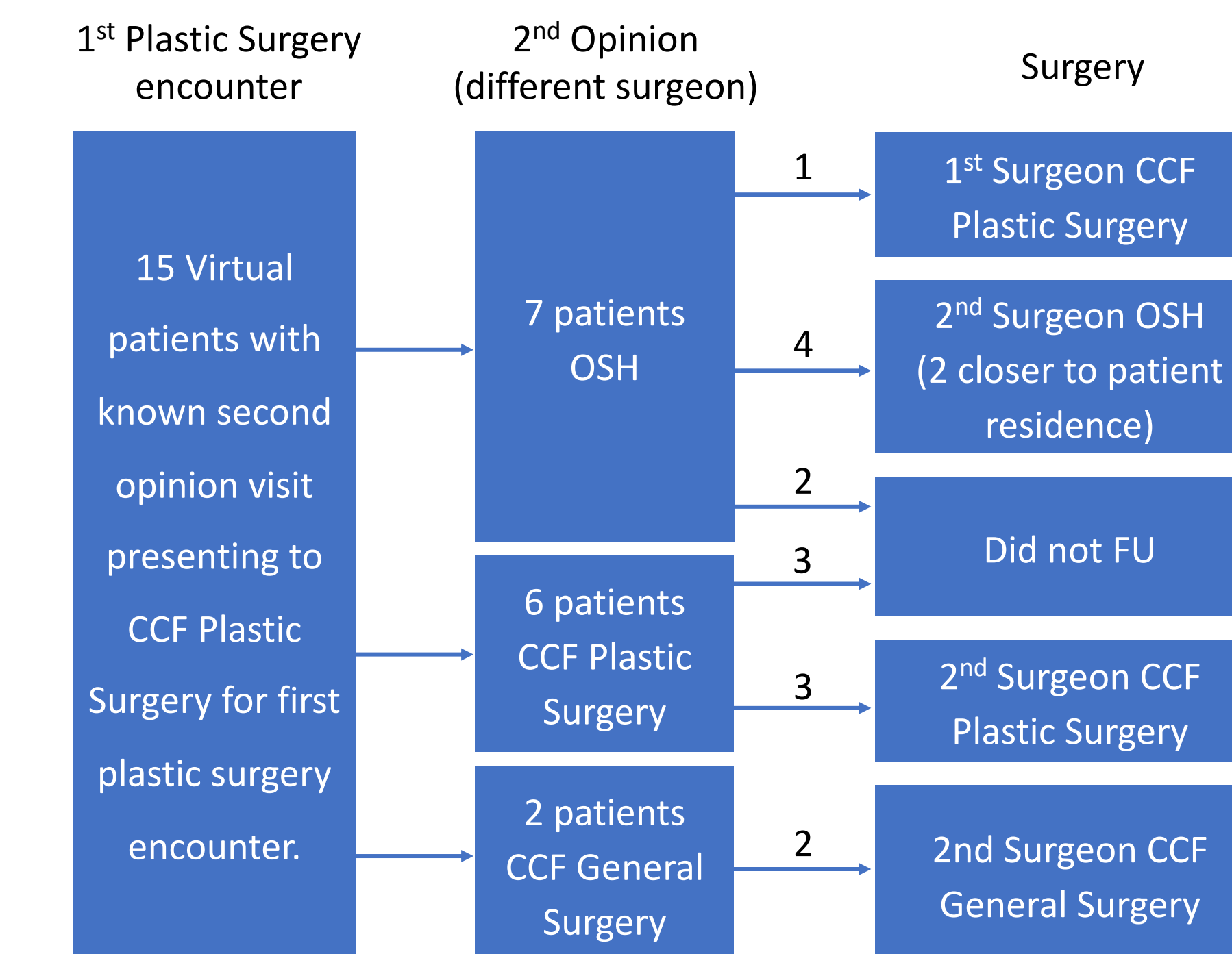
No Difference in Follow-up or Complication Rate

	In Person	Virtual	p-value
Virtual follow-up (>1)	19%	23%	0.25
Follow-up time (days)	98.6 ± 131.3	97.7 ± 119.5	0.94
Complication rate (%)	28/645 (4%)	8/117 (7%)	0.24

Most Complications Evaluated In-Person



Second Opinion



Conclusions

- Telemedicine provides an accessible and efficient alternative to initial in-person clinical visits
- Increase access to care
- Increase practice catchment area
- Similar patient retention and surgical conversion rates