

## Appendix

### **ASPS Breast Reduction Survey**

1. For how many years have you been a practicing plastic surgery?  
0-5 years                      6-10 years                      11-15 years  
16-20 years                      >20 years
2. In what practice setting do you work primarily?  
Private office/clinic    Multispecialty/Group practice                      Academic  
Other: \_\_\_\_\_
3. On average, how many breast reductions do you perform per month (each breast represents one reduction)?  
None                      1-3                      4-6                      7-9                      >10
4. Which technique(s) do you use to perform breast reduction? (Please rank in order, 1 = most common, 4 = least common)  
\_\_\_\_ Wise                      \_\_\_\_ Lejour or modified Lejour  
\_\_\_\_ Liposuction only                      \_\_\_\_ Other: \_\_\_\_\_
5. Were you formally trained in the Lejour technique?  
Yes.    If so, please specify where you received the majority of this training:  
Residency/Fellowship  
Course or conference  
Textbook or online course material  
No
6. Which criteria do you use to guide selection of the technique to use for an individual patient? (Please select all that apply.)  
Breast size                      Degree of ptosis                      Surgeon comfort level  
Patient preference                      Other: \_\_\_\_\_
7. Do you typically perform breast reduction as outpatient procedures?  
Yes                      No
8. What is the major complication rate for breast reduction surgeries you performed (including hematoma, dehiscence, need for revision, necrosis, infection and other complications)?  
<5%                      5-10%                      >10%
9. What has been the most frequent complication requiring intervention for breast reduction procedures you performed?  
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