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more sitting [risk if sitting > 4 hours/day versus less = 1.6(1.1-2.4)], no intake of fish [risk if consuming no fish/day versus some = 1.6(1.0-2.4)] and having either little sleep [risk if sleeping < 5 hrs/day versus 5-9 hours = 1.7(1.1-2.5)] or a lot of sleep [risk if > 9 hrs/day versus 5–9 hours = 6.3(1.9-21)]. In contrast, in older women the only two independent modifiable associations with vitamin D deficiency were lack of PA = 3.2(2.0-5.0) and more sitting = 1.7(1.1-2.8).

Conclusions: In this Macau population classic modifiable predictors of vitamin D deficiency were confirmed in younger women, along with the interesting finding that more sitting and altered sleep patterns were associated with vitamin D deficiency. However, in older women more sitting and less PA were the only factors that were predictive of vitamin D deficiency. It seems that there are big differences in lifestyle between the older generation and the younger, in particular with respect to sun exposure and PA.

P21. Breast-Q ™ in the Prospective Evaluation of the Breast Reduction Results: Preliminary Results of a Prospective Trial

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Background: Breast hypertrophy is a highly prevalent condition worldwide, and the treatment for this condition, the reduction mammaplasty, is one of the most frequently performed procedures by plastic surgeons. Routinely, plastic surgery outcomes are assessed by analysis of photographs and complications. However, in breast surgery, traditional assessments cannot capture all aspects of the condition and its treatment, and the use of patient-reported outcome (PRO) measures is nowadays imperative.

Objective(s): To assess the results of reduction mammaplasty by means of a PRO instrument, the BREAST-Q™.

Material/Methods: This is a prospective, non-randomized trial. A total of 100 breast hypertrophy patients, scheduled for reduction mammaplasty, will be prospectively enrolled. We present preliminary results from 52 patients. After written informed consent was obtained, the Brazilian version of the BREAST-Q™, breast reduction module-preoperative, was self-administered to patients. The BREAST-Q™, breast reduction module-postoperative, was self-administered after 30 days and on the 6th postoperative month. The BREAST-Q™ is a multiscale, multimodule, PRO instrument which measures quality of life aspects and patient satisfaction among women undergoing breast surgery. Each module is composed by independent subscales. In the present study, four subscales were used: satisfaction with breasts, psychosocial well-being, sexual well-being and physical well-being. All the patients underwent reduction mammaplasty by conventional technique, performed by the same surgical team.

Results: To date, 52 patients completed the sixth month assessment. Patients' mean age was 35 years-old (range 18–56 years); mean body mass index 25kg/m2 (range 18–28kg/m2). Mean total weight of resected breast tissue was 826g (range 60–1120g). There was a significant improvement for all the four Breast-Q subcales used (Friedman two-way analysis of variance: $\rho < 0.0001$; pre-operative < one month and six months).

Conclusions: These preliminary results demonstrate that the reduction mammaplasty improves quality of life and leads to high patients' satisfaction.

P22. Antibiotic Prophylaxis in Gynecologic Laparoscopy: Randomized Controlled Trial (Preliminary Results)

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Background: Laparoscopy is a surgical procedure indicated for most gynecological pathologies. It presents numerous advantages over laparotomy, among them lower rates of surgical site infection and less comorbidity feverish. Despite this, the use of antibiotic prophylaxis is widely accepted and performed by most gynecologists.

Objective(s): To assess the need for antibiotic prophylaxis in gynecological laparoscopies not involving the opening of hollow viscera.

Material/Methods: Design: This was a clinical, prospective, double-blind, randomized study, conducted in a private hospital (Hospital and Maternity Santa Paula). Setting: Patients were recruited from the outpatient gynecology clinics after providing written informed consent. This trial was registered in ClinicalTrials.gov as NCT 01991834. Interventions: 90 women with gynecological pathologies, undergoing laparoscopic surgical approach, were consecutively selected. The patients were randomly allocated to either the placebo group - "P" (n = 45), to receive 10 mL of intravenous sterile saline, or to the antibiotic group - "ATB" (n = 45), to receive 1 g of intravenous cefazolin, 30 minutes before the surgery. To evaluate the incidence of surgical site infection, criteria of the Centers for Disease Control and Prevention were used. Patients were evaluated weekly for 30 days.

Results: The groups P and ATB had no significant difference in age (35,4 × 34,5 years; p = 0,28), IMC (24,6 × 24,4 kg/m^2; p = 0,43) and operation time (61 × 71 min; p = 0,21). Only one patient in P group revealed surgical site infection (p = 0,49). And five patients, two in P group and three in ATB group presented inflammatory signs (p = 0,51).

Conclusions: The rate of infection was low (1,1%), supporting a minimal need for antibiotics in general. In the present study, there were no differences between the groups for infectious outcome.