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Action for Outcomes Series  
Managing Adverse Events

# an ounce of PREVENTION

## PRESURGICAL SCREENING, POSTSURGICAL COMPLIANCE KEY TO AVOIDING ADVERSE EVENTS

**P**erforming aesthetic surgery can appear easy and routine for the weathered cosmetic surgeon, but surgeries and their outcomes can go wrong should the surgeon not pay meticulous attention to all aspects of the process. According to one expert, the adage “an ounce of prevention is worth a pound of cure” rings ever so true.



Dr. Niamtu

“Although a joy for most practitioners, the practice of surgery can often be a very intense process,” says Joe Niamtu III, D.M.D., a cosmetic facial surgeon in Richmond, Va.

“If it were simply the surgeon’s expertise that portended outcomes, life would be easier, but, unfortunately, there are countless other aspects of a surgical case that can make it or break it.”

Several variables are key in performing a successful cosmetic surgery with positive aesthetic outcomes, chief of which can be the general health and compliance of patients. According to Dr. Niamtu, surgery is not a profession in which surprises are welcome, and it is the job of the surgeon and a well-trained staff

to make sure that surgical experiences are as safe as possible.

**THE OLDER PATIENT** Medical advances have produced older and medically frail patient populations, and it is not uncommon for cosmetic surgeons to operate on older patients with numerous systemic diseases requiring multiple medications. A thorough presurgical workup and a meticulous physical and history-taking, including the medications that patients need to take (or not take) prior to the cosmetic surgery procedure, is crucial in helping prevent intra- and postoperative adverse events.

Many surgeons would agree that they will typically invest significant time and resources into the presurgical evaluation of their patients, and that a thorough presurgical workup is simply part of standard good practice guidelines that benefit both patient and physician.

In January, the “Donda West” law went into effect in California, mandating presurgical medical workups for cosmetic surgery patients. According to Dr. Niamtu, doctors are somewhat perplexed as to why such a mandate was considered necessary, as careful surgeons have



Sometimes, the best offense is a good defense. Being prepared for medical and surgical complications in patients undergoing cosmetic surgery procedures can be the decisive factor in helping to prevent unwanted adverse events.

always appreciated and acted on this fact. Nevertheless, it is possible that not all surgeons equally practice the highest standard of care, simply due to lack of resources or time.

**FEWER RESOURCES AT PRESENT**

A decade ago, when most cosmetic surgery was performed in the hospital environment, it was very convenient to obtain immediate medical consultation and laboratory tests. If medical or surgical problems were encountered in this arena, there were scores of physicians and staff to assist. Today, a significant amount of cosmetic surgery is performed in accredited surgery centers and accredited office ambulatory outpatient operating rooms. This greatly reduces the availability of staff, consultants and resources in case of a surgical or medical misadventure.

“My surgery center is AAAHC (Accreditation Association for Ambulatory Health Care) accredited, and I think it is a good idea to use the same preoperative surgery and anesthesia testing protocol that is used by local hospitals. These are largely age-based, but are somewhat flexible in relation to the patient’s health and proposed surgery,” Dr. Niamtu explains.

A preemptive strategy is the best approach to avoiding adverse events, and, according to Dr. Niamtu, a soundly formulated plan needs to be in effect for all presurgical patients, regardless of their age or perceived good health.

General health considerations are foremost in the preoperative workup, and secondly (but of equal importance), systemic disease states including metabolic, cardiac and pulmonary conditions must be surveyed in the medical questionnaire. Patients should be asked if they are currently seeing a doctor, as they may not respond to standard questions, and anesthesia concerns must be addressed, as these may often be overlooked in standard questionnaires.

“It is paramount to know if patients have had negative anesthesia experiences or have a family history of malignant hyperthermia. For these and all other vital issues, I have personally found a greater accuracy when using online medical history forms that patients can fill out at their convenience than office forms that are sometimes hurriedly completed in the reception room,” Dr. Niamtu says.

**MEDICATION CHALLENGES** Medications can be one of the most challenging aspects of cosmetic presurgical screening. Cosmetic surgery patients can be taking numerous

medications that affect the surgery and the anesthesia, and as patients can often be poor historians, it is the task of well-trained staff members to pry out the exact medications, doses and regimens that a patient is taking. Numerous medications can also affect the dynamics of anesthesia or impact postoperative bleeding, and failure to get a complete medication history can contribute to morbidity and mortality.

“Bleeding is the bane of surgery and is certainly an unwanted problem in cosmetic surgery,” Dr. Niamtu says. “The best facelift can be ruined by a hematoma, and other cosmetic surgery cases can involve life-threatening blood loss. Knowing and controlling which medications your patients are taking is crucial.”

Systemic conditions and medications — such as Coumadin (warfarin, Bristol-Myers Squibb), heparin and aspirin — that can affect the clotting process need to be identified and managed by the surgeon and staff (as well as the patient’s physicians) in the perioperative periods. Although the literature is conflicting in terms of the effects of high-dose vitamins and herbal preparations on coagulation, many surgeons prefer patients to cease taking ginkgo, garlic and ginseng, as well as high-dose vitamin A, vitamin E or fish oil, prior to elective cosmetic surgery.



“The minimum hematologic workup in my office for healthy patients varies upon the invasiveness of the procedure. For blepharoplasty, browlift and facelift, I obtain a PT (prothrombin time), a PTT (partial thromboplastin time), a CBC (complete blood count) with platelets. A bleeding time

is used to verify platelet quality, as bleeding problems can occur with normal PT, PTT and

platelets. Surgeons that routinely order bleeding time studies will generally find several patients positive for von Willebrand disease in course of a year,” Dr. Niamtu says.

**SIGNS OF NONCOMPLIANCE** According to Dr. Niamtu, cosmetic surgeons should take the time to explain to the patient that although the surgeon does the surgery, the patient is equally responsible for the outcome, and failure to comply and be forthright can compromise the work of the best surgeons. Some warning signs that the surgeon could look out for to help identify possible noncompliant patients include the following:

- Those who ask questions repeatedly
- Those who interrupt the physician to ask other questions
- Those who are “too busy” for surgery
- Those who don’t make eye contact or don’t seem to “get it”
- Those who are constantly getting phone calls during their consult and demonstrate a lack of genuine interest
- Those who only ask monetary questions
- Those who are present and do not speak, but have a spouse who acts as a “mouthpiece”
- Heavy smokers or those who exhibit other behaviors that go against self-preservation

“The patient must take a share of responsibility for the surgical outcome, and they need to understand this. This joint responsibility can be communicated by explaining previous case examples where patients compromised outcomes. If I think a patient is resistant or does not comprehend, showing them images of past cases where things went wrong due to poor woundcare, medication non-compliance or overuse of heating pads can be helpful in getting the message through and helping them understand,” Dr. Niamtu says. “Sometimes, you have to scare someone to get their attention.” ◀

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