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How Can Cosmetic Patients Be Empowered To Make An Informed Choice?

By Gary Ross

Gary Ross It's all about you

Cosmetic interventions have recently undergone a review by the Department of Health (DOH). Simultaneously the private healthcare market has been referred to the Office of Fair Trading. The Competition Commission has stated that there needs to be "collection and publication of information on the performance of private hospitals and individual consultants." This was also an important part of the DOH review in 2013. By engaging in this process we hope that we can improve patient safety and help inform choice.

As cosmetic and aesthetic treatments increase in the UK, the safety of patients is paramount. Regulation of individual consultants through an appraisal and revalidation governance framework has increased the awareness that patients should seek advice from consultants on the Specialist Register of the General Medical Council (GMC). Consultants must obtain privileges to provide cosmetic treatments in private hospitals and maintain appropriate indemnity that is valid in the UK. Hospital providers must ensure consultants are offering treatments within a validated scope of practice, having had appropriate training and should perform a validated evaluation of surgical competence / ability. Reporting mechanisms must be adhered to and governance assessed through active inspection and enquiry by the regulatory body the Care Quality Commission (CQC).

What is often overlooked is that a cosmetic treatment is only a small part of a patient treatment episode and the DOH review has highlighted the importance of preoperative and postoperative care. The initial consultation of patients and the detailed giving of consent should be given by the consultant performing the treatment. These should not be performed at the same time and a cooling off period is essential to allow patients to reflect on their consultation. Consent and information giving should be on an individualised basis and although generic information may be useful, emphasis of potential risks and complications need to tailored to the individual. Cosmetic patients may be particularly vulnerable and must not be pressurised into a treatment without consideration of all the options and the risks and benefits. After treatment consultants and providers must have appropriate mechanisms in place to treat patients through the patient journey. Patients need to have clear discharge plans and information regarding out of hours care. Patients must be aware of how complications will be treated by both consultants and providers.

Health Education England and the Royal College of Surgeons are currently developing standards for training for anyone practicing cosmetic non-surgical and surgical interventions respectively. This will help to provide clarity in credentialising practitioners moving forward. Following credentialising consultants will validate within their anticipated scope of practice and will undergo a mentoring process alongside more senior clinicians. With appraisal and revalidation of consultants and CQC assessment of providers there is a now a framework to protect patients in the independent sector. Some complications will occur and it is important that the reasons for these are addressed through appraisal, revalidation and through CQC provider regulation. Transparent validated outcomes by practitioners and providers will help patients make informed choices.

The key when consulting for a cosmetic treatment is that one must consult with a practitioner with an understanding of the pros and cons of both surgical and non-surgical treatments. Practitioners must be able to show results of their work and provide outcome data related to the various options offered.

Right now the question is whether the public understand or want to seek out a practitioner within a governance framework? It is imperative for their safety that they understand and our duty as consultants is to try and educate and provide transparent outcome data. Unfortunately patient's choice of a practitioner /provider is often down to marketing, advertising, special offers and cost.

Awareness of risks, side effects, aftercare arrangements, governance framework, safety and outcome results may not be currently considered important in choosing a practitioner and provider. A cessation of illicit advertising, price incentivisation and an introduction of custodial sentences for those not adhering to a clear set of advertising standards may alter current practice.

With the introduction of transparent outcome data patients can be empowered to make an informed choice and we hope that this information will be at the forefront of their decision making process.

Are new techniques possible in the independent sector?

All new techniques must be performed by practitioners undergoing appraisal and revalidation and verified through the governance framework of a private provider. One such recent technique that has increased in popularity is the use of liposuction to remove fat followed by injection of this fat into the breast for both reconstructive purposes and augmentation purposes. NICE guidance and BAPRAS / ABS guidance has provided guidance on this procedure and patients should consult with clinicians who can go through the pros and cons of all the options available. They must be experienced in liposuction, fat transfer and breast aesthetic / reconstructive surgery. The informed consent process must allow patients to be empowered to make their own decisions. Where cases are performed like this in the independent sector clinicians must adhere to the guidance of NICE and their professional bodies. Patients must be given all information related to the various options that exist.

In the case described this lady had a breast cancer removed from the right breast with a scar in the upper pole (preop picture 1). She wished to have an increase in volume in the right side but also wished to have an increase in size on the left as a breast augmentation procedure. Currently we do not believe there is a risk associated with injection of fat into the breast although it is important that the fat is harvested correctly and the correct volumes are injected. The injection of viable fat in the correct volumes is essential in order to prevent irregularities and possible abnormalities on subsequent breast screening. This lady has sufficient fat deposits and good skin elasticity (preop 2) allowing harvest of fat without creation of irregularities from where the fat is harvested. In this case bodyjet liposuction has been used to harvest fat and in a sterile manner prepare fat for fat injection. Delicate placement of fat in the correct manner avoiding injection directly into the breast tissue is essential so that the new fat is in the fat layer of the skin and in the deep plane next to the muscle. In this way the fat will not interfere with subsequent breast screening. Patients must be aware that volume will decrease over time and be aware that they may need further fat transfer as a second stage. Meticulous adherence to correct process can provide good results (post op 1 and 2).

This case highlights the use of the technique in reconstruction following oncological excision and breast augmentation while also improving body contour. It also highlights the limits of volume increase that can be achieved by one treatment of autologous fat transfer in the longer term.

The use of autologous fat transfer will not supersede breast augmentation with breast implants. Patients wishing to undergo breast augmentation must consult with clinicians able to offer and show results of outcomes of both autologous fat transfer and breast implants that they have performed.

Through the production of validated outcome data and the use of case studies one is able to give patients information that will allow patients to make an informed decision. Please see www.garylross.com for information related to cosmetic treatments and individualised outcome data.

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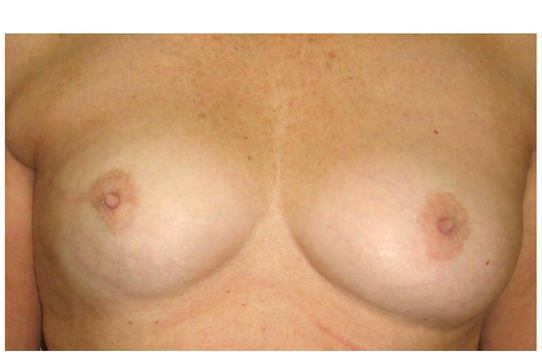
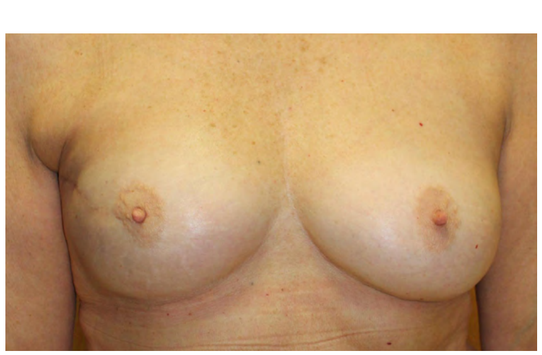
Mr Ross performs breast, head and neck and body rejuvenating procedures at the BMI Alexandra. By individualising treatments for patients he is able to deliver personalised care from first consultation throughout the patient journey. He focuses on achieving optimal outcomes for patients and has published his own individualised outcomes that are available on his website www.garylross.com

Mr Ross has been working in plastic reconstructive and aesthetic surgery for almost 20 years and as a consultant for the last seven years. He has published extensively throughout his career and is involved in teaching and education through his role as honorary senior lecturer at the University of Manchester. He is a full member of British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS); British Association of Head and Neck Oncologists (BAHNO), British Association of Aesthetic Plastic Surgeons (BAAPS), Association of Breast Surgeons (ABS), General Medical Council (GMC) Specialist Register for Plastic Surgery (number 4220633) and has a Certificate of Completion of Training (CCT) in Plastic Surgery.



PRE-OP



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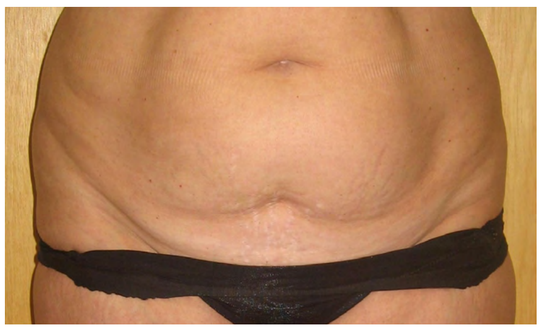

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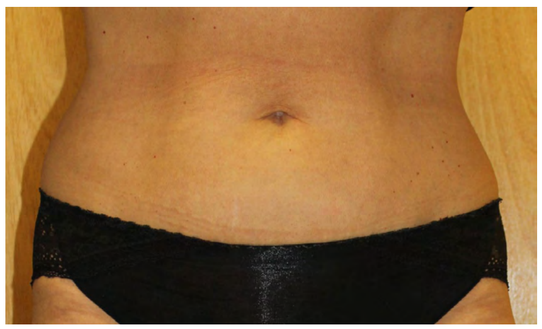

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