# Patient Selection & Education: The Path to Success Starts Before Surgery

Karol A Gutowski, MD, FACS

Hot Topics





#### Disclosures

None related to this topic

Will use brand names due to lack of distinguishing generic names

#### Presentation Level of Evidence

#### **Levels of Evidence and Qualifying Studies (Therapeutic Studies):**

- High-quality, multi-centered or single-centered, randomized controlled trial with adequate power ( $N \ge 100$ ); or a systematic review of these studies
- II Lesser-quality, randomized controlled trial; prospective cohort study; or systematic review of these studies
- III Retrospective comparative study; case-control study; or a systematic review of these studies
- IV Case series
- V Expert opinion; case report or clinical example; or evidence based on physiology, bench research or "first principles"

# Objectives

- Establishing the patient-physician relationship
- Educating patients for decision making
- Identifying "problem" patients
- Matching patients to the procedure
- Dealing with complications

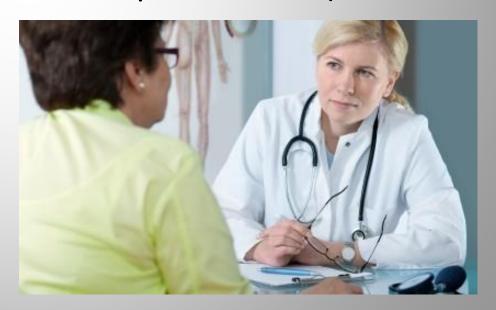
Your reputation will be determined by who you DON'T operate on

# Plastic Surgeon & Patient Relationship

- Different than with primary care doctor
  - Short episode of interaction
  - Fear of surgery
  - Multiple consultations (doctor shopping)
  - Aesthetic & body image concerns
  - Self pay consumer
  - Patient already "did their research"
  - Online doctor reviews
- Need to address these additional factors
- What is patient's motivation

# Establishing a Positive Relationship

- Starts with your staff and first phone call
- A first impression is long lasting
- Spend time with patient
  - Eye contact (not with the computer screen)
  - Let them talk
  - Sit face to face
  - Body language

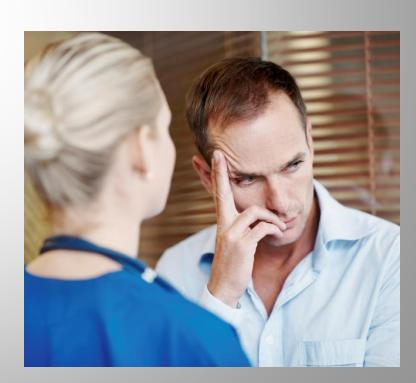


#### Time with Patients is Critical

- Caution with Patient Care Consultants
  - Especially with financial incentives
- Every 1 minute spent before surgery saves 5 to 10 minutes after surgery
- Possible problems discussed before surgery are understandable, events not discussed are complications
- Before surgery, patients judge you by your compassion & empathy (and internet search)

#### What to Watch For

- Angry patients
  - Find out why
- Upset with other doctors
  - May be understandable
- Are they listening?
- Are they understanding?



# Patient Red Warning Flags

- Staff has concerns
- Nice to you but rude to staff
- Very critical of other doctors
- Only you can help them
- Too focused on one thing
- Very minor deformity but big concern
- Difficulty paying attention, unfocused, interrupts, changes subject



# More Red Flags

- Overly complimentary of doctor you & staff
- Wants totally elective procedure done right away
- Insurance coverage for aesthetic procedure
- Repeat surgery or repair of another doctor's work
- Patient sued anyone else
- Workers' compensation case or other legal action
- Spouse or significant NOT aware of procedure
- Underlying anger, depression, hostility

# More Red Flags

- NOT financially able to handle the costs of procedure or complications
- Past non-compliance with instructions
- Unrealistic expectations
- Too much focus on price
- "Doctor shopping" to hear the answer they want
- Bring pictures of celebrities and wants exact result
- Experiencing a negative life event

# Body Dysmorphic Disorder

- Obsessive idea that some aspect of appearance is severely flawed and warrants exceptional measures to hide or fix it
- Flaw is either imagined or severely exaggerated
- Thoughts about it are pervasive and intrusive, occupying up to several hours a day
- 2-3 % of population, men = women
   Up 7 to 15% of aesthetic surgery patients

#### SIMON

- Single
- Immature
- Male
- Overly expectant
- Narcissistic



Avoid SIMON – will not be happy

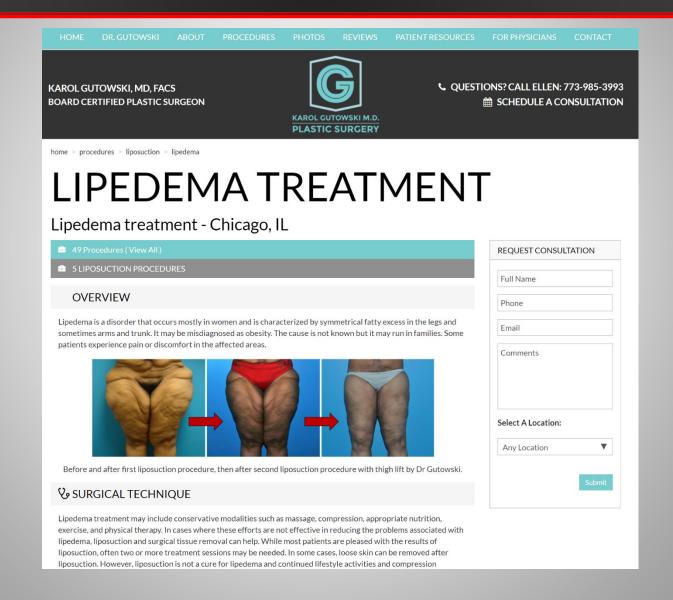
#### **SYLVIA**

- Secure
- Young
- Listener
- Verbal
- Intelligent
- Attractive

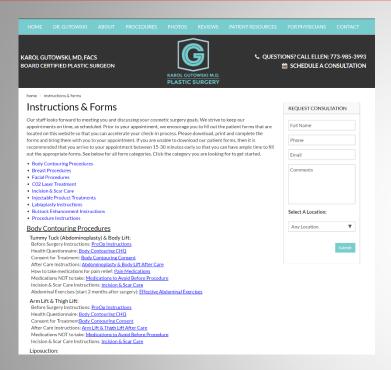


Ideal patient to be pleased with results

#### Start Education Before Consultation



#### All Instructions On Website



#### **Breast Procedures**

**Breast Augmentation with Implants:** 

Before Surgery Instructions: <a href="PreOp Instructions"><u>PreOp Instructions</u></a>

Health Questionnaire: Breast Augmentation CHQ

Frequently Asked Questions: FAQ Breast Augmentation

Consent for Treatment: Breast Augmentation Consent

After Care Instructions: Breast Augmentation After Care

How to take medications for pain relief: Pain Medications

Medications NOT to take: Medications to Avoid Before Procedure

Incision & Scar Care Instructions: <u>Incision & Scar Care</u>

Capsular Contracture Treatment: Capsular Contracture Treatment

FDA Material to Consider Before Breast Implant Procedures:

FDA Questions to Ask Before Breast Implant Surgery

FDA Things to Consider Before Getting Breast Implants

**FDA Breast Implants Complications** 

FDA Silicone Gel Implants Safety Update 2011

FDA Update on Safety of Silicone Gel Implants Executive Summary

#### Scar Care

HOME DR. GUTOWSKI ABOUT PROCEDURES PHOTOS REVIEWS PATIENT RESOURCES FOR PHYSICIANS CONTACT

KAROL GUTOWSKI, MD, FACS
BOARD CERTIFIED PLASTIC SURGEON

KAROL GUTOWSKI M.D.

C QUESTIONS? CALL ELLEN: 773-985-3993

**PLASTIC SURGERY** 

home > patients > scar treatment

#### Scar Treatment

One frequent concern of any patient considering surgery is what will the scars look like. Since scar formation is the body's normal response to any injury and it is also part of the healing process, you should expect to see a scar form shortly after surgery. Over time, most scars fade and become less noticeable but they first go through phases of intense redness and sometimes become raised and firm. This is part of the normal healing process and lasts for 3 to 6 months before slow improvement is seen.

#### **Treating Scars After Surgery**

Fortunately, there are some things you can do to minimize the appearance of scars after surgery. Discuss these recommendations with your surgeon to see if they are appropriate for you.

- Keep the incision areas out of direct sunlight as it may cause hyperpigmentation (darker scar color). Consider using a sunblock with at least 30 SPF starting a week after surgery.
- Use a silicone based product on the scar starting the second week after surgery.
- Massage the scar with a water based lotion 3 to 5 times per a day for 5 to 10 minutes starting the third week after surgery.

Some things NOT to do to improve scars include applying vitamin E (not proven in medical studies and may irritate the skin) or aloe vera lotion (the active ingredient is nearly gone by the time it gets to the store).

Download more detailed information at Incision & Scar Care.

#### Dr. Karol Gutowski's Scar Treatment Experience

"In my scar treatment experience with thousands of patients, I can recommend the following products for minimizing scars after surgery:

- For tummy tucks (abdominoplasties) and body lifts, I instruct my patients to use a GelZone wrap 4 to 7 days after surgery and continue using it for at least 3 months (12 to 20 hours per day)
- For breast augmentations, reductions, lifts and for arm lifts and thigh lifts, I suggest using NewGel+ silicone gel
  sheets starting 7 to 10 days after surgery and continue using it for at least 3 months (12 to 20 hours per day).
- For incision on the face, or in areas that the silicone gel sheets will not stick, I recommend using a NewGel+ silicone
  gel ointment for at least 3 months.
- Another great option for incisions on the arms, legs, breasts, or trunk is 3M Micropore Paper Tape. Applying the tape right after surgery and changing it every 1 to 2 weeks typically results in a thin and flat scar after 3 months.

	JLTATION
Full Name	
Phone	
Email	
Comments	
select A Location	:
Any Location	▼



This patient is shown before a body lift & breast lift, and then 1 months and 3 months after surgery. She used NewGel+ silicone gel sheets to improve the appearance of her scars.

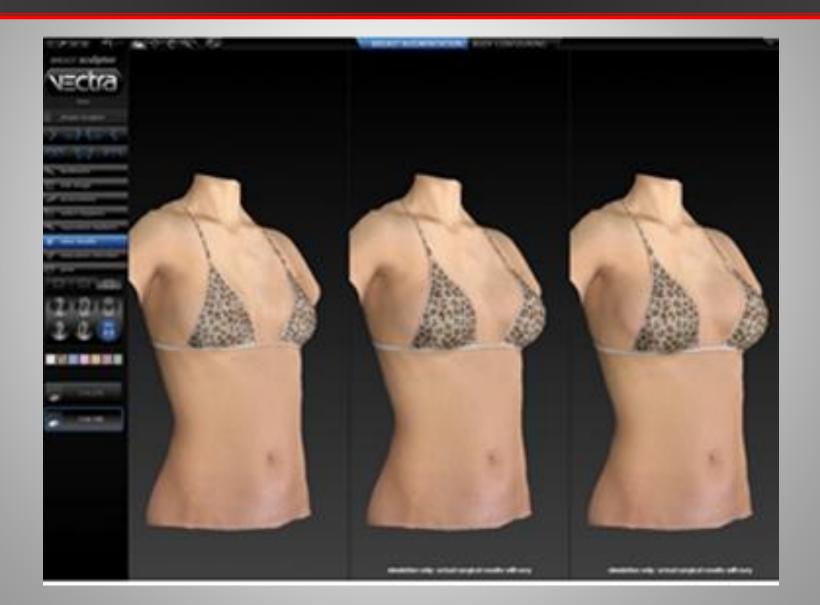


NewGel+ Scar Solution

# **Imaging Simulation**



# **Imaging Simulation**



# Virtual Reality Simulation

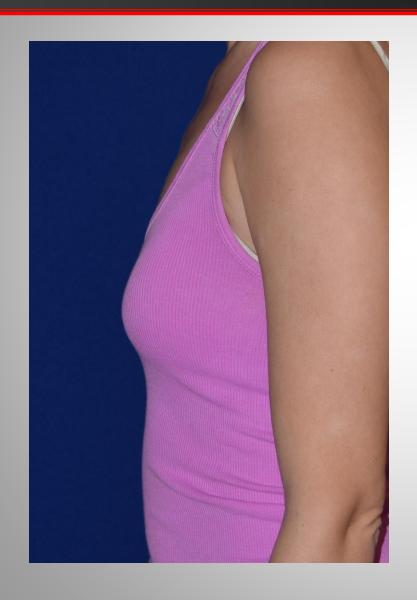


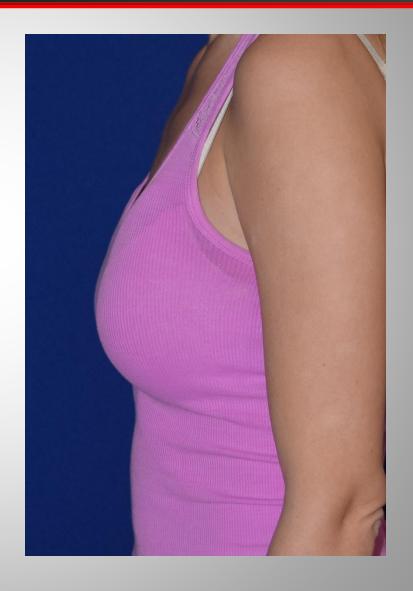
# Breast Augmentation Sizers



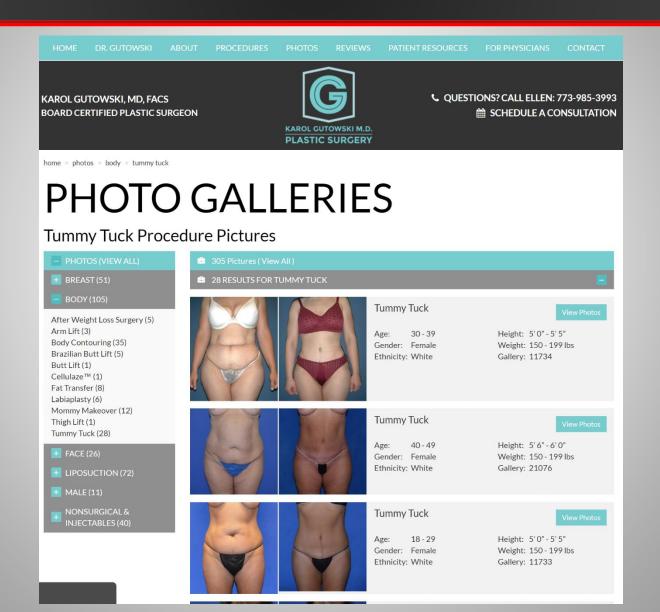


# Breast Augmentation Sizers

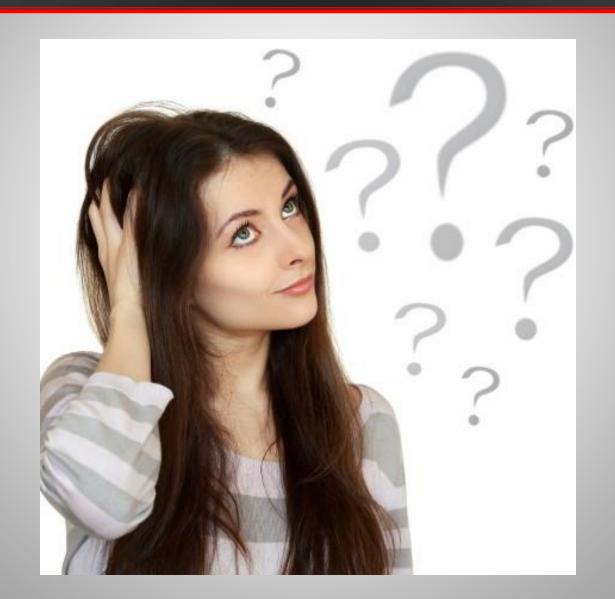




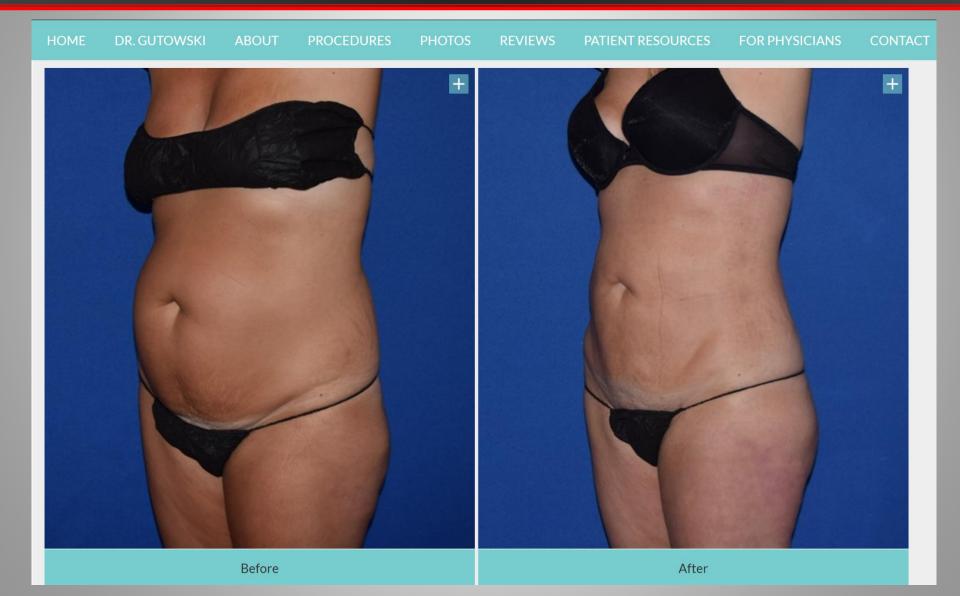
#### Use Your Website for Education



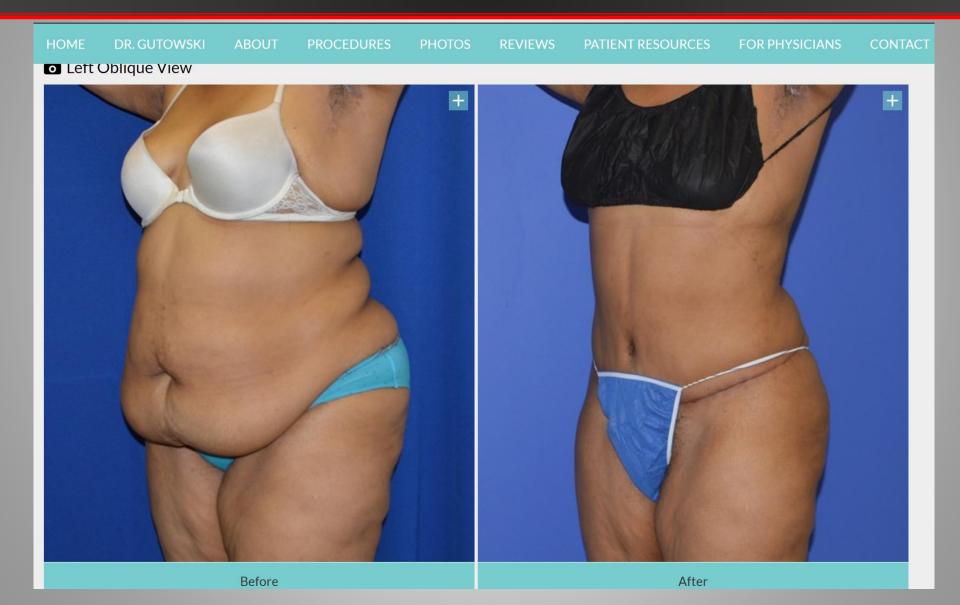
# Every Day Question: Lipo or Tummy Tuck



# **Liposuction Results**



# Lipo-Abdominoplasty Results



# Non-Surgical vs Surgical Treatment



# Injectable Filler Example





NOT just 1 syringe!

## **Show Areas of Treatment**

#### Show What is Possible

Is this the result you want? Then consider surgery

#### Informed Consent Process

- It is a process, not just a document
- Allows for proper patient decision making
- Should be discussed by surgeon
- Done before surgery
- Procedure specific
- Available from ASPS

### **Detailed Informed Consent Document**

	Informed Consent For	
Breast Augmentation & Lift		
PLEASE REVIEW A	AND BRING WITH YOU ON THE DAY OF YOUR PROCEDURE	
PATIENT NAME		
	s with Dr Gutowski, I understand and agree with, and choose to ns as part of my breast augmentation & lift:	
Implant Type	Saline Silicone Smooth Textured	
Implant Size & Shape	Right cc Leftcc Shape	
Incision	Under breast Around areola Armpit	
Implant Pocket	Above muscle Under fascia	
	Below muscle or dual plane	
Dr. Gutowski is not able t	o predict a specific breast or bra size after this procedure.	
Dr. Gutowski will do his b	pest to minimize the incisions and scars but I expect there will be:	
A scar around	my nipple and areola	
A scar from m	ny areola to the crease on my chest at the bottom of my breast	
A scar in the b	preast crease extending to the side of my chest	
Patient Signature	Date	
	KAROL A. GUTOWSKI, MD, FACS  AESTHETIC SURGERY ERRIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY	

## Breast Augmentation: 9 pages

- What is being done
- Risks
- Alternatives
- Potential complications
- Financial obligations
- Use of patient images

 Reviewed and signed before day of surgery



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#### Cannot Blame Patient for Bad Choice

- If a patient wants a treatment that you do not feel is appropriate – do NOT do it
- "The patient wanted it" is not a legal or ethical excuse regardless of informed consent
- Professionals have a duty to put patient's interests first

### Patient Selection & Ambulatory Surgery

#### PATIENT SAFETY

**Outcomes Article** 

#### Evidence-Based Patient Safety Advisory: Patient Selection and Procedures in Ambulatory Surgery

Phillip C. Haeck, M.D. Jennifer A. Swanson, B.S., M.Ed. Ronald E. Iverson, M.D. Loren S. Schechter, M.D. Robert Singer, M.D. C. Bob Basu, M.D., M.P.H.

**Summary:** Despite the many benefits of ambulatory surgery, there remain inherent risks associated with any surgical care environment that have the potential to jeopardize patient safety. This practice advisory provides an overview of the preoperative steps that should be completed to ensure appropriate patient selection for ambulatory surgery settings. In conjunction, this advisory identifies several physiologic stresses commonly associated with surgical procedures, in addition to potential postoperative recovery problems, and provides

# Complications

- Complications will happen
  - Follow patients closely
- Lower the risk before surgery
  - No tobacco use for risky procedures
  - Staged procedures
  - Risk assessment tools
- Be honest with patients
  - Address the issue upfront (before Google search)
  - Don't need to assign blame
  - OK to say "I'm sorry" (in most cases)
- Keep seeing them until they apologize to you

#### Unfavorable Results

- Have a revision policy (touch ups)
  - Discuss <u>before</u> treatment
  - Reasonable revisions for 1 year?
  - Charge only for supplies?
- Be honest with patients
  - Address the issue upfront (before Google search)
- Be fair your reputation matters

## Summary

- Set a good example before the first encounter
- First consultation is critical
- Not everyone needs a treatment
- Educated patients are better patients
- Spend time with your patients

**Applies to your staff** 

# Patient Selection & Education: The Path to Success Starts Before Surgery

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**Hot Topics** 

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