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MANAGING ERRORS AND COMPLICATIONS IN AESTHETIC MEDICINE

 **S.I.E.S.**
Società Italiana di Medicina e Chirurgia Estetica

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EXTRA CONTENTS

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In memory of Cosimo Torio

Preface

The subject of complications has always been avoided, left out of discussion and skimmed over in the scientific environment, particularly in the field of aesthetic medicine.

When many years ago the members of the SIES Scientific Committee, at the front line Paola Molinari and Maurizio Cavallini, proposed sessions, round tables and debates on this topic I didn't hesitate to welcome this new aspect and this was not a mistake.

Aesthetic medicine is a medical practice that is carried out today with the aid of products that have become more and more innovative, safer and certainly more biocompatible. Compared to earlier times, with the meagre offerings available in the 90s, today the cosmetic surgeon has a wide choice and if the correct precautions are taken can do so in complete safety. Nevertheless, despite this, the unexpected is always around the corner. This can be caused by human error or by biological reactions of the patient's body to the product used, whether implants, electro-medical, peeling, etc.

Therefore, why not talk about this openly in the scientific community? Errors, experiences, the patient's biological reactions, just as every event connected to clinical practice does, makes up our experience and if we sum up the experiences of each one of us and share them our growth will be exponential.

This was our intuition and this is the path we have taken.

Since we began to deal with "Complications in Aesthetic Medicine" there have been many conferences, round tables and symposiums. The topic is the theme of a course offered very successfully every year at the CPMA Valet School in Bologna. In 2015 this important manual will be published. At the same time the SIES Safety App will become available in the Apple Store and the Play Store, giving help to SIES members for the best management of the most critical clinical cases and relative legal requirements.

This means that initiatives for increasing the professional growth of each of us are multiplying. Keep this manual on the table, the first method for avoiding the need to manage a complication is to learn how to prevent it!

Thanks to the Authors and to all who have contributed to its creation; a group of experts chosen individually for each topic treated, an enrichment that only the sharing of experience can offer.

*Good reading
Maurizio Priori*

Introduction

PREVENTING COMPLICATIONS

I have been asked by friends who helped compile this volume on complications what might be a good subject for a few pages dedicated to managing some of them in the field of aesthetic medicine. In my mind I immediately saw images of faces, lips, cheekbones and areas with lesions due to accidents where intervention was necessary, through our fault or that of colleagues, to remedy “difficult” situations.

I thought that writing a book is truly an arduous undertaking. But I also told myself that the best way to manage complications is to not have any... it would be nice, wouldn't it?

I know that many will laugh after hearing this but let's see how complications have an impact on the practice of aesthetic medicine.

In first place we find infections, in second place inflammatory reactions and third comes the use of unsuitable methods for the pathology or for the functional anatomical characteristics of the patient.

CLASSROOM WITH COLLEAGUES OBSERVING THE INSTRUCTOR ILLUSTRATING TECHNIQUES AND METHODS OF AESTHETIC MEDICINE

He cautions about sterility, prepares the operating field, puts on the surgical mask, cap, sterile gloves, lays out the instruments on the table. In other words, everything is perfect. He begins and there you are! He takes the box of product and begins the procedure. Both the box and the envelope inside will have been handled who knows how many times and now they are in the hands of a doctor wearing sterile gloves!!!

This memory brings me instantly back to Professor Possati who demanded we wash our hands for at least ten minutes before putting on the sterile gloves and his maniacal attention to sterility. Certainly, he had become a surgeon under experts who did not have antibiotics available.

Point one: Infections

I wanted to give this example to emphasize how carelessness can lead to consequences that cannot be traced back to an intended error. We must equip and prepare our minds to a way of working that makes us constantly consider what we are doing.

We cannot work in a context that leads to distractions. Cell phones must be off, secretaries should not be allowed to enter to ask a question or, even worse, bring a telephone or something to sign. Nurses should not wear rings or have false fingernails, they must wash their hands, wear gloves and help perform our duties proficiently.

We must remember that the patient's skin is not sterile and that makeup is “essential” only when going out but that on the clinic bed there must not be even a trace of it. Therefore the patient must first have all her makeup removed and then we go on to disinfect the zone to be treated. Careful, I have seen many errors here too: if we are using dermatographic pencils for marking either they have already been sterilized and are waiting on the surgical table for use or, once the markings have been made in the zone to be treated, they are removed and the zone is once again disinfected.

Unfortunately, even super-expert colleagues, it seems, mark lines and curves and then immediately start the procedure.

The syringes we use, for example, are sterile until they leave their packaging and then can be contaminated if we do not have sterile gloves on. We must not touch the needle to bend it in order to inject with what may be techniques that are more suitable to the different products.

Once it has been opened and used the packaging must be tossed. Some colleagues keep already opened vials of product in the fridge to then use them again on the same patient. This is a terrible mistake, in fact, an “abomination”. The risk is that of injecting a mixture of streptococcus, staphylococcus, viruses, fungal spores and who knows what other wonders of the sub-microscopic world!

Instead, we must remember that once a vial is opened it must be thrown away immediately. Vials with a rubber stopper to be punctured must have the stopper itself sterilized before introducing the needle. Finally, disposable material is called that because as soon as it is used it is thrown away.

While working speak little and think a lot about what you are doing.

This sentence should be read over and over.

Our assistants are there to help and not to distract us with unnecessary chatter.

Once treatment is finished, the use of a bactericidal cream is advisable and some precautions should be taken. It is better to make the patient wait a bit before letting him leave the surgery. If we notice minor bruising it is useful to apply pressure with our fingers and then ice for about twenty minutes. It is also a good idea to contact the patient in the hours after the procedure and if possible see him after 24 hours. If anesthetics with adrenaline are used, the vasodilation effect a short period after the end of anesthesia must be evaluated.

This subject is treated in another part of this book in greater detail.

Returning to our topic, remember not to introduce bacteria together with the products used. And, in regard to the products we use such as gauze, if they touch the needles they must be sterile, therefore the needles are to be dried only with sterile gauze, otherwise it is better to have a drop of hyaluronic acid or botulinum hanging off the tip of the needle.

Point two: inflammatory reactions

Inflammatory reactions are also treated in another chapter. It is a good idea to remember to acquire our products from serious and known suppliers who provide traceability certificates, but above all to use tested products with a certain and certified origin.

Remember that pharmaceutical representatives are not our dear childhood friends but persons who are paid by companies to sell their products. These very same producers, and it has already happened many times, experiment thanks to the doctors using their products.

How often have we seen colleagues, out of vanity or for compensation, illustrate producer-sponsored products at conferences or meetings claiming their fantastical properties and marvelous characteristics which then vanish into thin air after a few months, leaving those who have already started using them in trouble? The best answer given is that there were unforeseen reactions... which in truth really were foreseeable, if initially there had been more testing on the product's characteristics.

I spoke about the origin of the product because many doctors acquire low-cost products of unknown origin. NEVER DO THIS. You don't know what it is and how it's been made. Often those reactions mentioned are caused precisely by these compounds that have not been adequately tested.

Point three: regarding the use of methods unsuitable to the pathology or to the anatomical-functional characteristics of the patient

Beyond the rules of asepsis we must always abide by, it is necessary to evaluate the patient's health and ALWAYS ask if they take any medications and/or have taken any in recent days. It often happens that a patient will forget to tell us what he takes because he has been taking it for years and no longer considers this treatment important. Many times I have interviewed patients taking anticoagulants who do not mention this therapy. Immune suppressors, diabetes, metabolic diseases, active acne, there are

many diseases that should be carefully evaluated before undertaking a cosmetic procedure. We must never stop worrying about the sun. It is always lying in wait to mark the skin of patients undergoing methods involving ablation of the surface tissues. Remember that sun protection creams are only creams and are certainly not an absolute barrier to UV rays. To really protect the skin we would have to apply the cream every two hours...how many times have we heard patients tell us that their skin became splotched despite their use of sunscreen? Then we find out that a 50-gram tube lasted for two weeks at the beach when they would need two tubes a day.

I remember an elderly surgeon at a conference saying:
“When I was young my patients were afraid of me... but now that I’m old I’m afraid of my patients”.

It can take years to gain a person’s trust but it just takes a minute to lose it. Easy gains lead to nothing.

A final, and perhaps the most important, consideration:
HUMBLINESS, CARE and CULTURE are our only allies!

Crescenzo Di Donato

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AUTHORS' STATEMENT

"Images of cases of complications and side effects are hard to come by and often of low quality. This depends on the fact that they are collected by doctors worried about the consequences, the product of nighttime "selfies" by patients and sometimes hidden out of shame, sometimes covered by silence because of ongoing litigation. Nevertheless we believe this round-up of clinical cases is sufficiently comprehensive."

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Thanks to Maurizio Priori who as President of the Italian Society of Aesthetic Medicine and Surgery (SIES) has scientific belief in this initiative. Thanks to Santa Parrello who with her priceless editing has allowed this volume to come out quickly in good form.

Thanks to all our colleagues who will read and understand the meaning of this monograph which is meant to be above all an invitation to preparation, study, modesty, growth of knowledge, all finalized to safeguarding the patient and this discipline which is all too often underrated.

Maurizio Cavallini and Paola Molinari

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