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
Levels of Evidence and Qualifying Studies (Therapeutic Studies):

I  High-quality, multi-centered or single-centered, randomized controlled trial with adequate power (N ≥ 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

Mark Gorney, MD
SYLVIA

• Secure
• Young
• Listener
• Verbal
• Intelligent
• Attractive

Ideal patient to be pleased with results
LIPEDEMA TREATMENT

Lipedema treatment - Chicago, IL

OVERVIEW

Lipedema is a disorder that occurs mostly in women and is characterized by symmetrical fatty excess in the legs and sometimes arms and trunk. It may be misdiagnosed as obesity. The cause is not known but it may run in families. Some patients experience pain or discomfort in the affected areas.

Before and after first liposuction procedure, then after second liposuction procedure with thigh lift by Dr Gutowski.

SURGICAL TECHNIQUE

Lipedema treatment may include conservative modalities such as massage, compression, appropriate nutrition, exercise, and physical therapy. In cases where these efforts are not effective in reducing the problems associated with lipedema, liposuction and surgical tissue removal can help. While most patients are pleased with the results of liposuction, often two or more treatment sessions may be needed. In some cases, loose skin can be removed after liposuction. However, liposuction is not a cure for lipedema and continued lifestyle activities and compression...
All Instructions On Website

Breast Procedures

Breast Augmentation with Implants:
Before Surgery Instructions: PreOp Instructions
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: Incision & Scar Care
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

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 NOC 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.
Imaging Simulation
Imaging Simulation
Virtual Reality Simulation
Breast Augmentation Sizers
Breast Augmentation Sizers
Every Day Question: Lipo or Tummy Tuck
Lipo-Abdominoplasty Results

Before

After
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
INFORMED CONSENT FOR
BREAST AUGMENTATION & LIFT

PLEASE REVIEW AND BRING WITH YOU ON THE DAY OF YOUR PROCEDURE

Patient Name: ________________________________

Based on my discussions with Dr. Gutowski, I understand and agree with, and choose to have the following options as part of my breast augmentation & lift:

- Implant Type: Saline ___ Silicone ___ Smooth ___ Textured ___
- Implant Size & Shape: Right ___ cc Left ___ cc Shape ______________________
- Incision: Under breast ___ Around areola ___ Ament ___
- Implant Pocket: Above muscle ___ Under fascia ___ Below muscle or dual plane ___

Dr. Gutowski is not able to predict a specific breast or bra size after this procedure.

Dr. Gutowski will do his best to minimize the incisions and scars but I expect these will be:

___ A scar around my nipple and areola
___ A scar from my areola to the crease on my chest at the bottom of my breast
___ A scar in the breast crease extending to the side of my chest

Patient Signature: ____________________________ Date: ___________

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AESTHETIC SURGERY
CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY
MEMBER AMERICAN SOCIETY OF PLASTIC SURGEONS
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
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
Evidence-Based Patient Safety Advisory:
Patient Selection and Procedures in Ambulatory Surgery

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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 **before** 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**
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Hot Topics

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