

Facial Cosmetic Surgery

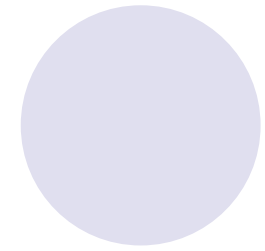
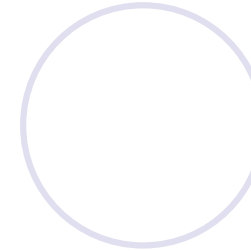
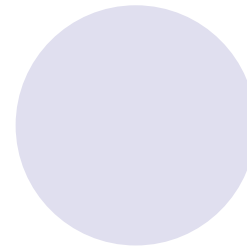
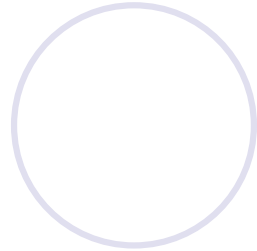
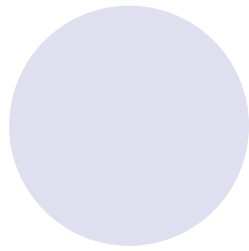
Christopher Stone

MB ChB MSc LLM FRCS(Eng) FRCS(Plast)

Royal Devon & Exeter Foundation NHS Trust

Exeter Medical Ltd





No patient images are included in this presentation that are not already in the public domain.



Facial Cosmetic Surgery

- Industry value
- Regulation
- Cosmetic surgery claims
- Consent issues
- Individual procedures
 - Face lifts
 - Blepharoplasty
 - Rhinoplasty
 - Non-surgical cosmetic procedures
- Fitness to Practise



Industry value



Industry value

- Cosmetic surgery in Britain worth £143m in 2002
- Between 2008 and 2010, the UK market for cosmetic surgery is estimated to have grown by 17% to reach an estimated worth of **£2.3 billion**
- Market to grow to £3.6 billion by 2015
- 19 million adults (48%) say they would like to have some form of cosmetic surgery
- **Non-surgical procedures** are estimated to account for more than 90% of all procedures and for almost three quarters of revenues in 2010

Source: Mintel Market Research



Cosmetic surgery procedures 2010-11

- Blepharoplasty: 6,057 – up 4.8%
 - Face/Neck Lift: 4,968 – up 4.5%
 - Rhinoplasty: 4,518 – up 7.4%
 - Browlift: 1,543 – up 2.0%
 - Otoplasty: 1,170 - up 5.0%
-
- Breast augmentation: 10,003 – up 6.2%
 - Breast Reduction: 4,501 – up 6.7%
 - Abdominoplasty: 3,251 – up 7.0%
 - Liposuction: 3,070 – up 6.0%

Source: BAAPS



Regulation - chronology



Who can perform cosmetic surgery?

The Care Standards Act 2000 A4.2 (private practice)

- are on the **specialist register** of the GMC; or
- (if not on the specialist register, must) satisfy the following conditions:
 - To have completed **basic surgical / medical training**
 - To have undertaken **relevant specialist training**
 - Work within an establishment regulated by the HCC (CQC)



Regulation

Expert Group on the Regulation of Cosmetic Surgery

Report to the Chief Medical Officer

January 2005

Problem areas:

- those damaged by cosmetic surgery were often **reluctant to complain**
- concerned about the **off-licence** use of botulinum toxin
- **lack of regulation** for permanent and semi-permanent aesthetic fillers
- laser treatments were performed in unregistered premises by practitioners who needed **no qualifications**



Where can treatment be undertaken?

Health and Social Care Act (2008) – established the CQC

s.10 of the Health and Social Care Act (2008) requires: (1) Any person who carries on a regulated activity without being registered under this Chapter in respect of the carrying on of that activity is **guilty of an offence**.

CQC prosecutes cosmetic surgery company for failure to register

4 May 2012

A company providing cosmetic surgery treatment at independent clinics in Wakefield and London without being properly registered has been ordered to pay a fine of £40,000 by magistrates in Wakefield.

The Care Quality Commission brought the prosecution against The Northern Clinic.com Limited who had been carrying out a surgical liposuction procedure known as "Body Tite" fat removal treatment, at clinics at Homestead Drive, Alverthorpe Road, Wakefield and at Hannah House, 11-16 Manchester Street, London.



What can treatment be undertaken?

Health and Social Care Act (2008) (Regulated activities) Regulations
2010 S.I. 781

Licensed services – **must be undertaken within a CQC registered facility:**

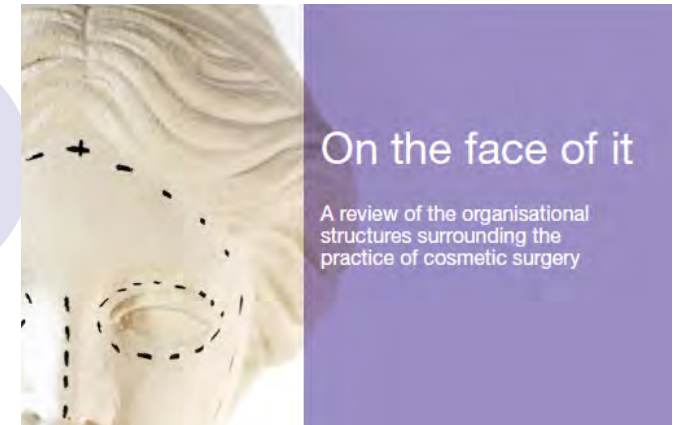
- Schedule 1 s.7 surgical procedures for (1)(b) cosmetic purposes, where the procedure involves the use of instruments or equipment which are inserted into the body - **any type of cosmetic surgery involving full or local anaesthetic**
- Laser / IPL treatments undertaken by **healthcare professionals** as defined at s.5(4)(a) of the regulations (includes Smart Lipo, Body Tite)

Unlicensed services – **can be undertaken in any premises:**

- s.7(4) The following cosmetic procedures are excepted from sub-paragraph (1)(b)—
(c) the subcutaneous injection of a substance or substances for the purpose of enhancing a person's appearance - **Dermal fillers and Botox**
- Laser / IPL treatments undertaken by **non-healthcare professionals** (e.g. hair removal by beauty therapists)



Where can treatment be undertaken? NCEPOD Report 2010



Good:

- Outcomes were monitored in 96% of sites

Poor:

- Many cosmetic surgery sites are offering a menu of procedures some of which were only performed infrequently
- Only 44% of operating theatres were fully equipped to undertake cosmetic surgery
- 18% of sites performing cosmetic surgery had no emergency re-admission policy
- A two-stage (deferred) consent process was not performed in 32% of sites

Other:

- Routine psychological evaluation carried out in 35% of sites
- No cosmetic surgery consultant rota for anaesthesia in 33% of independent hospitals
- 30% of sites performing cosmetic surgery did not have a Level 2 care unit



European Committee for Standardization

CEN/TC 403 – Aesthetic surgery services

25 April 2010

Proposals to improve regulation:

- Ban all advertising of cosmetic surgery
- Re-establish an implant register
- Re-classify dermal fillers as medicines
- Compulsory registration of practitioners in aesthetic medicine and lasers
- Mandatory Safety Audit
- Revalidation and Mystery Shopping in CE marking

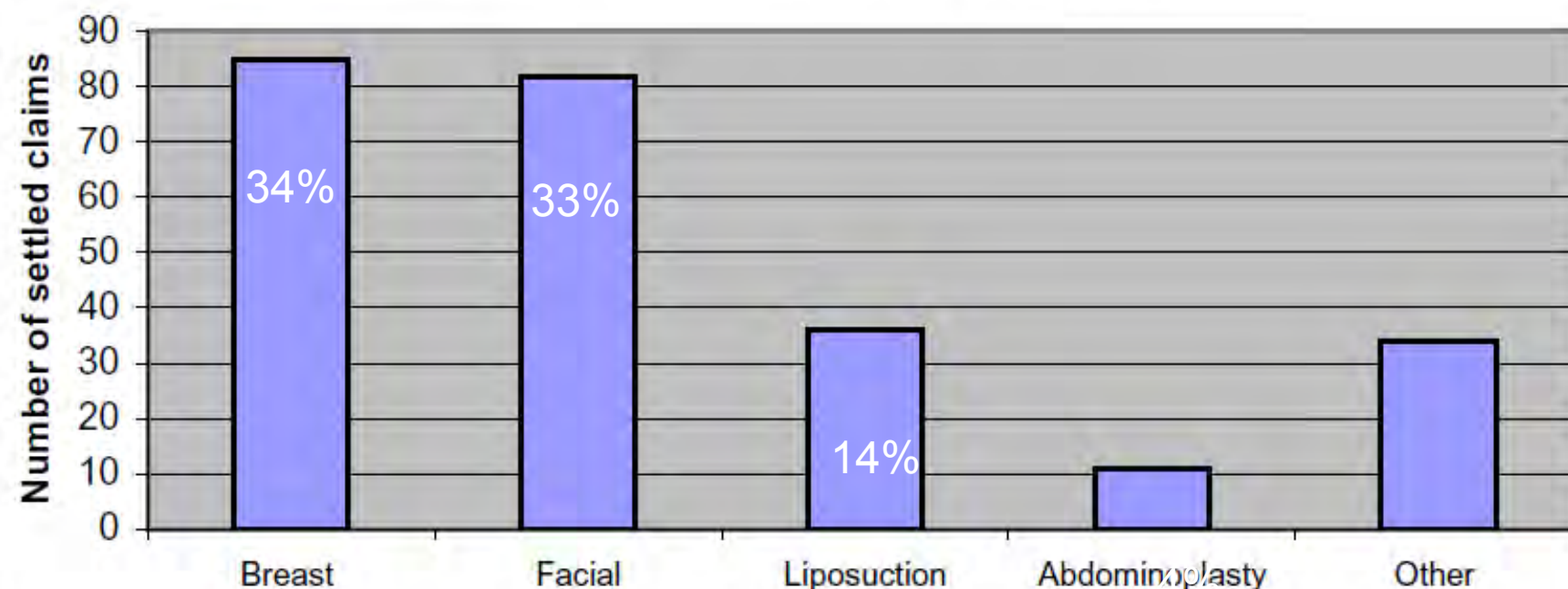


Cosmetic Surgery Claims



Number of claims by procedure

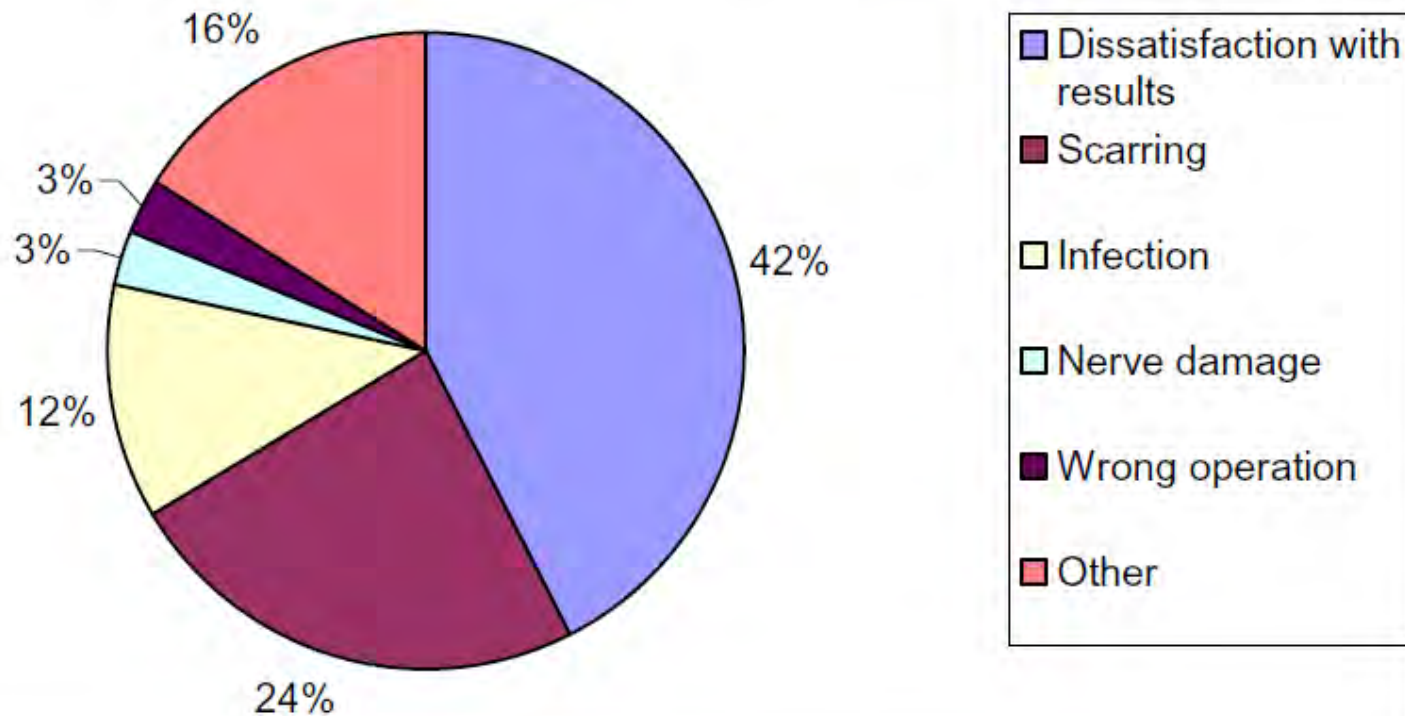
MDU Survey 2006



- Breast surgery: augmentation (63), reduction (21)
- Dissatisfaction with the result (wrong size / capsular contracture)
- Facial surgery: rhinoplasty, facelifts, blepharoplasty



Number of claims settled by type



- Poor communication, failure to warn of risks, consent failures
- 'Other': failure to diagnose cancer, diathermy burns, retained swabs or instruments
- Infection and nerve injury most expensive



Value of claims

NEGLIGENT PROCEDURE	RESULT	TOTAL AWARD	APPROXIMATE BREAKDOWN
Breast augmentation	Diathermy burn leading to infection; permanent scarring; further operation to remove infection	£19,500	PSLA £18,500 Travel, LOE and miscellaneous £500 Loss of enjoyment of holiday £500
Breast augmentation to correct asymmetry	Over enlarged; exacerbation of asymmetry of breast and nipple position; scarring; unable to work; psychological injury, depression	£50,000	PSLA £20,000 Future LOE and care £15,000 Past LOE and medical costs £15,000
Breast augmentation	Infection; lumpy tissue; visible scarring; permanent numbness; revision operation required	£60,000	PSLA £27,000 Corrective operation £10,000 Past medical costs £15,000 Past miscellaneous £6,000 LOE £2,000
Breast augmentation	Marked asymmetry; loss of sensation; scarring; corrective surgery required; unable to work	£21,500	PSLA £13,500 Corrective procedure £6,000 LOE £2,000
Face lift	Negligent eyelift; marked asymmetry; bulging appearance and continual weeping from eye	£100,000	PSLA £35,000 LOE £65,000
Rhinoplasty (nose job)	Disfigured nose; adjustment disorder; corrective surgery required	£22,000	PSLA £15,000 Corrective surgery £5,000 Medical treatment costs £2,000
Abdominoplasty (tummy tuck)	Extensive scarring and loss of vascularity	£30,000	PSLA £35,000 LOE £40,000
Abdominoplasty (tummy tuck)	Extensive scarring and depression	£35,000	PSLA £15,000 Care and assistance £15,000

Source: cosmetic-surgery-claims.co.uk



cosmetic
SURGERY CLAIMS

Contact Us Free Today
0800 083 4077
Chat With Advisor

Have you been a victim of negligent cosmetic surgery?

- ✓ Pay Nothing - Win or Lose
- ✓ Advice from male and female solicitors
- ✓ No deductions from your compensation
- ✓ Over 25 years experience
- ✓ Friendly, discreet and professional advice

Start your free assessment

- Cosmetic surgeons can expect a claim every 2 years
- 70% of claims discontinued

Source: Review of independent sector cosmetic surgery claims. MDU 2006



Johnson v Le Roux Fourie [2011] EWHC 1062 (QB)

Neutral Citation Number: [2011] EWHC 1062 (QB)
IN THE HIGH COURT OF JUSTICE
QUEEN'S BENCH DIVISION

Case No: HQ07X00324

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: 23/05/2011

Before:

THE HONOURABLE MR JUSTICE OWEN

Between :

MRS PENNY JOHNSON

Claimant

- and -

MR LE ROUX FOURIE

Defendant

Lawrence West QC and Michael Mylonas
(instructed by McMillan Williams Solicitors) for the Claimant
Alain Choo-Choy QC and Angus Piper
(instructed by Nabarro Solicitors) for the Defendant

Hearing dates: 8 - 15 February 2011

Approved Judgment

Plastic surgery mistake prompts £6m award for businesswoman

Penny Johnson says surgeon played God with her life after experimental facelift left her with nerve damage

Press Association

guardian.co.uk, Monday 23 May 2011 13.41 BST



Penny Johnson at the high court, London. Photograph: Rex Features



Johnson v Le Roux Fourie [2011] EWHC 1062 (QB)

- 41 ♀ co-director of IT company
- Primary procedure August 2003:
 - MACS face lift
 - Exchange of breast implants (sub-mammary to sub-muscular)
- Revisional surgery October 2003
 - Lateral canthopexies, left breast implant re-sited
- Negligence alleged:
 - Facial nerve injury, right facial palsy with abnormal involuntary facial movements
 - Breast asymmetry and lumpy scars
 - Anxiety and depression
- General damages: £ 80,000.00
- Special damages: £6,190,884.92



Consent: duty to warn of risks



Consent: duty to warn of risks

- ***Bolam v Friern Hospital Management Committee* [1957] 1 W.L.R. 582**
 - '(a doctor)...is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art.'
 - Paternalistic 'doctor knows best' approach
- ***Sidaway v Board of Governors of the Bethlem Royal Hospital and the Maudsley Hospital* [1985] A.C. 871**
 - *Bolam* standard applied
 - Would still have undergone surgery even if she had known of the risk
- ***Pearce v United Bristol Healthcare NHS Trust* [1999] E.C.C. 167**
 - Reasonable patient test: what risk would the reasonable patient consider material?
- ***Chester v Afshar* [2004] WLR 927**
 - Would not have undergone surgery on that day
- ***Al Hamwi v Johnston, The North West London Hospitals NHS Trust* [2005] EWHC 206**
 - Doctor must ensure that patient understands the risks
- ***Birch v UCL Hospital NHS Foundation Trust* [2008] EWHC 2237 (QB)**
 - Doctor must explain alternative treatment options



Which rare risks would a reasonable patient consider material?

- Facelift: facial palsy, skin necrosis
- Blepharoplasty: blindness
- Rhinoplasty: cribiform plate #, anosmia
- Botox: human albumin – viral infection
- Laser & chemical peels: burns / scars / pigment changes



Problem areas

- Unrealistic expectations
- The difficult patient
- Body dysmorphic syndrome
- Financial relationship
 - Initial costs, loans
 - Re-operation costs
 - Refunds



Things we can't control

- Swelling
- Scarring
- Patient factors
 - Skin type
 - Smoking
 - Diabetes
 - Obesity
- Non-compliance



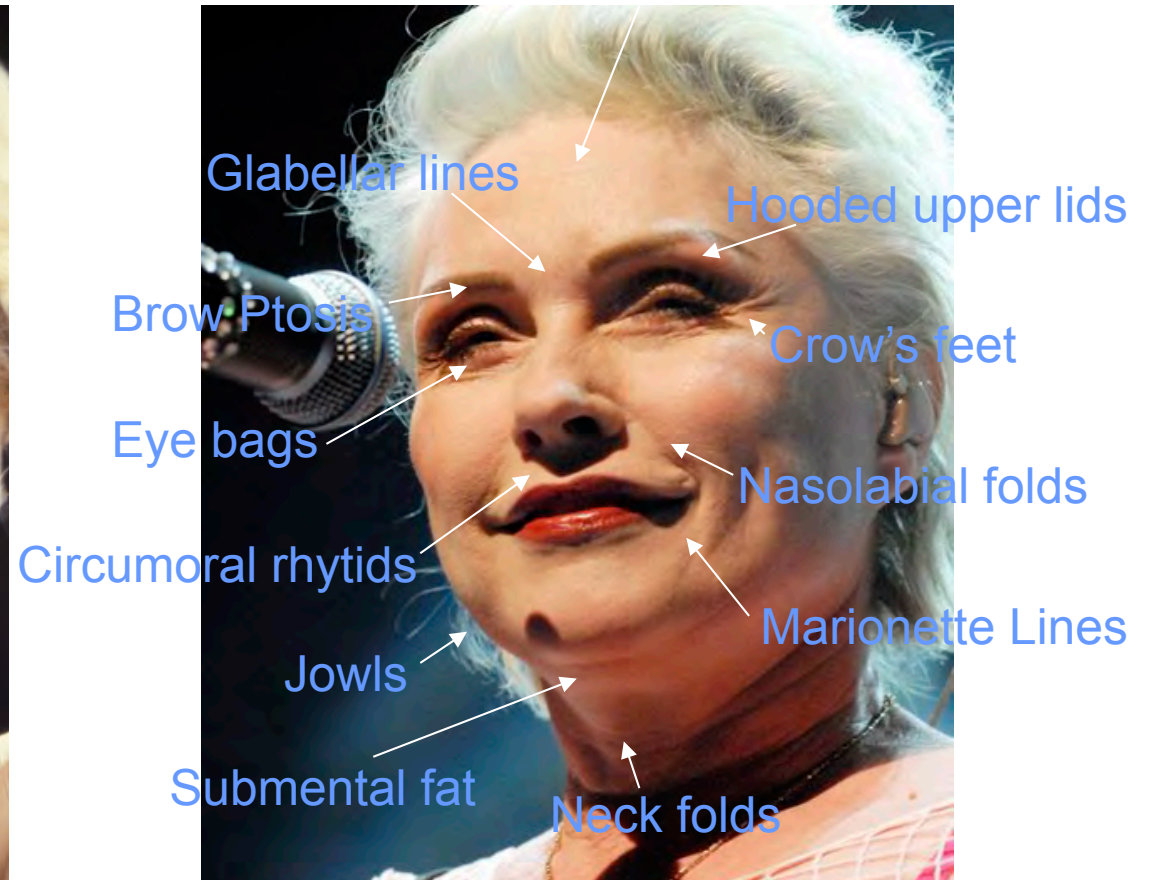
Things we can control

- Expectations
- Robust consent
- *Who* we operate upon
- *Where* we operate
- *When* we operate
- The operations we perform
 - High v low medico-legal risk
- Fees



Aging Features in the Face

Forehead creases



Facelifts



Facelifts - types

- Skin-only
- MACS
- SMAS
- Sub-periosteal
- Thread lifts
- Neck lifts
- Thread lifts
- Brow lifts



Facelift complications

- Scarring (hypertrophic)
- Infection
- Bleeding (haematoma)
- VTE
- Facial nerve injury
- Numbness
- Asymmetry
- Skin necrosis
- Lumpiness
- Under-correction
- Over-correction
- Unhappiness
- Revisional surgery
- Extra cost



Blepharoplasty



Blepharoplasty complications

- Upper lid
 - Over-correction (lagophthalmos)
 - Under-correction (residual dermatochalasis)
 - Ptosis
- Lower lid
 - Over-correction (ectropion)
 - Under-correction (residual bags)
 - Retro-bulbar haematoma
- Both
 - Scar
 - Infection
 - Bleeding
 - Asymmetry
 - Unhappiness
 - Revisional surgery

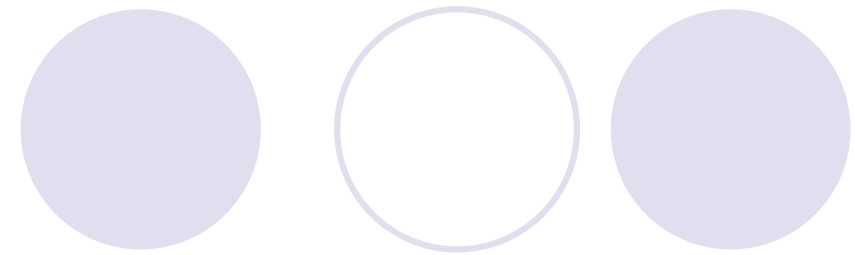


Rhinoplasty



Examination

- Radix position & angle
- Dorsal hump
 - cartilage vs. bone
 - width of nasal dorsum
- Tip
 - shape & size
 - divarication of alar cartilages
 - angle of genu
- Septum
 - septal deviation
 - collapse of the internal valve
 - turbinate hypertrophy
- Columellar angle
 - males – 90° females – 100°



- Maxilla
 - short/long
 - maxilla loses height with age & tooth loss
- Mandible
 - occlusion
 - micrognathia
 - macrognathia
- Skin quality



Complications

- General

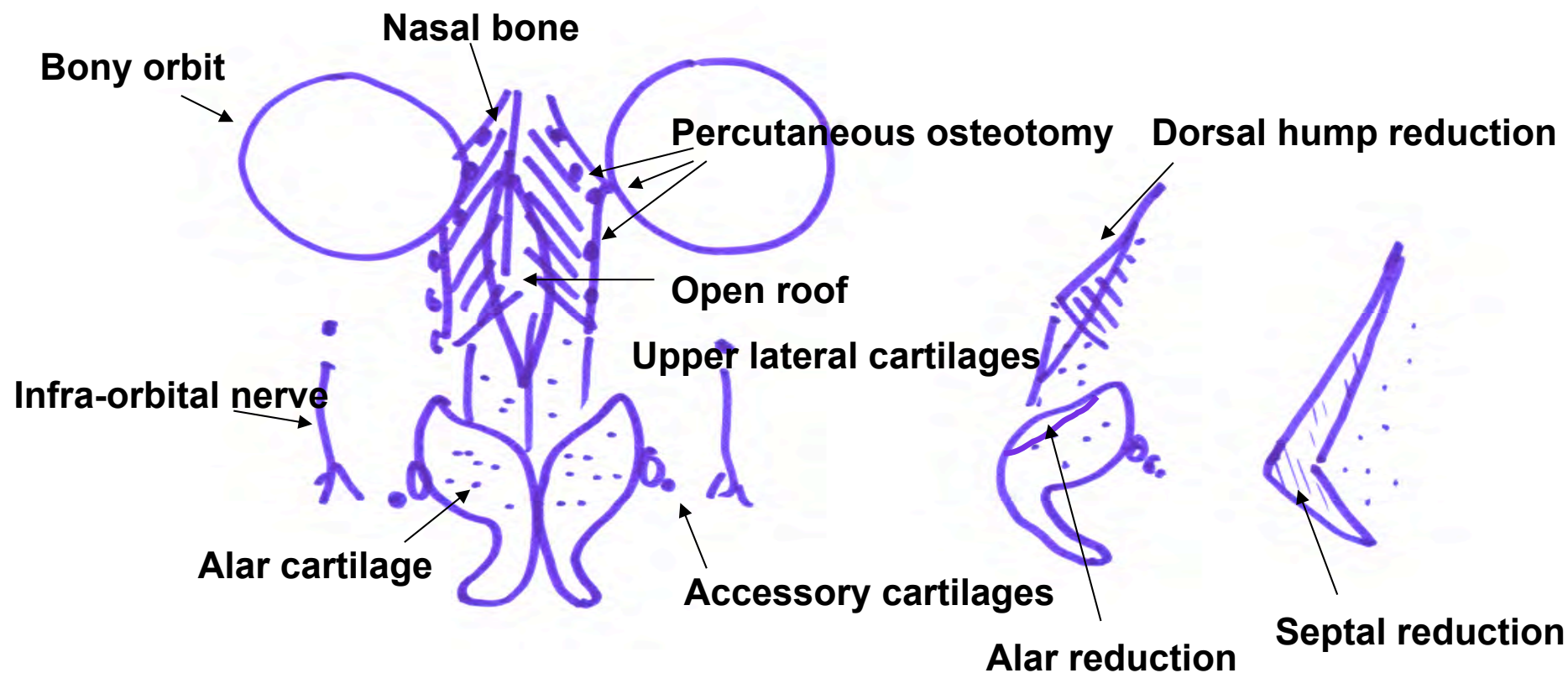
- Infection, scarring, bleeding, VTE

- Specific

- black eyes (mild)
- numbness to the nasal tip & upper teeth
- under-correction (residual deformity)
- over-correcting (new deformity)
- palpable step at lateral maxillary osteotomy site
- persistent nasal tip oedema (up to 2 years)
- airway obstruction
- potential for revisional surgery at extra cost



Diagrams



Botox & Fillers



Botox



Botox should only be prescribed by a doctor or independent nurse prescriber and administered by a doctor or a nurse under the direction of the doctor, for a named patient.



Botox complications

- Bruising
- Swelling
- Redness
- No action
- Incomplete action
- Asymmetry
- Ptosis
- Diplopia
- Allergic reaction
- Viral transmission



Dermal fillers

Hyaluronic acid (Restylane, Juvederm)

- A major component of the extracellular matrix
- With aging the amount of HA in the skin decreases, leading to dermal dehydration and wrinkling
- Complications:
 - Discomfort
 - Swelling
 - Bruising
 - Intra-arterial injection (**skin necrosis**)
 - HA nodules (hyaluronidase injection)
 - HA granulomas (intra-lesional steroid injection or excision)
- Macrolane recently banned by the MHRA for breast augmentation
- A medical device (implant) not a medicine



Dermal fillers

Poly-L-lactic acid

- A volumiser filler for facial soft tissue augmentation
- 'New-Fill', Sculptra, Sculptra Aesthetic (Sanofi Aventis)
- Stimulates fibroblasts to produce collagen and elastin via a foreign body giant-cell reaction
- Usually injected in a deeper soft tissue plane
- Complications:
 - Nodules
 - Granulomas



Cosmetic laser

- Skin tightening (CO₂, Erbium YAG, near infra red)
- Hair removal (Soprano, Alexandrite, IPL)
- Risks / complications:
 - Pain
 - Erythema
 - Blistering
 - Crusting
 - Scarring
 - Pigment changes
- Assessment including Fitzpatrick skin type
- Patch test before treatment



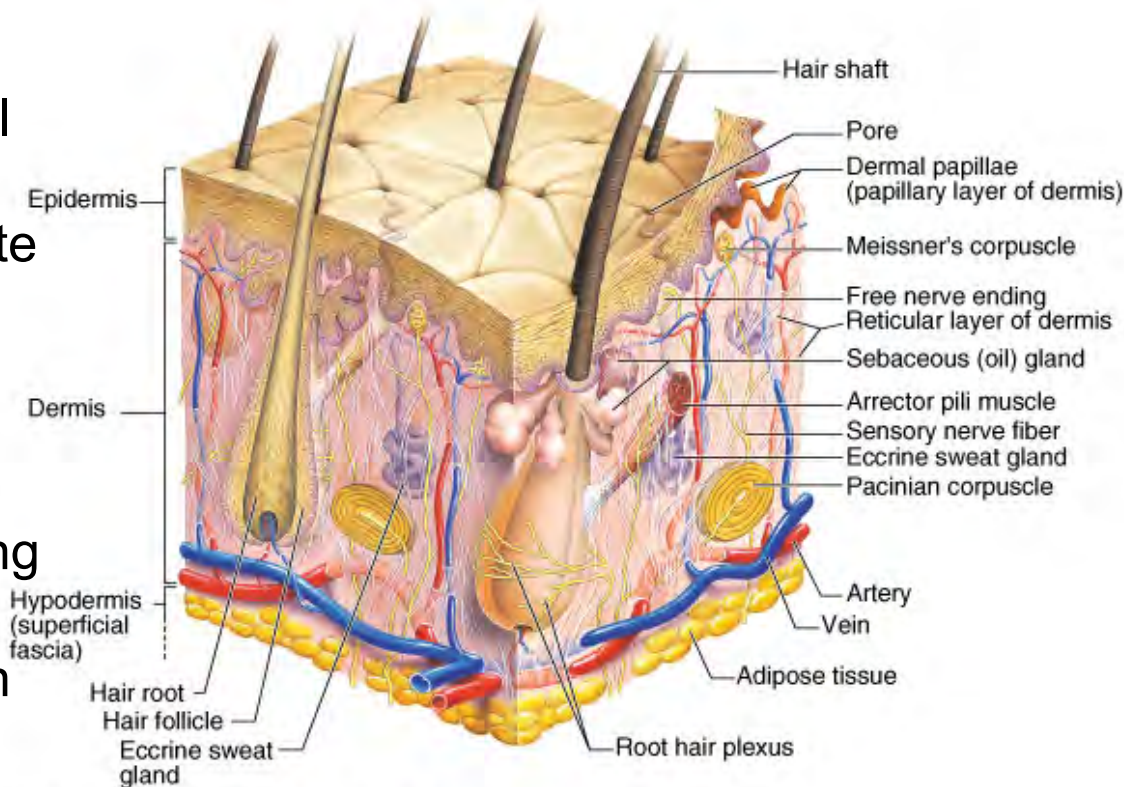
Chemical peels

- A cosmetic treatment designed to rejuvenate the skin
- A controlled chemical burn
- Skin regenerates with the re-population of the surface with keratinocytes from hair follicles, sweat glands, sebaceous glands
- The collagen matrix of the dermis is remodelled → tightening effect



Depth of peel

- Superficial depth: remove all layers of the epidermis
- Intermediate depth: penetrate papillary dermis
- Deep peels: extend to reticular dermis
- Depth of chemical injury is proportional to risk of scarring
- Depth of peel (burn) determined by concentration and duration of exposure



Copyright © 2002 Pearson Education, Inc., publishing as Benjamin Cummings.



Complications



- Pigment changes (hyper- and hypo-pigmentation)
 - Erythema
 - Viral and bacterial infection
 - Milia
 - Scarring
-
- Use emollients following treatment
 - Avoid sunlight (post-inflammatory hyper-pigmentation)
 - Oral acyclovir if history of Herpes Simplex infection



Alpha-Hydroxy Acids (AHAs)

- superficial peel
- glycolic acid (from sugar cane)
- lactic acid (from soured milk)
- citric acid (from citrus fruits)
- tartaric acid (from grapes)
- malic acid (from apples)
- Concentration 30% - 70%
- commercially available cosmetics
- skin conditioner prior to a chemical peel or laser treatment



Salicylic Acid

- used in 'Jessner's solution'
 - salicylic acid + resorcinol (a phenol derivative) + lactic acid in 95% ethanol
- superficial-intermediate depth peel



Trichloroacetic Acid (TCA)

- superficial-intermediate depth peel 30-40% (depending upon the concentration of the acid)
- coagulative necrosis of proteins in the skin
- better to repeat the peel at lesser concentrations than use a higher concentration of acid
- skin pre-treatment with a retinoid or AHAs often recommended



Phenol



Fitness to Practice (1731839)

August 2009

General
Medical
Council

- Facelift patient, unhappy with cosmetic result
- Inadequate time spent pre-operatively to discuss nature and purpose of procedure
- Failure to warn of risks and complications
- Failure to cite 'platysmaplasty' on consent form
- Dishonestly failed to disclose previous complaints
- FTP impaired on grounds of misconduct
- Sanction: erasure



Conclusions

- Cosmetic surgery industry is growing and associated claims are increasing
- Select patients carefully to optimise outcome
- Manage expectations
- Explain unpredictability - an art not a science
- Avoid high risk procedures?
- Avoid high net worth individuals?
- Maintain adequate records
- Above all, have regard to consent obligations



Thank you for listening



avma
action against medical accidents

C. A. STONE
Medical & Legal Ltd

Christopher Anthony Stone FRCS(Plast)
**Consultant in Reconstructive
& Aesthetic Plastic Surgery**

