aesthetic
trends & technologies™
march • april 2011
plastic surgery

Multiple Procedures

WHEN IS ENOUGH, ENOUGH?

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Reading the news lately, it would be hard to miss reality starlet Heidi Montag and her "ten procedures in one day." Under the care of now deceased Dr. Frank Ryan, Ms. Montag underwent a multitude of procedures ranging from a simple lip filler to an increase in her breast implants to an immense 700 cc.

HEIDI MONTAG'S REPORTED PROCEDURES

1. Mini brow lift
2. BOTOX® in forehead and frown area
3. Nose job revision
4. Fat injections in cheeks, nasolabial folds, and lips
5. Chin reduction
6. Neck liposuction
7. Ears pinned back
8. Breast augmentation revision
9. Liposuction on waist, hips, and outer thighs
10. Buttock augmentation

This had most of the tabloids and entertainment magazines in an uproar with weekly after weekly railing against her and Dr. Ryan's mutual decision to proceed with her second return to the operating room in under two years.

"Before we start, let me make one thing clear – safety of the patient must be the main priority with any surgery." With that assumption, let's delve into this more deeply.

Facial rejuvenation surgery regularly combines multiple procedures, as the distinct areas of the face tend to age in unison. If we use the same formula as Ms. Montag to count procedures, a face and neck-lift, neck liposuction, brow-lift, upper and lower eyelid lift, a lateral canthopexy, fat grafting, and a filler already add up to 9 distinct procedures. And this could be considered a "routine" full-face rejuvenation. A simple scar revision or mole removal would equate us with the "over the top" 10 procedure limit. Similarly, a full-body liposuction surgery would routinely exceed 10 procedures, assuming if you count each side separately.

This prompted me to look more closely into what actually matters regarding patient safety. Is

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it the number of procedures? Operative time? Patient age? And this poses another question: when is enough really enough? How does one combine the desire to enhance the natural beauty of the patient without giving in to the demands of the patient's desires. "Just because multiple procedures are theoretically possible does not mean that they should necessarily be performed. The goal of modern plastic surgical rejuvenation is a natural, youthful beauty, not an over-pulled or 'operated' appearance."

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There is a continual pressure on plastic surgeons to meet the demands of our patients (often more akin to customers in the modern era). As the economy has worsened, patients have been increasingly demanding on their doctors, regularly wanting more for less. Surgeons, having seen less demand over the past several years (some physicians experiencing up to a 40% decrease in business revenue), are now more willing than ever to meet their patients' expectations. Here lies the crux of the issue. Multiple procedures are a good idea for many reasons. Firstly, it is often what patients want, it saves on aesthesia cost with only one induction and emergence, provides a single recovery time, and allows patients to have less overall time away from their busy lives. Frequently, it can be beneficial to a surgeon when one area is anatomically adjacent to another, helping to provide a more "complete" result. So what is the problem?

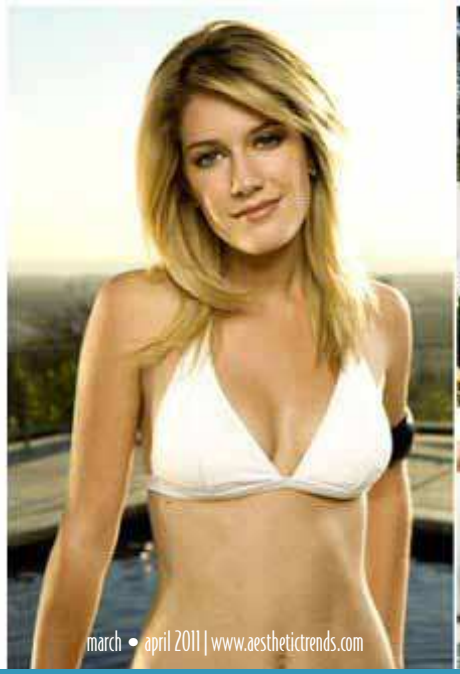
A study by Byrd, et al., in 2003 looked at 5316 consecutive procedures, with 10% of these being combination or multiple procedures in an office based setting and found a very acceptable 0.7% complication rate. Not one of these complications was attributable to multiple procedures. They stressed the importance of certification of the physicians involved, the facility, ensuring proper medical management, and a complete preoperative medical history. Similarly, a study by Bitar et al. from 2002, retrospectively looked at 3615 of their patients who underwent a total of 4778 procedures. Twenty-five percent of these were multiple surgical procedures, and none of these procedures were implicated in their 0.2% complication rate. It is important to note that less than 1% of their reported surgical procedures extended beyond 6 hours of operative time.

WHAT MATTERS

When it comes to multiple surgical procedures, there are several things that truly matter.

1. Medical health of the patient (ASA classification, comorbidities)
2. Age of the patient
3. Type of procedures performed (combined abdominoplasty and intraabdominal procedures have been shown to have a higher incidence of DVT)
4. Total surgical time (fluid shifts, blood loss, hypothermia)
5. Medications

Patients beyond ASA Class 1 (see table on next page) who are undergoing multiple or complex surgical procedures should be individually considered



for proper preoperative medical evaluation by their primary physician. Cardiac abnormalities should be formally addressed by a cardiologist and not a family physician. Although chronological age does not unto itself reflect a patient's overall medical health, we use this as an additional gauge of the needs of the patient.

The type or extent of the procedure should also be fully understood prior to electing to proceed. Numerous studies have shown that procedures combining abdominoplasty and intrabdominal surgery have a statistically significant increased incidence of venous thromboembolism (VTE) (risk increased 6.6% with hysterectomy and 1.1% with other combined procedures). Conversely, multiple filler procedures do not equate the same risk profile as large-scale body surgery.

The total surgical time alone is not an issue; however, there are distinct physiological changes that occur during surgery that must be considered. Patients will regularly experience significant fluid shifts with the addition of IV fluids or tumescent solution. Thus, associated blood loss, dilutional effects, third spacing must be carefully assessed as well as the overall effect of the patient's core temperature. Hypothermic body core temperatures can result in impaired wound healing and an increased incidence of wound infections.

Prescription and nonprescription medication can also have a profound impact on the overall success of a surgical procedure. Hormone replacement therapy and oral contraceptive pills have been repeatedly shown

ASA Classification

1. A normal healthy patient
2. A patient with mild systemic disease
3. A patient with severe systemic disease
4. A patient with severe systemic disease that is a constant threat to life
5. A moribund patient who is not expected to survive with or without the operation
6. A declared brain-dead patient whose organs are being removed for donor purposes

Body procedure: Abdominoplasty, buttock and thigh lift, liposuction of the medial thighs, liposuction of hips, liposuction of anterior axilla, breast augmentation, breast lift, lateral thoracoplasty. Photos courtesy of Vince Marin, M.D.

Face procedure: Lower eyelid lift, lateral canthopexy, mini face lift, mini neck lift, chin implant, fat grafting to the NLF, filler to lips. Photos courtesy of Vince Marin, M.D.

to increase the rate of VTE and potentially fatal postoperative pulmonary embolus. Additionally, aspirin or other anti-coagulation medication can negatively impact a patient's outcome; and this needs to be individually managed for each patient based upon their risk profile. Dozens of over-the-counter herbal supplements have active ingredients that could easily impact a surgical outcome.

Depsite the public uproar in response to Heidi Montag's "ten procedures in one day," I was not as concerned about the absolute number. To me, the extent of the procedures was what truly mattered. Of course her recovery was a bit more complicated; but this is to be expected with multiple surgeries in multiple, distinct locations. Ms. Montag's decision is her own despite our approval or not. However, it has served to bring to the forefront many important questions about the safety of multiple procedures at one surgical setting. The temptation to follow along with public sentiment must be avoided, and this topic must be examined for its veracity.

Cosmetic surgery is quite unique in that routinely more than one procedure is performed. This is related to the fact that your face and body age at similar rates. When patients go in for a hip replacement, they don't have the other hip replaced just because they are going to sleep! Or if you are having a cardiac bypass, surgeons do not just throw in a valve if it is not absolutely needed. Cosmetic surgery is different in that a simple breast implant exchange procedure could easily morph into a capsulectomy, site change, breast lift, and axillary liposuction if indicated. You do not often see patients asking to throw in an ACL repair with their meniscus.

"Depending upon your definition, it can be quite easy to perform ten cosmetic 'procedures' at one sitting. However, this must be accomplished with the safety of the patient being the main priority."

With combination procedures being what our patients are demanding, we are obliged to find a safe and effective way to provide this service. If we cannot, we must morally and ethically refuse. Using the guidelines outlined here and not in the tabloid media, we can be more successful at delivering an outcome that is safe, convenient, cost effective, and complication free.

Heidi Montag, despite her original intentions, taught us a valuable lesson and brought to the forefront an important topic that should be addressed by every patient undergoing a "combination surgery." The number of procedures should not cause alarm as much as the extent of the procedures involved and surgical time required to successfully accomplish the patient's aesthetic goals.

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About Dr. Marin

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