

## **Patients Have a Right to Safe Surgery**

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*Hanover, NH, USA – August 11, 2011* - The remarkable rise in medical tourism, where patients travel out of their home country for their plastic surgery, has put into question the foundation of the patient-doctor relationship and is endangering many who seek low cost surgery. "We see travel agencies brokering surgery for their clients with surgeons they have never met. The patients have no assurance that their surgeon is properly trained or qualified to perform the procedure they will undergo, and all too often little attention is paid to post-surgical care," says Catherine Foss, Executive Director of the International Society of Aesthetic Plastic Surgery (ISAPS). Complication rates for surgeries performed under these circumstances are alarming. An article in the August issue of *Aesthetic Surgery Journal*, "Complications from International Surgery Tourism," referred to a recent US study showing an increase in post-surgical complication rates in patients returning from surgery overseas. Statistics presented three years ago by ISAPS member Professor James Frame (UK) during the Medical Tourism Association meeting in San Francisco reported a 20% complication rate in patients returning to the UK after surgery abroad. In quite a few cases, the complications were sufficiently serious to require that patients go directly to a hospital for care on their return.

The Patient Safety Diamond devised by then ISAPS President, Dr Foad Nahai (US), and presented at the ISAPS Congress in 2010 bases the concept of safe surgery on four factors: the patient, the surgeon, the procedure and the facility. The patient should be a good candidate for the requested surgery. The surgeon must be properly trained and credentialed. The procedure should be appropriate for the patient. The surgical facility should be an accredited and a proven safe venue with properly trained staff and emergency preparedness.

When the World Health Organization (WHO) introduced the Safe Surgery Saves Lives initiative promoting their Surgical Safety Checklist [www.who.int/patientsafety/safesurgery/en/](http://www.who.int/patientsafety/safesurgery/en/) ISAPS was one of the initial endorsing organizations at the launch of this program in Washington, DC in June of 2008. A recent study published in the *New England Journal of Medicine* showed that use of the 19-question checklist reduced surgical complications by more than one third and surgical deaths by almost half in the test hospitals as compared to control hospitals. This simple form is used much as a pilot uses a check list before taking a plane onto a runway for takeoff. Patients need to ask if their surgeon and hospital use this tool.

In 2006, current ISAPS President Dr Joao C Sampaio Goes (Brazil) developed "key guidelines" for those patients who do decide to travel for their surgery as posted on their website [www.isaps.org](http://www.isaps.org) . Several other organizations have since adapted these for their websites. Dr Jan Poell (Switzerland), the current President of ISAPS, explains the need for this information as: "Consumers around the world have looked to ISAPS for over 40 years for the most accurate and reliable information about qualified plastic surgeons and advice about procedures. ISAPS provides a worldwide standard for consumers to reference when traveling for aesthetic plastic surgery."

There is a misconception that anyone with an MD can safely perform any surgical procedure. Legislation around the world is changing to reflect a growing concern that patients are being treated surgically by incompetent and untrained individuals – sometimes not even physicians. As described in the current issue of *ISAPS News*, several countries including Italy, Russia, Mexico, Colombia and Canada are leading the way with new regulations controlling who can perform what specific procedure on which patients and in what facility. This is also the case in Denmark, a front-runner in strict regulation of all private medical clinics and surgical facilities - indeed closing some that were sub-standard. Similarly, Germany and France have had strict regulations

for many years. Under the auspices of the Comité Européen de Normalisation (CEN), a Europe-wide effort is currently underway to set standards that will protect plastic surgery patients.

A new insurance program developed in the UK, endorsed by ISAPS and underwritten by Lloyd's of London, the first of its kind in the world, provides complications insurance for plastic surgeons globally to help protect their patients. This insurance is only available if the surgeon is a member of ISAPS. A directory of surgeons already participating in this program is now available at [www.surgeryshield.com](http://www.surgeryshield.com). A second insurance product for patients about to be launched in the UK will expand to other countries later. Coverage will include travel insurance and will respond in cases of complications from aesthetic surgery either at home or abroad. This new insurance program requires that patients are screened at home before traveling abroad for surgery to be sure they are appropriate candidates for the procedure they seek. The intention is that a consultation with a surgeon at home will provide counseling against travel for complicated surgical procedures. The insurance will only respond if surgical complications of surgery by one ISAPS member surgeon are treated either by that same surgeon or by another ISAPS member surgeon. A patient requiring remedial or corrective treatment once back in their country of residence will be directed to an ISAPS surgeon approved to carry out the specific treatment indicated.

It is important to stress that complications are not malpractice. Complications of plastic surgery can result in hematomas, post-surgical infection, slow wound drainage or healing problems, tissue necrosis, or suture dehiscence. Some complications have very poor or no resolution and these results can never be corrected.

Ms Foss reports that the number of patients contacting her office to check on surgeons' credentials shows a growing sophistication among patients who want assurance that their surgeon is properly trained and competent. "The international medical community has a lot of work to do to educate patients that they have the right to ask if their surgeon is a member of their National Society, is board certified (or the equivalent) and is trained to perform the specific procedure the patient wants." The number of cases where patients suffer at the hands of incompetent doctors, or doctors attempting procedures they are not properly trained to perform, points to this growing need to educate the public about their own surgical safety. No surgery should be taken lightly. Traveling abroad for surgery just to save money can lead to poor outcomes, often with avoidable complications, little or no recourse to return for additional treatment, and sometimes resulting in tragic consequences. The forty-one year old *International Society of Aesthetic Plastic Surgery* is the largest international society of individual plastic surgeons with 2,003 current members in 92 countries, and growing by more than 200 members each year. Surgeons undergo a strict application process to determine their qualifications to join the society. The ISAPS mission is twofold: the continuing education of plastic surgeons in latest techniques in the field of aesthetic (cosmetic) surgery and medicine - and the promotion of patient safety.

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