

How I Manage Complications in Aesthetic Surgery

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“It ain’t what you don’t know that gets you into trouble. It’s what you know for sure that just ain’t so.”

—Mark Twain

A complication is a secondary disease or issue often appearing unexpectedly and changing existing plans or methods in the course of treatment of the primary disease or condition.

A complication in the last thing that any aesthetic physician would want to face, but we all know that aesthetic procedures are associated with potential complications and that it is critical for dermatosurgeons to not only master relevant techniques but also learn to manage complications effectively.

1. Schedule appointments: A patient with a complication is always given a priority appointment. Once the appointment has been scheduled, the patient’s records with the details of the procedure are analyzed, and a clinical judgment of the situation is kept ready in mind. I make sure that the patient is ushered in quickly without having to wait outside.
2. Listen carefully: I find that patients with complications have mixed feelings and emotions. Some of them are really afraid of complications, while some are upset and angry. Whatever their woes are, I listen with compassion and let them express their views. I don’t point out their mistakes immediately, even if they were responsible for the complication. For example: A college student had a trichloroacetic acid (TCA) peel for acne scars done on a Saturday evening and was advised adequately about photoprotection. As part of his routine, he played cricket on Sunday forenoon without applying sunscreen. The following week, he was brought by his angry mother, who was

upset with the hyperpigmentation that had resulted. After careful history-taking, the boy and his mother were assured that this pigmentation was temporary and due to inadvertent, excessive sun exposure on the cricket ground.

3. Counsel patients: I counsel the patients based on the type of complication that has occurred. If it is one of those mentioned in the informed consent document, I take a copy of it and politely go over it with the patient and reassure him/her that it is a common and expected one. I assure them that I will take care of them till their recovery. At this juncture, I educate the patient on what to expect and the probable time needed for recovery. I also make mention of any extended treatments or referrals that may be required to tackle the situation.

Managing complications *per se*:

Complications in dermatosurgery may arise in two different situations:

1. Intra/perioperative
2. Postoperative

INTRA/PERIOPERATIVE COMPLICATIONS

Some common complications, such as anaphylaxis or vasovagal attacks, are to be managed judiciously with the help of a crash cart kept handy in the treatment room. Pain can be minimized by using ice anesthesia, verbal anesthesia, or topical anesthesia.

Bleeding can be minimized by cooling the area to produce vasoconstriction, using adrenaline if permitted or by talking to the patient about his/her favorite food, which would indirectly produce less cutaneous circulation. Arnica tablets are also useful in some cases.

Burning after chemical peels or laser can be minimized by using ice water or ice cubes, or, if it is severe, topical EMLA can be used to give comfort to the patient immediately. Burning and frosting is a frequent complication that causes panic in aesthetic practice. I calm the patient, verbally reassuring him/her about the safety of the procedure. I advise washing immediately with ice-cold water, followed by the

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application of a soothing gel. A handheld fan is also quite comforting to the patient.

Bruising after a procedure can be minimized by rubbing in arnica cream for 5 min 5 times a day for 5 days. Alternatively, intense pulsed light (IPL) can be used for a quick solution.

POSTPROCEDURE COMPLICATIONS

The common postprocedure complications in aesthetic practice are:

1. Pigmentary alterations - Hyperpigmentation/Hypopigmentation.
2. Scarring.
3. Infections.
4. Dissatisfied patient.

Pigmentary alterations

Both hyperpigmentation and hypopigmentation are quite stressful. I like to follow the rule of masterly inactivity and follow basic principles. For hyperpigmentation I advise photoprotection and treatment with skin-lightening agents. For hypopigmentation, I use topical tacrolimus, TCA peel, and targeted phototherapy. I wait for complete resolution of the pigmentary change before restarting the regular treatment.

Scarring

Scarring can be hypertrophic or atrophic scarring. I start with topicals such as steroids or silicone gel sheeting, failing which I proceed to give intralesional steroids. For atrophic scarring, I start with tretinoin creams and go on to laser rejuvenation for collagen stimulation. I do

combination treatments with microneedling, platelet-rich plasma, and laser to get the best results.

Infections

The common infections encountered in aesthetic practice are mainly viral and bacterial. In case of viral infection, which is usually a reactivation of herpes simplex, I prescribe a course of acyclovir and make a note of it in the records so that I remember to use prophylactic acyclovir the next time I do a procedure on this patient. For bacterial infections, I prefer to use a broad-spectrum antibiotic or culture and use the appropriate antibiotic if needed.

Dissatisfied patient

An unhappy, dissatisfied patient is difficult to handle. I prefer to keep calm and carry on, although I try my best to help the patient understand that I have done my part correctly. Beyond this, if the patient fails to appreciate my work, I decide not to entertain that individual for any procedure in future in my office and I make a note of the same in the records.

CONCLUSION

In conclusion, complications are inevitable in aesthetic practice; however, the challenge lies in handling them carefully and successfully to enable us to carry on our work with the same enthusiasm we started with.

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