

Going Outside

Whose patient is it anyway when work is done at an outside facility?

Many plastic surgeons have their own office-based surgery centers or ASCs domiciled directly on the premises of their practices. On some occasions, they may still elect to take the patient to an outside surgery center. This can be for any number of different reasons, and the patient still remains under the direct control of the operating surgeon, right? Think again!

I recently read an article on social media where a prominent facial plastic surgeon from the Midwest shared an experience of bringing his patient to an outside facility. All of the proper steps to ensure patient safety were in order, surgical consents were signed, medical clearance had been obtained, and the surgeon proceeded to perform the prescribed surgery.

Toward the end of the procedure, the surgeon wanted to add a little extra volume to the patient's face, and was proceeding to inject a dermal filler when "Nurse Nancy" (as we'll call her) abruptly held up the "red flag" and forbid the surgeon from proceeding. When the surgeon questioned the issue, the nurse stated that the surgeon did not have a consent for the filler, and thus injecting the filler would have been assault on the patient. Silly, but true.

Out of respect, the surgeon did not create a scene in the operating room and politely finished the case. When the patient returned to the surgeon's office for her next postop follow-up, the surgeon did indeed inject the dermal filler and the patient was happy. With all of the drama that could have occurred, whose patient is it anyway?

In this case, it's both the surgeon's and the surgery center's patient. The surgery center has an obligation to ensure patient safety from the moment the patient walks in the door, until the formal discharge and transportation away from the surgery center. All proper documentation must be in the patient's surgical chart, which remains with the surgical facility. This includes all preop lab records, medical clearance if required, consents for ALL procedures being performed, preop/postop instructions, direct preop notes, anesthesia records, perioperative records,

PACU notes, and the surgeon's operative report.

Although the surgeon had complete care custody and control of his patient, it certainly was the obligation of the charge O/R "Nurse Nancy" to uphold the integrity of the surgery center to ensure that all of the rules and regulations were upheld, and the chance for liability was indeed minimized. Although this could have turned ugly, it didn't, due to the surgeon's demeanor. He knew he could still complete the additional procedure without creating an additional scene.

How could this have been prevented? Although many of us do not like to have additional consents signed the day of the surgery, this could have been an option had someone thought of it ahead of time. It just didn't seem like that big of a deal, and therefore went unnoticed. The bottom line is that it just so happened to be everyone's patient. ●



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