Patient Safety in Plastic Surgery is the first comprehensive text on this complex and critical topic. As noted in the introductory chapter, “Safety in plastic surgery covers a broad spectrum of medical, surgical, and anesthetic issues.” Indeed, grasping the wide variety of topics related to patient safety and the data that are available to guide evidence-based practices (as well as pointing out the areas in which data are insufficient) is a formidable task. To assist in this challenge, the editors have wisely solicited the expertise of numerous contributors from such diverse backgrounds as anesthesia, critical care, infectious disease, cardiology, psychiatry, neurology, and law, in addition to surgery.

The 621 pages of Patient Safety in Plastic Surgery are efficiently organized into five parts. The first, Basic Considerations, covers issues related to the patient safety movement, an overview of the role of systems and processes, and a discussion of the interactions among the law, medical liability, and patient safety. The second part addresses topics of patient safety related to underlying medical factors such as cardiovascular and pulmonary risks, obstructive sleep apnea, smoking, and diabetes. The third section covers safety issues specific to the surgical intervention, as well as issues related to minimally invasive therapies. Parts IV and V address anesthetic safety issues and summarize a coordinated approach.

Patient Safety in Plastic Surgery, both in organization and content, promotes a comprehensive approach to patient safety. The section on Anesthetic Safety Issues in particular will be of great benefit to plastic surgeons. For example, the chapter “Safe Patient Positioning” not only successfully illustrates the different surgical positions, but also describes the physiological sequelae of the positions, potential complications, and their management. The chapters “Airway Management” and “Safety Considerations for Different Anesthesia Techniques” are clear synopses that should be considered by plastic surgeons when making choices between possible anesthesia options and decisions about where surgery might be most appropriately scheduled (eg, hospital vs. outpatient).

In general, the evaluation and treatment recommendations described are well documented, noncontroversial, and based on the preponderance of available scientific evidence. I was particularly interested to read the chapter on venous thromboembolism (VTE) and bleeding, especially as related to recommendations for VTE chemoprophylaxis. VTE is perhaps the single most feared complication in plastic surgery and yet there are very little procedure-specific data currently available concerning chemoprophylaxis selection, timing, and length of treatment. Although the authors provide a typical chart of risk factors, there is relatively little discussion of the controversy. Rather, a more conservative (aggressive) approach is advocated, presumably extrapolated from general and orthopaedic surgery data as recommended by the American College of Chest Physicians. Although these recommendations may ultimately be confirmed, final judgment must be reserved until procedure-specific parameters (such as extent of plication, positioning, and use of compressive garments in abdominoplasty) are assessed.

The discussions of medical, surgical, and anesthetic patient safety issues are generally strong and provide an excellent information source for plastic surgeons. As noted in the introductory chapter, systems for communication are also critical to patient safety because they are in fact the source of the majority of preventable medical errors. Although there is some discussion of these factors, a greater emphasis on or inclusion of “how to” guidelines for implementing improved systems, processes, and communication into the plastic surgeon’s practice would have been a tremendous addition to the text. A greater use of algorithms and checklists throughout the text would have been helpful, since developing systems and processes that optimize patient safety depends in large measure on an “algorithm” or “decision tree” type of thinking. The narrative, semi-atlas format of the text does not necessarily lend itself ideally to

Dr. Eaves is Attending Surgeon at Charlotte Plastic Surgery and Associate Clinical Professor at University of North Carolina.
this motif, and perhaps another format might have given greater emphasis to the changes in thinking patterns, organization, and communication that are at the core of a patient safety culture. An appendix of algorithms, charts, and other resources and references would make the data contained more easily accessible.

Patient safety is an immensely broad topic that affects everything we do in plastic surgery. A concise definition is elusive and to describe all of its aspects is impossible, but the editors and authors of Patient Safety in Plastic Surgery are to be commended for addressing this critical, challenging, and ever-changing topic.

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Reviewed by: Julius W. Few, MD, FACS
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According to recent statistics published by the American Society for Aesthetic Plastic Surgery, the fastest growing demographic in aesthetics is people of color. This growth brings heightened patient expectations and a definite need for practitioners to enhance their understanding of the unique findings in this population. As I have a special interest in this topic, it is a pleasure for me to review the new book, Cosmetic Dermatology for Skin of Color.

As the title suggests, Cosmetic Dermatology for Skin of Color is primarily a book written by dermatologists for dermatologists, but the text also has value that extends into general cosmetic medicine. The volume has 23 chapters and is relatively brief at only 178 pages, including pictures. It contains an overview of aesthetic enhancement in persons of color, starting with the defining terms and common cosmetic treatments and concluding with special considerations in several racial and ethnic groups. General topics covered include dyschromias, laser resurfacing, nonsurgical skin tightening, cosmeceuticals, acne treatment, scar pathology, and superficial peels. The editors admit that the book is meant to be concise, with many of the chapters around 1000 words with limited references. Unfortunately, at times, brevity comes at the price of more general coverage of the subject matter, rather than just the authors’ preferred routine or approach. Although the subject of adverse events and their relative avoidance is discussed, it is covered in a limited fashion, which requires the reader to do further exploration to find a set of answers. A good example would be the superficial or subclinical laser burns that can lead to dyschromias. This is a problem of great concern and one that can lead to significant morbidity for the patient. Over the years, I have personally incorporated a very specific protocol for treatment and avoidance of complications. This is a protocol that includes test patch treatment at varying doses weeks before definitive treatment. I do strongly believe in the use of skin preconditioning with either azelaic acid or a combination of tretinoin, hydroquinone, and fluocinolone two to six weeks prior to resurfacing in high-risk patients who have a history of postinflammatory pigmentation. The topical regimen is held for one to two weeks prior and two weeks after laser treatment in those patients undergoing ablative or invasive skin resurfacing. Principles of cooling, patient feedback, and progressive increases in dose are vital in this patient population. I believe the text could have been enriched by providing anecdotes such as this and would have provided more useful information for physicians at all levels of experience. As is the case in all of medicine, avoidance of complications and adverse events is the best treatment.

In the interest of full disclosure, I personally know several of the authors and am well aware of their sincere respect for this subject. In addition, this is a subject matter in which I have invested a great deal of research time, and I read the book with that experience in mind. However, if I look at Cosmetic Dermatology for Skin of Color from the perspective of a general aesthetic plastic surgeon or core provider in aesthetics, this book offers many advantages. It is extremely manageable to digest. The review is such that it could be read in one or two settings, with a variety of pearls. I believe much of the content is vital to anyone treating persons of color or a physician who is just beginning to focus on cosmetic medicine in ethnic populations. The photo library is adequate for much of the subject matter and provides the reader with a good gauge for typical findings.

The chapters that I found most useful include laser hair removal, postinflammatory hyperpigmentation in darker skin, cosmeceuticals, melasma, dermatosis papulosa nigra management, and vascular laser applications in darker skin groups. In particular, the postinflammatory pigmentation chapter gives the reader an incredible amount of information in a very small amount of print. It provides

Dr. Few is Director of The Few Institute for Plastic Aesthetic Surgery and Clinical Associate at The University of Chicago Pritzker School of Medicine.