PSN
PLASTIC SURGERY NEWS
Sept 2019
30 years

AMERICAN SOCIETY OF PLASTIC SURGEONS®

AWAKE SURGERY

Surgery under local anesthesia continues to grow. Whether it's a benefit to the patient or simply marketing, it's become an eye-opener.

Page 25

Eye opening

Fueled by a sputtering economy and franchises that were able to provide patients with a low-cost option for cosmetic procedures, awake surgery has since become an option for several plastic surgery procedures. ASPS members say that although reduced surgical costs are a nice benefit, they can't come at the expense of compromised safety.

By Paul Snyder

For ASPS member Donald Lalonde, MD, New Brunswick, Canada, necessity was the mother of invention when it came to awake surgery.

"In Saint John, we didn't have enough anesthesiologists, and access to the main O.R. was a continuing problem," he recalls. "When I moved here, they said, 'We can only give you one day of general anesthesia, but we can give you a second full day of main O.R. time without an anesthesiologist.' So I got pretty good at local anesthesia right out of my residency because I had to."

In the years since, Dr. Lalonde has become one of the foremost authorities on awake surgery for the hand and wrist, writing several journal articles and even a book on the subject. He says his opinion on awake surgery grew even stronger 14 years ago when a young dermatologist moved to New Brunswick and began removing large, basal-cell skin cancers from patients' faces.

"He would take these cancers off under local anesthesia in the clinic on Wednesday, and then on Thursday, I would inject a local anesthesia and reconstruct with forehead flaps or whatever else I needed to do.

"Four weeks in a row, the patients would tell me how the dermatologist was great and he didn't hurt them at all when he injected the local," he continues. "Clearly they were telling me I was hurting them – and I was. So I went to see him to show me how to inject the local so it wouldn't hurt, and I was so impressed I used his technique and also started doing my own research on minimal pain injection. I've been teaching it ever since."

Dr. Lalonde estimates that 95 percent of all hand operations can be done wide awake, and says facelift, neck, forehead, brow, and some breast augmentation and abdominoplasty procedures can also be done awake.

"I think wide awake surgery is so much better than sedation in so many ways," Dr. Lalonde says. "There's the whole safety issue – major complications are often tied to sedation. Many complications are not about the surgery. Nausea, vomiting, deep vein thrombosis, pulmonary problems, etc. We are so addicted to sedation and general anesthesia in surgery that we don't even consider throwing up after surgery to be an adverse reaction – yet it happens 7 percent of the time. If you use wide awake surgery, you totally eliminate nausea and vomiting."

We were the Costco of facelifts ... Men and women in private practice were upset with us because we were taking away their business – but we were offering something that the public could afford in a safe way.

– Malcolm Paul, MD

A more affordable option

If there were two factors that drove the proliferation of awake surgery, they were the economic downturn of 2007 – which pushed people to look for more affordable cosmetic procedures – and the rise of various franchises around the same time pushing awake procedures, according to ASPS member Malcolm Paul, MD, Newport Beach, Calif. He should know – he was part of one such franchise, Lifestyle Lift.

It wasn't always the case that such franchises required board-certified or board-eligible plastic surgeons or ENT facial plastic surgeons to perform cosmetic work – although Dr. Paul emphasizes that when he joined Lifestyle Lift as a consultant, he insisted the company not only adhere to that standard but also ensure that all its facilities were certified, and that each O.R. was equipped with continuous monitoring of blood pressure, pulse, oxygen saturation and the ability to run an EKG. The immediate success of these franchises ramped-up market pressure on many private-practice plastic surgeons already struggling to keep up with costs for anesthesiologists and whatever O.R. time they could secure.

"We were the Costco of facelifts," Dr. Paul says. "Our call centers received 1 million phone calls per year. That generated 100,000 consultations in 65 centers with 98 surgeons and 26,000 facelifts per year nationwide. So yeah, men and women on the other side in private practice were upset with us because we were taking away their business – but we were offering something that the public could afford in a safe way."

The franchises also pushed plastic surgeons to learn how to do awake surgery – Dr. Paul says his own training and that of many plastic surgeons always centered around general anesthesia, and it was the "easy" way to do procedures, if not always the preferred.

The downside, of course, was that with massive business came copycats – some of whom had no training whatsoever in plastic surgery – interested in turning around low-cost procedures for maximum profit. ASPS President Alan Matarasso, MD, recalls franchises pushing awake surgery solely from a monetary perspective that would not even provide an anesthesiologist for safety or comfort. In some cases, he says, surgeons brought their own instruments, anesthesia and gauze to save money.

That created understandable friction when patient safety was compromised (if not disregarded). In 2011, NBC News ran a story on awake surgery as a "bargain" procedure that shared tales of non-plastic surgeons using combinations of various medications instead of anesthesia to help relax patients undergoing procedures such as liposuction and breast augmentation. In the article, ASPS member Joseph Gryskiewicz, MD, Minneapolis, argued the practice was simply about saving money on an anesthesiologist and not about patient comfort.

"This is just a gimmick by people who can't operate their way out of a wet paper bag," he said at the time.

Nearly a decade later, Dr. Gryskiewicz stands by the quote as he says there are still plenty of "charlatans" performing awake gluteal-fat grafting and breast augmentation procedures.

"There was a physician in my area recently who tried to do a breast augmentation as an awake procedure and was only able to get one implant in – that's insane," he notes. "This poor patient consulted with me several days after her surgery because only one breast had been augmented. She said, 'He stopped the surgery for my own good because I was in too much pain.' I contacted the office for more information and questioned the circulating RN, who told me, 'He just couldn't get the implant in; that's why he stopped.' This physician's license has been restricted from operating."

However, Dr. Gryskiewicz also says that more board-certified plastic surgeons are performing awake procedures and "if done with finesse, then there are exceptions" for what he might consider unsafe.

Nevertheless, the byproducts of the shift toward awake surgery split plastic surgeons on the topic.

"For years, they refused to allow me to even teach a course on how to do awake surgery," Dr. Paul remembers. "There were so many concerns related to patient safety, truth in advertising, market share, but I took the reins of trying to straighten this out with the company because I really thought we were on to something that made a difference in the market.

"You know, Sam Hamra, MD, from Dallas, put it correctly," he adds. "He said, 'The pioneers get the arrows, the settlers get the land.' That's how it is with this."

Changing attitudes

Arguing over lost business or whether awake surgery opens the door for non-qualified personnel to perform surgeries misses the larger point, Dr. Lalonde says.

"I think the argument of, 'You can't start doing stuff under local anesthesia because other people will start doing it' is really lame," he says. "To unnecessarily put people under risk of sedation to keep your market small is about money. It's not about the patient. If the concern is about the patient, wide-awake surgery wins hands down. When it's about giving a job to an anesthesiologist friend, or satisfying the anesthesiologist owner of your surgery center or because it's the only way you can do the procedure in your office, it's about politics and money."

Attitudes are shifting. In addition to courses being taught at Society events in recent years on how to do certain procedures in an awake manner, both Dr. Paul and Dr. Lalonde will be part of a panel, "Wide Awake Anesthesia in Facial Aesthetics," slated to run from 1:30-2:30 p.m. Saturday, Sept. 21, at Plastic Surgery The Meeting 2019 in San Diego.

ASPS member Venkata Erella, MD, Austin, Texas, says that although there's an improved cost benefit to the patient through awake surgery, he agrees that the safety of not putting patients to sleep and through the post-sedation recovery period is a larger positive aspect. Dr. Erella says the procedures he performs – liposuctions, subglandular breast augmentations, facial procedures, gynecomastia and all skin cancer (except for major resections) – are done as awake procedures. He says he still performs tummy tucks under general anesthesia, but he could foresee a time when he gets comfortable enough for that to be an awake surgery.

"Besides your own comfort and skill level, you need to screen candidates and determine who is right for it," he says. "If people are very anxious or afraid of needles, that can be a problem. There are some patients I refuse immediately because of various comorbidity conditions and their high anxiety levels."

That's a key point that every plastic surgeon with whom *PSN* spoke made – safety needs to remain paramount in performing awake surgery. There cannot be a rush to do any procedure just because it will save money. Although Dr. Lalonde notes that general anesthesia isn't needed in most of the work he does, he would always do that in the hospital amongst trained anesthesiologists.

"I don't want to do sedation," he says. "Anesthesiologists can do that way better than I can and when I do need it, I want them to do it. It's safer."

Dr. Matarasso says almost every patient he sees now tells him they don't want anesthesia, but with regard to certain procedures, he says it's a safer option to have an anesthesiologist on hand.

"I can concentrate on surgery," he says. "If there is some unexpected event during the operation, such as a cardiac or airway issue, an experienced anesthesiologist and their team are well-trained and able to focus exclusively on management of the issue.

"Anesthesia and anesthesiologists represent one of the four pillars of surgical safety, along with the facility, the patient and the surgeon," he adds. "Every surgeon should determine what type of anesthesia is in the best interests of each patient they operate on based on the circumstances. Master a routine that is appropriate – but don't be mastered by it."

In the case of liposuction, Dr. Erella notes the awake option is easy if it's a small to moderate case – particularly because of positioning. The patient can move himself or herself as the doctor needs, and isn't being charged for the extra personnel needed to move or the extra time it can take to move the patient. Nevertheless, he says, a patient with a high-volume liposuction wouldn't be a candidate for awake surgery – not only because of the amount of medication needed, but also because any doctor would want to make sure they were admitted and kept under observation after the procedure because of the fluid shifts that can occur from high-volume liposuction.

"Safety has to remain the priority," he says. "If any doctor says to the patient, 'I can save you $2,000, but I can't guarantee your safety,' the patient should know not to take it."

Growing interest

Patient savviness should play a large part in how awake surgery evolves in the coming years. Dr. Paul says there's been a "quantum shift" in patients' interest in noninvasive procedures, and that their own learning power on the Internet and via social media channels is growing.

"They want to know if this is less expensive and done under local anesthesia, are they getting a real facelift or just a minilift," he says. "They're trying to separate what's real and what can be done from what's promised."

What that means for plastic surgeons is that whether or not awake surgery was part of their training, it might pay for them to start learning.

"If I was a young plastic surgeon finishing residency, I would set up an office and accredit it for pure local anesthesia, and I would only use sedation or general anesthesia at the hospital or another accredited surgery center when I need it," Dr. Lalonde says.

Dr. Erella says he learned nothing about awake surgery during residency and has honed his skills through repeated work. Dr. Paul agrees, saying that "doing 500 different surgeries one time doesn't make you an expert, but doing one surgery 500 times improves efficiency and the result obtained." Both men say training programs would do well to start implementing awake surgery, however.

In an economic climate where private practitioners still have to deal with the rising costs of anesthesiologists and O.R. time, Dr. Matarasso says he understands the increasing appeal of awake surgery.

"But if you're sacrificing the safety of the patient, then what are you gaining with the savings?" Dr. Matarasso asks. "We have a greater responsibility, in some ways, than the trauma surgeon who has to deal with a gunshot wound. We're taking healthy people that don't need an operation and putting them to sleep to do an operation. It absolutely should be our mandate to make that as safe as possible." PSN