

# Outpatient Plastic Surgery

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## ABSTRACT

*Subspecialties are a worldwide reality.*

*Plastic surgery, as a specialty, is increasingly subdividing. This paper refers to outpatient sector, making comments on it and emphasizing some requirements and advantages of this type of procedure.*

Outpatient Plastic Surgery is defined as the surgery branch that acts on surgical reparation of acquired defects or congenital deformities as well as aesthetic-order disharmony of which interventions may be performed in an outpatient basis. It is divided into large outpatient surgery, performed in non-hospitalized patients, under any type of anesthesia and which requires a postoperative observation or recovery period with same-day dismissal, and short outpatient surgery, performed under local anesthesia, with immediate dismissal of patient<sup>(1)</sup>.

Simplification of surgical procedures aiming at decreasing costs, but at all times observing basic safety principles<sup>(1)</sup> guides outpatient plastic surgery.

Risk limits of an outpatient procedure may be increased and complicated, thus the need for a good hospital structure, i.e., minimal-condition surgical environment: wash-basin, operating room equipped with operating table and proper material, light spot, aspirator, cautery

knife, serum support, negatoscope, oxygen and resuscitation equipment (laryngoscope, orotracheal intubation cannulas, and mechanical respirator)<sup>(2)</sup>. An adequate case by case preoperative assessment by anesthesiologist and surgeon is the first step to warranty more safety. The anesthesiologist is concerned with anesthetic indication, the patient's psychological profile, and the assessment of the operation extension; and renders more intensive anesthetic care for ASA\*2 (controlled systemic diseases) and 3 (hard-compensation systemic disorders) patients. The use of new drugs such as Etomidate, Propofol, Ropivacaine; inhalants, such as Sevoflurane, Isoflurane, and Alphentanil-Sulphentanil-type opioids, provides a more soothing surgery and a postoperative period with the lowest complication rates and the possibility of early dismissal. Outpatient surgical procedures are primary and highly important as they are paramount for the patient under risk situations. Airway maintenance and surgical venous pathways must be at the surgeon's reach<sup>(3)</sup>.

Some of the main pathologies treated on an outpatient basis in plastic surgery are: 1 - Skin and adnexa affections (lipomas, nevus, epithelial benign and malign neoplasias, pathological scars); 2 - Hands (synovial cyst, hangnail, tenosynovitis, traumas with partial amputations); 3 - Perineal region (sacroccygeus pilonidal cyst, small pudenda lip hypertrophy, soft portion trauma); 4 - Face (nasal, palpebral, ears, craniomaxillofacial, congenital and acquired deformities); 5 - Mamma (hypomastia, mammary ptosis, mammary and mammilla changes, gynecomasty); 6 - Body contour (body lipodystrophy, congenital and acquired deformities); 7 - Scalp (alopecia, tumors, scars)<sup>(2)</sup>.

With the advent of new techniques and technologies, outpatient procedures gained allies such as Laser, Botulinum Toxin<sup>(4)</sup> and aloplastic material implants, among others, which provide an important improvement of the patient's life quality<sup>(5)</sup>. Despite progresses achieved, and sometimes questioned — laser, for instance, as technique associated to surgery, "has become a great business or an advance in sciences" nowadays?<sup>(6)</sup> — the modification input are welcome, provided proven benefits are achieved<sup>(7)</sup>.

It is important to further observe outpatient plastic surgery on a practical way, under better pre-, intra- and postoperative conditions. In any situation, correct diagnosis and a good physician-patient relationship is fundamental.

Joint assessment with anesthetist is required on the preoperative period, giving the patient answers to his/her doubts and focusing on his/her own needs in order to a calm procedure to take place.

Sedation need must be assessed during intraoperative period (as much as preoperative) as well as a quick procedure so minimum time and greater resolubility are achieved. Permanent field re-evaluations must be made in (immediate and late) postoperative period in addition to following-up the patient's overall condi-

tions. Dismissal may be accelerated with the aid of modern medications.

Also greatly important is phone contact and ambulatory proximity to a medical center for any event, which contributes to surgery safety and full success.

Outpatient plastic surgery is increasingly a reality presenting a number of advantages in some cities both for the physician and the patient, among which are short hospital stay, resulting in lower hospital infection risk; procedure lower cost, faster and uncomplicated postoperative recovery with less nausea and vomiting and other common inconveniences to conventional hospital surgery.

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