Informed Consent for Local Anaesthesia in Cosmetic Surgery

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Abstract

Background: Laws regarding informed consent vary from country to country. In the Islamic Republic of Iran for any approach to cosmetic surgery, written informed consent is obtained when anaesthesia involving sedation or general anesthesia is used. Although local anaesthesia is extremely safe, some common or rarely more serious complications may occur secondary to its administration. Thus, consent for the use of local anaesthesia should be obtained as for other types of anaesthesia..

Keywords: Local anaesthesia; Cosmetic surgery; Informed consent.

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Introduction

Consent means voluntary agreement compliance or permission. Consent may be expressed and implied. Laws regarding informed consent vary from country to country. It is important to remember that having a patient sign a written consent form does not excuse the cosmetic surgeon from the responsibility of having an adequate discussion with the patient about the proposed treatment and explaining the risks benefits and possible alternatives to the proposed treatment. [1] Informed consent generally is required for a health care professional to validly defend against liability from responsibility for complications that may occur during treatment or observation. The purpose of this article is to stress the importance of informed consent before local anaesthesia.

Obtaining consent [2]: To examine, treat, manage or operate upon a patient without consent is assault in law, even if it is beneficial and done in good faith. The patient may recover damages. If a doctor fails to give the required information to a patient before asking for his consent to a particular operation or treatment, he may be charged with negligence.

Legal Standards for Surgical Informed Consent

Legally, the requirement for physicians to obtain consent from patients for a medical procedure was established in the United States as early as 1914, and the more specific requirement that this consent be informed was added by a court ruling in 1957 [3,4]. Since that time, legal requirements concerning the nature and quantity of information given to patients during informed consent have evolved. Currently, the law requires that surgeons disclose information that would be material to the consent decision of patients [5,6]. This includes information about the nature of the surgery, its risks and benefits, potential alternatives, and the expected post-operative course. However, determining what counts as "relevant information" and how specific this information should be remains open to interpretation. An early proposed informed consent standard was the "professional practice" standard, requiring physicians to disclose information that is customarily provided by other professionals. More recently, the "reasonable person" standard requiring disclosure of information that a hypothetical reasonable patient would want to know, and the "subjective standard" requiring disclosure of information shaped by the preferences of an individual have been adopted in most states (5,6).

Ethical Principles Underlying Informed Consent

The legal question of whether or not surgeons are required to disclose personal performance is unsettled. This legal ambiguity reflects the unsettled ethical question of what information surgeons owe their patients. The primary ethical principle underlying informed consent requirements is respect for patient autonomy [6,7] -. Therefore, one goal of the informed consent process is to enable patients to make medical care decisions that reflect their values and desires. The history of informed consent reflects an evolution of our understanding of how to best serve the interests of patients without harming the physician-patient relationship. The initial movement toward more explicit informed consent during the mid-20th century raised concerns that more information and control over their care would make patients unduly anxious or confused, allow them to make decisions that were not in their best medical interests, or weaken trust in their physician [6]. While these tensions still exist, the informed consent process has come to be accepted as an appropriate and necessary expression of respect for autonomy that provides overall benefit to patients.

The question of whether information related to a surgeon's skill should be added to the current list of disclosed items has recently been explored by Clarke and Oakley [8]. They argue that because a surgeon's skill, as reflected in a personal performance record, is relevant to patients' decision-making, disclosure is required during informed consent. These authors state that there is widespread agreement that adequate informed consent for a procedure includes disclosure of "reasonably foreseeable risks of an operation," and argue that because an individual surgeon's skill in performing an operation is a component of foreseeable risk, it should be disclosed. They conclude that, "disclosures that do not include at least some relevant, material

information about the performance ability of available surgeons are an inadequate basis for the provision of effective informed consent."(8). The argument that respect for patient autonomy requires divulging surgeon-specific performance rates presupposes that the information is accurate enough to enhance patient decision making, that patients want this type of information, and that the benefits of disclosure outweigh the possible harms. We will explore each of these questions in turn.

Why informed consent in cosmetic surgery for administration of local anaesthesia?

Plastic surgeons generally inform patients about both simple, common complications and serious, rare complications that can occur with the proposed procedures; and in doing so they cover both extremes of the spectrum of complications. Local anaesthesia is extremely safe. The most common complications that may occur while administering local anaesthetic in cosmetic surgery are ecchymosis and analgesthesis. The rare and more serious complications are paraesthesia or permanent anaesthesia and some life threatening conditions [9,10,11]. If a complication occurs and informed consent was not obtained in writing, the surgeon may be placed in a difficult position to convince a jury.

Cosmetic surgeons are required to obtain informed consent for all of the procedure.

Conclusion

The use of local anaesthetic in cosmetic surgical procedures is well established as an effective and safe mode of anaesthesia delivery. Local infiltration of anaesthesia may be used alone for minor surgical procedures, or it may be used with general anaesthesia or intravenous sedation and analgesia for more complex, lengthy procedures. When considered independently, the use of local anaesthetic agents has undeniable limitations. Local anaesthetics can cause toxicity and side effects. Injection of local anaesthetics for subcutaneous infiltration frequently is painful until sensory anaesthesia occurs. Local anaesthetics have limited efficacy with respect to the intensity and duration of sensory blockade that can be achieved. In some situations, the use of local anaesthesia with the maintenance of an awake patient also may be undesirable for the surgeon and impractical for the patient. Despite these shortcomings, local anaesthetics are fundamentally ideal for use in cosmetic surgery.[12]

In departments of plastic surgery or any cosmetic clinic, written informed consent is obtained for anaesthesia involving sedation or general anesthesia, as it is for many other procedures, but not for the administration of local anaesthesia. Local anaesthesia is extremely safe, but common to rare serious complications have been reported. So the existence or lack of written informed consent can have significant implications if a malpractice action is considered after treatment is rendered. Thus, it is strongly recommended that all plastic surgeons must obtain written informed consent before administering local anaesthetics.

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