Surgical Consent Means More Than Just a Form

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LAS VEGAS — Surgical consent is not just a signed piece of paper clipped into a patient's chart. It is an understanding that begins when a prospective patient hears your name or spots your Web site during an Internet search, according to Dr. Greg S. Morganroth, a Mohs surgeon practicing in Mountain View, Calif.

"The potential for misunderstandings in the consent process may begin long before you've met the patient," he said at the annual meeting of the American Society of Cosmetic Dermatology and Aesthetic Surgery.

The best policy is to provide education and realistic expectations every time the patient encounters you or your practice, beginning with your Web site and extending to what information your office staff provides over the phone, he said.

Dr. Morganroth said there is value in having prospective cosmetic surgery patients spend one or two visits in the office for consultation before a procedure, meeting with the surgeon but also spending considerable time with a cosmetic consultant—a nurse or office manager who has excellent communication skills and thorough training in procedures.

A cosmetics consultant can speak with potential clients on the phone, take photographs, discuss procedures in depth, make appointments, explain the price structure, and write thank-you notes—essentially reiterating important messages conveyed by the surgeon and printed in consent documents, but also making patients feel comfortable and appreciated.

Both you and your cosmetics consultant should speak directly and honestly about your credentials and the potential benefits and risks of every procedure, Dr. Morganroth stressed. "I always make it very clear to patients that I am a dermatologist and not a plastic surgeon," he noted. "I take pride in the specialty and promote dermatologists' unique perspective and skills."

He encourages patients to get second opinions, but cautions that they may hear negative feedback about dermatologic surgeons from plastic surgeons or other specialists. He takes time to explain the differences in specialties, emphasizing why he feels his local anesthesia approach is best for certain problems but inadequate to achieve results that can only be obtained with extensive surgery under general anesthesia.

Regardless of whether a patient asks, he reviews his safety record and the number of cases he's done of a particular procedure. He explains the rare cases in which patients were dissatisfied and tells what he did in response. Dr. Morganroth shows prospective surgical patients before-and-after photographs that depict good, medium, and minimal results in older and younger patients. In providing references, he offers the names of patients who were not thrilled as well as those who were.

Preoperatively, he prepares patients for every aspect of the postoperative course, including reviewing with them photographs of patients at various stages of healing. Patients should have all prescriptions they will need and know how much everything, including supplies, will cost prior to surgery.

Consent documentation signed by the patient reiterates the fact that the procedure is being performed by a dermatologic, not a plastic, surgeon; reviews the patient's preexisting asymmetry and imperfections; lists potential complications of the procedure and the surgeon's previous experience with complications; and includes a photo consent and an arbitration agreement.

Dr. Morganroth tells patients, "We are a team. I care about you as a person and [about] your results." He asks them to sign a form in which they agree to come to him if there is a problem so that he can be "by your side [treating] you like a relative," to resolve the situation.

If a patient cancels a procedure, he refunds all of the patient's money.

If a patient seems overwhelmed and repeatedly questions the treatment plan, Dr. Morganroth encourages a second opinion.

He sends flowers to each patient on postoperative day 2.

By being completely candid, enlisting the patient as a team member, and treating patients with special care, a surgeon can be assured that a consent form will serve as more than a legal document. It also can serve as a reminder of the faith the patient has placed in the surgeon and of the surgeon's steadfast commitment to live up to that responsibility, said Dr. Morganroth said. ■