

Section	Main Points
<i>Accreditation</i>	<ul style="list-style-type: none"> • Office-based practices in both in the U.S. or internationally should obtain accreditation from the AAAASF, AAAHC, or Joint Commission. • These organizations provide patients with reassurance and external validation that the practice adheres to the latest safety measures, guidelines, and practices. • ASPS and the Aesthetic Society mandate members operate in accredited facilities.
<i>Culture of Safety</i>	<ul style="list-style-type: none"> • Ensuring a uniform culture in the office that promotes patient safety is key to minimizing patient risks and leading patient-centered care.
<i>Personnel and Training</i>	<ul style="list-style-type: none"> • All physicians and support staff must be properly licensed and prepared to practice within the scope of their training, experience level, and the facility's accreditation guidelines.
<i>Informed Consent</i>	<ul style="list-style-type: none"> • Informed consent is a basic tenet of medicine with the purpose of ensuring that patients understand all aspects of their proposed procedure. • Physicians must go to the furthest lengths to ensure informed consent is properly obtained for anesthesia and for the procedure. • The FDA released new labeling guidelines tying breast implant manufacturers and plastic surgeons to a higher level of accountability when educating patients about breast implants. • These new guidelines consist of five components including a comprehensive, implant-specific checklist that must be reviewed with patients during the informed consent process.
<i>Fire Safety</i>	<ul style="list-style-type: none"> • Effective communication and device management is crucial toward preventing operating room fires. • Teams should have fire safety protocols and drills in place to practice the order of operations in the event of a fire.
<i>Equipment and Sterility</i>	<ul style="list-style-type: none"> • The operating room must have all necessary equipment for intraoperative monitoring and potential adverse events. • Meticulous sterile and sharps technique and adherence to CDC guidelines are important in creating a safe operating room environment. • Proper and punctual management is necessary in the event of a sharps injury.
<i>Documentation and Quality Improvement</i>	<ul style="list-style-type: none"> • Thorough procedural documentation is recommended for the purposes of patient care, legal ramifications, and quality improvement.

	<ul style="list-style-type: none"> • Enrollment in formal quality improvement programs is recommended for the purpose of improving evidence-based medicine and patient care. • Use of prognostication tools may help with more efficient resource allocation and patient care.
<i>Post-operative Care</i>	<ul style="list-style-type: none"> • Post-operative nausea and vomiting is a leading cause of morbidity; there should be a focus on preventing and treating post-operative nausea and vomiting. • Proper post-operative care and discharge planning can reduce post-operative morbidity and complications while improving continuity of care.
<i>Emergency and Transfer Protocols</i>	<ul style="list-style-type: none"> • In the event of an emergency, protocols must be in place to first stabilize patients and then transfer them to a hospital for higher level acute care. • Staff must be thoroughly familiar with these protocols and interventions in case of a real emergency.
<i>Obesity and Procedure Characteristics</i>	<ul style="list-style-type: none"> • Obesity, longer procedures, and combined procedures are associated with a higher risk of peri-operative complications. • Thorough clinical judgement and planning should be performed to ameliorate these risks.
<i>Homeopathic supplements</i>	<ul style="list-style-type: none"> • Surgeons must adequately and respectfully screen their patients before any procedure and ensure that supplements being taken will not negatively affect anesthesia, medications, the procedure, or the recovery process.
<i>Anesthesia</i>	<ul style="list-style-type: none"> • Anesthesia options may include general anesthesia, local anesthesia, and conscious sedation. • Pre-operative evaluations using the ASA Patient Selection Physical Status Classification System effectively stratifies the risk of anesthesia and conscious sedation in patients. • The anesthetic technique must be chosen while considering both the patient's health profile and the proposed surgical procedure.
<i>Antibiotic Prophylaxis</i>	<ul style="list-style-type: none"> • Preoperative antibiotics can generally reduce the risk of surgical infections and should be tailored to each patient. • Plastic surgeons should use their own clinical judgement with guidance from recommendations put forth by other surgical specialties when administering antibiotic prophylaxis.
<i>Venous Thromboembolism (VTE)</i>	<ul style="list-style-type: none"> • A pre-operative history is necessary to document all risk factors for VTE. • The American Association of Plastic Surgeons released a guideline for the prevention of VTE in patients undergoing plastic surgery.

	<ul style="list-style-type: none"> • Consider VTE chemoprophylaxis in patients undergoing abdominoplasty.
<i>Hypothermia</i>	<ul style="list-style-type: none"> • Hypothermia can increase intra and post-operative morbidity and complications. • Measures to prevent hypothermia should be available and include strict monitoring of patients' vitals and temperature.
<i>Malignant Hyperthermia (MH)</i>	<ul style="list-style-type: none"> • Proper screening for MH must be conducted before surgery. • MH-susceptible patients may still undergo outpatient surgery if proper precautions are taken. • Proper equipment for the monitoring and treatment of MH must be available for patient stabilization before transfer to a higher acuity treatment center.
<i>Multimodal Analgesia (MMA)</i>	<ul style="list-style-type: none"> • MMA and local anesthesia include NSAIDs, acetaminophen, gabapentinoids, muscle relaxants, steroids, and nerve blocks. • The usage of local anesthesia and adjunctive MMA can reduce post-operative morbidity, complications, and the need for opioids and potential resulting persistent opioid use.