Evidence-Based Body Contouring Surgery and VTE Prevention


Evidence-Based Body Contouring Surgery and VTE Prevention is the companion publication to the author’s earlier single-volume Evidence-Based Cosmetic Breast Surgery. This compact, single-author, 330-page textbook is divided into 13 chapters and a Preface. The Preface could be considered a “proxy” for a book review, and the author’s rationale for why he felt compelled to write the textbook. In the Preface, there is a particularly thought-provoking table (Table 1) of the 40 things that the author states “we know are wrong” in body contouring surgery and venous thromboembolism. The list alone could engender a 3-day point-counterpoint meeting! I am not sure “we” know it, as much as “he” believes it. He then sets out deconstructing many of the items on the list.

Chapters 3 and 6 through 10 represent the author’s “how I do it” approach for various anatomical regions, not only based on his technique but grounded in his scientific reasoning. The initial chapters (chapters 1, 2, 4, and 5) are interesting and thought-provoking treatises that cover more than the book’s title implies, particularly the first chapter, on the medical establishment’s purported use of “evidence-based medicine” and the multitude of ways conflict of interest can be manifested and the author’s profound concerns with conflicted authors (e.g., “Conflicts are not only financial, it is possible to become so intellectually and professionally invested in a concept that it becomes difficult or impossible to reconsider”). So also are his concerns about how new technology is analyzed and incorporated, themes to which he repeatedly returns. Each chapter begins with a one-page abstract (overview) of the forthcoming chapter, each of which contains numerous “gray box” admonitions, highlighting important issues in the text or containing quotes. These represent particularly noteworthy concepts, commentary, or quotable refrains.

At the heart of Evidence-Based Body Contouring Surgery and VTE Prevention are the author’s numerous, self-financed studies that he has published in peer-reviewed journals. That, along with a comprehensive, refreshingly current (2017) reference list at the end of each chapter, form the foundation for his lively rhetoric, controversial opinions, admonitions, and emphatic recommendations. He firmly supports his techniques and perioperative patient care based on these references and his studies. Swanson does not shy away from exposing what he believes are incorrect conclusions and statistically flawed studies that have shaped popular opinion from other frequently cited publications. This is particularly evident in chapter 12, “The Fallacy of Individual Risk Stratification and Chemoprophylaxis” (for deep venous thrombosis/pulmonary embolism), where he systematically illuminates what he considers to be invalid risk stratification quantification methodology and scoring systems that serve as a basis for warranting the widespread adoption of anticoagulation in aesthetic plastic surgery. Herein is where Swanson is most emphatic in his repeated questioning of the statistical validity and contextual use of chemoprophylaxis and consequently the categorical use of deep venous

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thrombosis chemoprophylaxis (and indeed even sequential pneumatic compression devices) in ambulatory aesthetic body contouring surgery. Moreover, he returns to the theme of financial conflicts which, when coupled with invalid statistical methods, he believes have incorrectly shaped our “prevailing wisdom” and how we treat patients. Alternatively, he offers his “separation, aspiration, and fat equalization” (SAFE) methods to reduce surgical complications and prevent pulmonary embolism (and by the use of routine Doppler ultrasonography evaluations in his office). As he mentions, it is particularly distressing to believe that venous thromboembolism with its myriad causes can ever possibly be relegated—most notably by government agencies—to a “never event,” creating the implication of culpability when it does occur.

Some may find Swanson’s arguments too repetitive or even dogmatic. However, it is hard to find fault with his research and, in particular, the statistical support that he lends to his opinions. This proactive book is not without its shortcomings. Although particularly compelling, the chapter on deep venous thrombosis prophylaxis (chapter 12) requires the reader to focus on interrelated concepts that, although consolidated in a chapter, are also interwoven throughout the textbook and not easily juxtaposed. However, it is perhaps here that the author is at his most original and proposes significantly keen insight that runs drastically counter to current trends in chemoprophylaxis, thus forcing the reader to recognize that he makes some valid arguments that require one to reconsider the routine perioperative management of body contouring patients.

Noted psychologist Charlan Nemeth of the University of California, Berkeley, has studied group thinking. Her findings reveal just how susceptible we are to majority opinion, pointing out the impact that a persistent consistently dissenting opinion (and how hard forces work against the dissenter and touching on the fallacy that a homogenous group lacks diversity) can have in altering popular opinion and indeed improving overall thinking.1

I suspect that many plastic surgeons initially reading this book will not have begun it with a perspective similar to the author’s. However, in the final analysis, it is difficult to approach this textbook with an open mind and not come away contemplating, if not sincerely questioning, what we have come to accept about new technology, conflicts of interest, accepted dogma or “fact,” or some mainstay routines in patient management. Regardless of what readers ultimately decide to tease out from this book and incorporate, blanketing dismissing Swanson’s reasoning and concepts will be done at their own jeopardy.

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REFERENCE

The Elite Facial Surgery Practice: Development and Management


There is no question that medical practice is a business, and although medical schools train us to serve patients in the best way possible, neither the medical training nor the specialty residency arms us with the business and economic skills needed to enjoy a successful medical or surgical practice. This deficiency was much greater when I was a resident. Today, frequent courses and presentations during the senior residents’ meeting prepare the residents and fellows to some degree to manage the office as a business, yet the art of running a successful plastic surgery office is far too complicated for anyone to be adequately prepared through those limited business educational courses, especially if the goal is to have a state-of-the-art, “elite” practice.

Dr. McCollough has shared his vast business experience in a 154-page soft-cover book entitled “The Elite Facial Surgery Practice: Development and Management” published by Thieme. The author begins by describing the pathways that lead to proper certification as a facial plastic surgeon. After discussing the golden rules of facial plastic surgery, which emphasize the role of proper patient preparation, care, and honesty with the patient, he focuses on the selection and training of the staff in two and half pages. I find this part of the book less than adequate.