Plastic Surgeon

Job Description

Plastic Surgeon Expectations

Roles and Responsibilities

1. Pre-mission preparation
2. Set Up / Screening / OR Schedule
3. Pre-Operative Management – Orders
4. Be prepared to perform cleft lip and palate surgery in an austere environment
5. Review mission goals, materials, policies and procedures
6. Participate in screening, set-up, team meetings and events
7. Work with host country counterparts to exchange ideas and improve knowledge
8. Provide education, both one-on-one and by lecture
9. Monitor patients, remove sutures, make rounds and provide post-op care
10. Complete all medical records and evaluation forms
11. Agree to be part of the outcomes improvement program.
12. Collaborate with the Outcome Data Fellows and Patient Imaging Technicians in the process of taking the immediate preoperative, and postoperative pictures.

Principles and Goals

Cleft Lip Repair

1. Preserve lip length
2. Functional repair of the orbicularis oris muscle
3. Achieve aesthetic results while avoiding straight-line scar
4. Recreate the wet and dry vermilion relationship
5. Reduce the chance of scar contracture
6. Correct the flaring of the alar base
7. Correct the dome of the nose
8. Create a columella of equal length on both sides
9. Hide scar in natural line

Cleft Palate Repair

1. Recreate normal muscular orientation
2. Recreate normal muscular slings of soft palate for velopharyngeal closure
3. Correct shortening of palate and gain length
4. Avoid tension when closing
5. Preserve integrity of oral and nasal mucosa lining
6. Operate with minimal blood loss and a secure airway
7. Avoid damage to palate vessels

Criteria and Guidelines for Successful Outcome

Cleft Lip Repair
1. The Cupid’s Bow peaks are on the same horizontal plane
2. The vermillion is a continuous smooth curved line, without notching
3. The dry vermilion is equal width on both sides
4. The nostrils are symmetrical
5. The orbicularis oris muscle is repaired in the correct anatomical position

Cleft Palate Repair
1. The palate is lengthened to touch the posterior pharyngeal wall
2. The opening between nose and mouth is closed
3. If possible, the entire palate is closed to the proper length
4. The muscles of the soft palate are repositioned
5. Development of normal speech as possible

Links to More Materials for Mission Preparation
The Operation Smile Online Resource Library has numerous materials that provide both general information for missions and clinical materials for Plastic Surgeons regarding the treatment of cleft lip and cleft palate.

The Main Link
http://www.operationsmile.org/elearning

General Resources for Operation Smile Missions
http://www.craniofacialeducation.net/missions/mission_training.html

The Plastic Surgery Resources
http://www.craniofacialeducation.net/surgery/surgery_main.html

Including:
Cleft Surgery and Surgical Safety on Missions – Donald Mackay
Cleft Tips for Cleft Lips - Andrew Wexler, M.D.
Surgical Considerations in Primary Unilateral Cleft Lip Repair – William P. Magee
Reparacion quirurgica del paladar hendido – Luis Bermudez
Bilateral Cleft Lip and Palate Repair – Kenneth E. Salyer, M.D.
and more...
PRE-MISSION

1. Review the following Operation Smile suggested techniques for cleft lip and palate repair.

2. Bring any personal supplies or materials that may not be provided by Operation Smile.

3. Remember to bring loupes, eye protection, photo equipment for personal use and any suture or instrument that is a personal preference which may not be provided by Operation Smile.

ARRIVAL and SET UP

The surgical team leader will hold a team meeting as soon as possible to ensure that the entire team becomes acquainted with each other, review Operation Smile policies, and discuss surgical techniques. Each team member must know their fellow team members by name.

4. Discuss the importance of teamwork as well as the hopes and expectations for the mission.

5. Review important Operation Smile principles and policies relevant to the roles and responsibilities of the Surgical Team.

6. Review the essentials of lip and palate anatomy and repair, and discuss the techniques of the individual surgeons present.

7. Check with the clinical coordinator and program coordinator to verify that all of the cargo arrived intact and is operating properly. Address any missing supply needs.

8. Arrange a hospital tour and become familiar with the operating room facilities.

9. Become acquainted with the hospital personnel and the hospital’s rules and regulations (i.e. where are scrubs allowed, what is the dress code, which corridors are sterile, etc.).

10. Evaluate the emergency equipment at the hospital. Know what host country equipment is available, where it is kept and whether or not it is operational.

11. Coordinate with the anesthesia, pediatric and nursing staff where the crash boxes, defibrillator and any other emergency equipment will be kept. The emergency equipment needs to be readily accessible by all of the operating rooms, as well as, the recovery room. Emergency equipment should also be available on the patient ward.
SCREENING

1. Select patients using the **five surgical priorities** listed below:

   Operation Smile International (OSI) has developed priorities for patient selection as a means to address our primary concerns of the safe surgery and healthy recovery of our patients. We must approach each case with patient safety in mind. Local conditions are a factor in patient selection; please think of follow-up care, rehabilitation, or other therapy, which would be required to improve the patient’s condition. Along with these Surgical Priorities, please refer also to the “Age and Scheduling Policy” when selecting patients for surgery. Our goal is to provide the highest standard of care, safety and professionalism for our mission environments.

**SURGICAL PRIORITIES**

**Priority 1**
**Primary Repair of Cleft Lip** - Ages 6 months and older

   This procedure can be accomplished safely, quickly, and with a near-guarantee of vastly improving the patient’s appearance. We can generally restore the child’s face and smile to normal. We should complete all primary lip cases that are healthy enough for surgery. The safe minimum age and body weight of the patient depends on the setting, the equipment, and the experience level of the anesthesia staff and capability of the nursing staff to monitor the patient.

   - Please refer to the “Age and Scheduling Policy” for patients ages 3 - 6 months
   - Patients outside of the above age categories should be marked “Priority 1, Not Cleared for Surgery This Mission” and then note too young, potential for future surgery, and/or other conditions as applicable.

**Patients Returning with Surgical Complications**
**Dehiscence of Operation Smile Repaired Cleft Lip** – All ages

   Patients whose cleft lip was surgically treated by Operation Smile and presenting with dehiscence of the lip are also to be classified as Priority 1 and included among the first patients selected for surgery. These patients are to be screened in full to determine if their health is appropriate for surgery. This assumes the surgical treatment is expected to be successful and not expected to dehisce again due to poor tissue conditions.

**Priority 2**
**Primary Repair of Cleft Palate** - Ages 1 – 6 years

   These cases have the greatest success in enabling the patient to develop normal speech. The operation can be done safely, in most children over 12 months. Younger patients have a better chance for developing normal speech, even when no speech therapy is available in the country. The safe minimum age and body weight of the patient depends on the setting, the equipment, and the experience level of the anesthesia staff and capability of the nursing staff to monitor the patient.

   - Please refer to the “Age and Scheduling Policy” for patients ages 9 - 12 months
Patients younger then the above age category should be marked “Priority 2, Not Cleared for Surgery This Mission” and then note too young, potential for future surgery, and/or other conditions as applicable.

**Patients Returning with Surgical Complications**

**Complications of Operation Smile Repaired Cleft Palate – All ages**

Patients whose cleft palate was surgically treated by Operation Smile and presenting with a fistula/dehiscence of the palate or other related failures are also to be classified as Priority 2 and selected for surgery accordingly. These patients are to be screened in full to determine if their health is appropriate for surgery. This assumes the surgical treatment is expected to be successful and not expected to fail again due to poor tissue conditions.

**Priority 3**

**Primary Repair of Cleft Palates - Age 6 to Adult**

When possible, older children and adults should have the opportunity for reconstruction. While perfect speech will not be possible, a great deal of improvement can be achieved safely and in a short period of time. Additionally, the psychosocial benefits to the patient are enormous. These patients will require good follow-up care and must be told that additional surgery may be necessary.

**Priority 4**

**Secondary Repairs of Lips and Palates - All ages**

If time allows, and priority 1, 2, and 3 patients have been accommodated, secondary repairs can be scheduled. Each case should be considered on its merits and the benefits compared to competing cases.

**Priority 5**

**Other Conditions - All ages**

Despite the temptation to try to help patients with severe deformities and burn contractures, we should avoid cases requiring prolonged anesthesia, extensive grafting, or prolonged complicated follow-up care or rehabilitation. Most sites will not be able to provide the follow-up care or therapy necessary for the patient to gain functional improvement or improved appearance. Be very selective in what is done and advise the patient and family on the potential for little improvement. Parental and patient expectations may be beyond the goals of the scheduled procedure. Expectation management is essential and requires that the procedure to be performed be clearly defined, that the parent/patient be informed the condition may require further surgery and that Operation Smile cannot make a commitment to further surgery. If no improvement is expected with a surgical procedure in a specific patient, surgery should not be performed.

In addition to the above five priorities, there are two other categories in which a patient may be placed:

**Not a Candidate** - A patient’s condition does not fall within any of the above categories treated by Operation Smile and is not a candidate for the current mission, any future mission, nor world care.
**Potential World Care Candidate** - Candidates for surgery whose condition is too complex to be treated during an Operation Smile Mission or are unable to receive surgery due to mission time or resource constraints. **No promises** should be made to any potential World Care candidates. Final evaluations are done at OSI Headquarters by the Chief Medical Officer.

**SURGERIES NOT DONE ON OSI MISSIONS**

The focus of OSI is on the social acceptance of the patient, by repairing the cleft lip/palate and restoration of normal speech. Most other congenital and acquired deformities fall outside our scope and developed expertise. Often we are tempted to try to help patients with other conditions, but it must be realized, that in a one-week mission, with only three more days for follow-up, and possibly little chance for the patients to be helped locally, the majority of health care needs cannot be addressed by OSI.

2. Identify the screening station for the plastic surgeons. Make sure all the needed supplies for screening are available such as: flashlight, gloves, tongue depressors, stethoscope.

3. Perform a complete history and physical examination on all patients that are screened whether they are candidates for surgery or not.

4. Write all of the pertinent screening information completely and accurately on the patient screening data form in the medical record (see the medical records section of this manual to review all of the Operation Smile forms to be used). The information recorded will become part of the patient’s permanent record and will be referred to during the current mission and for future missions. It is important that the same diligence used to complete medical records at home is exercised while on a mission.

5. Sign and date all medical records and remember to sign the medical records personnel team signature form.

6. Some mission countries require that a second medical record be completed as well as the Operation Smile medical record regardless of duplicate nature of the Operation Smile medical record. Compliance with such requests is essential. Be sure to record any extra information required in the second medical record in the Operation Smile medical record as well.

7. Focus attention on the best possible outcome while evaluating patients during the screening process. Continue to be aware of the of Operation Smile surgical priority list or cases that carry a potentially high risk. Provide care appropriate for the location where the operation is taking place. Keep in mind that the facilities, set up and supplies may be quite different than what is found in the hospital in which you work on a regular basis list. Safety is the primary concern. Avoid overly difficult cases.

8. Identify potentially complicated cases or cases of particular concern and discuss these patients with the anesthesiologist and pediatrician. Decide as a team whether or not such surgeries can safely be performed.
9. Exchange ideas with colleagues about basic requirements to achieve safe and optimal outcomes. This is an opportune time to because screening should serve as a forum for team education.

10. Identify cases that are too complex to be safely performed or cases that may require a multi-disciplinary approach and refer them to the Operation Smile World Care Program. This program is used to make arrangements and bring patients to the closest facility that would be able to provide the level of care the patient requires. Do not make any promises.

11. Identify patients that have micrognathia or other birth associated defects which may lead to respiratory compromise in the peri-operative period. Some of these patients may be better served by performing their operation on a return mission after the patient has grown.

🔗 OPERATING ROOM SCHEDULE

1. Prioritize patients according to the Operation Smile surgical priority sheet.

2. The priority cases are done primarily and other cases are done according to available time during the surgery week. Do the easier and least complicated cases the first day and the last day of the mission.

3. Discuss and make the final schedule with the anesthesiologist, pediatrician, clinical coordinator and medical records person.

4. Do as many cases as possible in the given time considering the local resources, facilities and safety.

5. Not all criteria are set in stone. Some patients may have traveled extraordinary distances or may have been screened and rejected several times in the past. These patients deserve special consideration if time and safety permits.

6. The surgical and anesthesia team leaders will make the surgical team assignments. These assignments should specifically designate which surgeon, anesthesiologist, operating room nurse and instrument person will be working together in a specified operating room at a specified table. Previous mission experience as well as experience and comfort level with pediatric cleft lip and palate patients should all be taken into account when making surgical team assignments.

7. Operation Smile travels extensive distances to help children create trusts and friendships. Our challenge is to work as many hours as possible to achieve this goal, safely and efficiently.
PRE-OPERATIVE
1. Review each chart for your operating table. Often, so many patients go through the screening process it is difficult to recall everyone.
2. Re-evaluate each patient briefly before the case. If time permits, take the opportunity to discuss the surgery with the family before the case.
3. Discuss the patient positioning, preparation, draping procedures, special equipment, sutures and supplies you will need with the anesthesiologist and nursing team before the first case.
4. Check once again if there are any supply or equipment problems.

OPERATIVE
1. Do not operate outside your comfort zone
2. Do not do anything to a patient that you would not do in your home practice.
3. If in doubt – ask for an opinion from the Team Leader. If you disagree with that opinion, we will all discuss it later at a full surgical team meeting
4. All difficult or complex cases must be discussed with and shown to the team leader. Fistula cases and lip or palate revision cases must be discussed.
5. Be Flexible – You will not have the instruments you usually use. Familiarize yourself with the instruments, sutures, suction and diathermy available.
6. Carry out the Safety Check List.
7. Let the O.R. Personnel know what you intend to do, especially the Nurses and Anesthesiologists.
8. Carry out the surgery efficiently and to your own pace. Do not rush. The goal is the best surgery for the patient’s benefit – not to do the most cases. Fast surgery is often not good surgery.
9. Look at what the other surgeons are doing. This is a unique opportunity for self-evaluation. No surgeon should ever stop learning from another.
10. Operation Smile policy includes the use of a tongue stitch in palatal surgery. Do not take too small a bite of tongue as this will be ineffectual, painful and may pull through. Leave the knot on the looped suture easily accessible so that it can be easily cut and removed the next morning. Each surgeon should remove his/her own suture on rounds next day or have requested that the Team Leader does so.
11. A throat pack is the surgeon’s and anesthesiologist’s responsibility jointly. When removed, it must be announced clearly
12. Exercise frugality in the use of consumables – there may not be sufficient quantities and if any are left over they can be stored for future missions or given to the local hospital.