

BAAPS Cosmetic Tourism Guidelines

The BAAPS recognises that there will always be patients from different countries who will seek aesthetic medical and surgical treatments abroad (both patients coming to the UK and those from the UK travelling for surgery elsewhere).

There are additional risks inherent in travelling before and after surgical procedures, as well as potential issues regarding medical follow-up care and communication challenges.

The BAAPS have therefore drawn up guidelines that we would encourage our members to adhere to when advising patients undergoing surgery in a different country from their residence.

Pre-operative aspects

- The patient should see their surgeon in advance of surgery and the same surgeon should review the patient post-operatively.
- It is recommended that the patient has two consultations pre-surgery, at least one of which should be in person - this needs to allow a cooling off period of which 2-weeks between consultations is recommended.
- The in-person consultation should be at least 48-hrs prior to surgery.
- The surgeon should be transparent about the level of indemnity cover they have and whether this can be accessed as a foreigner.
- It is recommended that a copy of the certificate of indemnity is available to foreign patients on request.
- The surgeon and the surgical facility should be under the jurisdiction of the national medical and healthcare regulator.
- Antibiotic prophylaxis should follow clinical guidelines and evidence-based medicine.

We have categorised types of surgery into three groups:

Group 1 - local anaesthetic ambulatory procedures - normally under 90-minutes in length (no additional measures)

Group 2 - general anaesthetic procedures up to 3-hrs with no ambulatory restrictions (or extensive local anaesthetic procedures e.g. over 90-mins in length or ambulatory restrictions)

Group 3 - general anaesthetic procedures taking over 3-hrs, multiple site surgery, ambulatory restrictions, known higher risk of VTE, post-massive weight loss procedures.

Timings

When undertaking aesthetic surgery abroad, consideration must be given to both travel time, and the length of time a patient is in the destination (location of surgery) country. During travel, it is recommended that patients sit in an aisle seat, keep well hydrated, mobilise during the flight and wear anti-thromboembolic stockings.

The following is recommended for each group, especially if long haul travel is involved. Whilst a long haul flight is normally defined as travel of over 6-hrs, the evidence suggests that total travel time of around 4-hours has an impact on risk profile. Therefore we would advise the following for patients with travel times of around 4-hrs (or longer):

Group 1 - no additional measures required regarding staying in the destination country.

Group 2 – the patient should be in the destination country at least 72-hrs before surgery, and for 1-2-weeks after surgery.

Group 3 - the patient should be in the destination country 1-week before surgery, and 2-4 weeks after surgery.

[Level of evidence: *expert opinion*]

Thromboembolism risk

Group 1 - no additional measures

Group 2 - patients are advised to have anti embolism stockings for two weeks post surgery; hydration and ambulatory instructions; consider LMW heparin but be guided by the individual situation or recognised risk assessment scoring system

Group 3 - patients are advised to have anti embolism stockings for at least two weeks post surgery; hydration and ambulatory instructions; strongly consider LMW heparin but be guided by the individual situation or recognised risk assessment scoring system

[Level of evidence: expert opinion]

NB: Particular attention should be paid to patients with a family history of VTE, BMI greater than 30, age older than 40, previous history of VTE; patients on oral HRT/ OCP; and patients who have undergone bariatric and circumferential procedures.

Patient follow-up

- Post-operative interventions (such as suture removal and drain removal) should have appointments arranged and in place prior to discharge from the surgical facility.
- All patients should be aware of how to contact their surgeon and the surgeon's clinic/practice after surgery.
- The patient should have at least one post-operative review by the operating surgeon before travelling back home.
- Phone/video follow up should be arranged once the patient is back in their home country.
- We recommend early follow-up between 1-2 weeks after surgery (to address any acute concerns) and then further follow-up to assess the patient between 6-weeks and 6-months.
- The patient must be made aware of how to access emergency treatment in their home country as required on return, Charges may apply to addressing any further treatment.
- The patient should be made aware of what to do in the event of a complication that requires management by an alternative specialist (e.g. DVT management).

Concise references:

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BAAPS/BAPRAS Summary document on liposuction safety & recommendations - *Joint BAAPS/BAPRAS expert liposuction group* - Marc Pacifico, Anne Dancey, Anthony MacQuillan, Gary Ross, Ash Mosahebi

Muholan Kanapathy¹, Marc Pacifico², Ahmed M Yassin^{1,3}, Edward Bollen⁴, Afshin Mosahebi¹ Safety of Large-Volume Liposuction in Aesthetic Surgery: A Systematic Review and Meta-Analysis *Aesthet Surg J*. 2021 Aug 13;41(9):1040-1053.

Wes AM, Wink JD, Kovach SJ, Fischer JP. Venous thromboembolism in body contouring: an analysis of 17,774 patients from the National Surgical Quality Improvement databases. *Plastic and reconstructive surgery*. 2015 Jun 1;135(6):972e-80e.