



Put Your Best Face (and Breasts and Body) Forward *How to Showcase Your Surgical Results with Clinical Photography*

By Amy Boyer, MBA

Every plastic surgeon knows that photography is an essential part of a cosmetic surgery practice. Early in practice you probably created a photo consent form and instructed your staff to get before-and-after surgery photos of every patient. You may have purchased special photo storage software, and at some point someone assembled the best photos to put on the practice website and in a book to be viewed in the office.

You did these things, because you understand that photos are a powerful tool for showing prospective patients the realistic results one can anticipate in the care of your skilled hands. In a survey by RxPhoto, 42.9% of consumers said that the photo gallery is the first page they visit on a practice's website. Additionally, they serve as an important component of the medical record, documenting the surgical changes and providing a defense against allegations of improper or inadequate surgery.

If photos play such an important role, why are there so many photo galleries with dark or poorly framed images of patients posed in variable undergarments? Why are patients not asked to remove jewelry or instructed to position their hair in a consistent manner? Despite the readily available published photographic standards, a recent review of plastic surgeons' websites showed that only 66.3% of photos adhere to those standards.

Furthermore, some offices still have primitive photo books put together with a binder and plastic sleeves, reminiscent of a middle school history project. If photos are a major factor when selecting a surgeon, it's time to upgrade the quality of images and how they are presented.

Let's discuss a few of the common issues with clinical photography and how to easily correct them.

Problem 1: Inconsistent lighting, positioning, and framing of the patient

Maintaining consistent lighting, positioning, and framing is essential to ensure valid comparison of pre- and post-operative images. This means that a post-op patient needs to stand or sit in the exact same spot, at the exact same angle, at exactly the same distance from

the camera, under the exact same lighting as he or she did during the pre-op photo. This is not an easy accomplishment to achieve in practice, but it is very important.

Inconsistent angles can make it difficult to see the improved nasal contour following a rhinoplasty. Feet together versus feet slightly apart can make it nearly impossible to see the true results of liposuction on medial thighs. Poor lighting in the post-op photo can make it difficult to appreciate the patient's refreshed look after a blepharoplasty. Improperly framed images that crop out a patient's shoulders make it difficult to fully appreciate the newly positioned breasts after a mastopexy. Likewise, a different hairstyle, distracting jewelry, and variable clothing or undergarments take away from what you are trying to showcase—your first-class surgical results.

How to Fix It

If you've not read Dr. Barry DiBernardo's article "Photographic Standards in Plastic Surgery," now is the time to do so. The article details optimal lighting and recommended equipment, and clearly illustrates appropriate patient positioning. While the technology has changed—moving from film to digital—the advice regarding the quality of medical photography stays the same.

Schedule an in-service with staff to review how to prepare and position patients for photos. Canfield Scientific has a free clinical photography webinar each month. Make viewing a mandatory exercise for all staff members who take photos, and include in new employee orientation.

First, prepare the patient. For facial photos, hair should be pulled off of the face, and jewelry and eyeglasses should be removed. Minimal makeup is ok, unless the upcoming treatment is dermabrasion, laser, or chemical peel; then all makeup should be removed. For body photos, gown and clothing should be completely removed. The patient should wear a photo garment when applicable.

Position the patient in front of a backdrop, preferably sky blue, with no background distractions. While it is easier to eliminate distractions in a dedicated photo room, many surgeons are tight on space and must take photos in the exam room. Consider hanging a

retractable backdrop that can be pulled down over artwork or a full-length mirror, offering versatility to the room. Do not use the closed exam room door as the backdrop, because the hinges and handle are distractions.

Use a camera flash or studio lighting to evenly illuminate the patient without casting shadows. Take note of natural lighting that may change throughout the day and from season to season, because it will affect the color in the images. For help selecting a camera and flash, consult with a local photographer.

To maintain consistent posing, purchase a positioning mat or put markings on the floor to indicate where the patient is to place his or her feet when facing forward, facing to the sides, and at the oblique angles. Another option is to use photo software with a ghosting feature that allows the photographer to superimpose the pre-op photo onto the screen to ensure the patient is in the exact same position for the post-op photo.

Problem 2: Lack of patient diversity in photos

When viewing before-and-after photos, prospective patients are looking for anatomical features that resemble their own. For example, a relatively small-framed woman at ideal body weight with a small abdominal pouch after pregnancy does not want to see only photos of women who had an extended abdominoplasty after significant weight loss. A man seeking rhinoplasty wants to view the results of other men who have had the procedure. An Asian woman seeking a more defined eyelid fold wants to see results of other Asian blepharoplasty procedures. Patients want to see images of people who look similar to themselves so that they can get a realistic idea of how they will look after surgery.

How to Fix It

It takes time to develop a repertoire of diverse patients for your photo gallery. Make it a priority to review the gallery and add photos at least quarterly. Over time, the gallery will grow to include a variety of different body types, genders, and ethnicities. Then, you can point out photos of patients with similar physical characteristics during the consultation, helping the prospective patient

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further visualize how he or she may look after surgery.

Problem 3: No context for the photos

Many photo galleries simply label the photos as “Before” and “After.” Sometimes the post-op photo will indicate how many days/weeks/months it was taken after surgery. Occasionally the size and type of implant used in breast surgery will be listed. But most galleries are completely devoid of any personalization that may influence potential patients researching surgeons online.

How to Fix It

Write a short description for each set of before-and-after photos that details the patient’s goals for surgery and any relevant medical history.

For example, consider the 38-year-old mother of two who lost upper pole volume after breastfeeding both children. She elected breast augmentation to replace the lost volume, taking her from a small B-cup to a full C-cup and giving her a very natural look. This is a story that countless other women can relate to, but only if the story is told.

Or think of the 55-year-old businessman who feels that the age difference between him and his colleagues in their 40s is made more evident by his heavy brow and eyelids. Telling the story helps potential patients connect and see that others “just like me” are having this procedure.

Problem 4: Sloppy Photo Books

We consult with practices that choose to showcase surgical results in cheap binders filled with photos printed in the office and shoved into plastic sleeves. The patient’s experience with these cheap, poorly created items is out of context in a setting where he or she expects to be impressed.

It’s like dining at a high-end restaurant and being handed a menu printed on copy paper that’s slightly crinkled, and has clearly been handled by countless others. Or, it’s like visiting a luxury car dealership to ask about a soon-to-be released new model, and the sales agent hands you a plastic binder with literature that was printed in-house. Experiences like these create a disconnect in the customer’s mind.

PATIENT PHOTOGRAPHIC AUTHORIZATION AND RELEASE

I, the undersigned patient, consent to the following photographs and/or videos of me to be used by Dr. _____ and his/her licensees and assigns (hereinafter “my Doctor”):

I consent to such photographs, videos and any associated quotes by me being edited and published by my Doctor and/or any party acting under my Doctor’s license and authority in any print or electronic form, including but not limited to posts on social media, for the purpose of informing the medical profession or the general public about aesthetic procedure methods and results, surgical and non-surgical, and whether or not such settings are regarded as educational, scientific or commercial.

I expect to be recognized from my likeness or quotes.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will have no effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will exist in perpetuity from the date written below. I understand that I may refuse to sign this authorization and such refusal will have no effect on the medical treatment I receive from my Doctor.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

I release and discharge my Doctor and all parties acting under my Doctor’s license and authority from all rights that I may have in the photographs, videos or quotes and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of these materials in any medium. I certify that I have read the above Authorization and Release and fully understand its terms.

Patient Signature

Witness/Physician

Patient Name

Date

I have read the above Authorization and Release. I am the parent, guardian or conservator of the patient, a minor. I am authorized to sign this consent on the patient’s behalf.

Parent/Guardian/Conservator Signature

Date

Parent/Guardian/Conservator Name

Sample photo release available to ASAPS members on www.surgery.org

How to Fix It

One of the easiest and relatively inexpensive things a practice can do is use an online platform to create printed and bound photo books; just like the books you make after a family vacation. Upload the photos to the website (ensuring there is no PHI in the file names), drop the photos into a book, insert text to tell the patient’s story, and within about a week a professionally bound book will be delivered to the office. And, when it’s time to update or add to the book, the template is saved online in your profile, making it quick and easy to revise the book and order an updated one.

Offices that are more tech savvy may consider creating a digital photo gallery that is displayed on a tablet or touchscreen monitor. Digital galleries are part of the TouchMD platform or can be created using good editing software.

And speaking of photo galleries, don’t forget about photo consents. “The consent for photos must be in writing,” says Robert Aicher, attorney for ASAPS. A verbal okay is not sufficient. As Samuel Goldwyn is credited for saying, “A verbal contract isn’t worth the paper it’s written on.” Patients should have options as to how their photos are used— in-office photo books, online gallery, social

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media, etc.—and have the legal right to withdraw their consent at a later date. According to Aicher, “The consent should state that although the patient’s name will not be included, the patient acknowledges that he/she may be recognized by other identifying features, such as tattoos and birthmarks.”

For aesthetic surgery, high quality before and after photographs are an expectation of patients seeking surgery. Invest in equipment and staff training to improve the quality, consistency, and presentation of clinical photography. And put your best face (and breasts and body) forward.

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Practical Data Security for Medical Professionals

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(personal healthcare information), documents, reports, or images on computers and devices that utilize their services. If a device is compromised, hackers will gain access to this information.

On a final related note, it should be mentioned that whenever you disclose protected health information (PHI) to a vendor—such as a cloud storage company or even a mobile app that handles PHI for you—a Business Associate Agreement (“BAA”) is needed to ensure compliance with HIPAA and to help protect the information you are disclosing. If you are in the United States, ask your service and app providers to sign a BAA. If they are unwilling to do so, this should be an immediate red flag.

Remember, while the topic of data security often conjures up notions of obscurity and complexity, there are clear, simple steps that you can take to make it harder for a bad actor to gain access to your data. Given the number

of relatively easy targets that are out there, just raising the bar on the level of security that you provide by a few steps is enough to send the bad guys looking elsewhere.

Freddy Jones is the CEO of Epitomyze Inc., a team of healthcare and medical imaging experts devoted to revolutionizing the role of clinical photography in medicine. Our premier service is Epitomyze Cloud™ (<https://epitomyze.com/epitomyze/epitomyze-cloud/>), a state-of-the-art cloud-based, digital-asset storage and management solution for image data. The service can be accessed through secure credentials from any device, and can be paired with our sophisticated Epitomyze Capture™ app (<https://epitomyze.com/epitomyze/capture-app/>).

Freddy is passionate about the subject of digital imaging in medicine and the role that clinical photography can play in improving the quality of care for patients. Follow him on Twitter: @epitomyze.

Using The CosmetAssure Database To Make Your Practice Safer

By CosmetAssure

We all know that health insurance does not cover aesthetic surgery, but it is also important to realize that most health policies either don’t mention or specifically don’t cover complications of aesthetic surgery when they occur. When the CosmetAssure program was rolled out in 2003 to cover complications from aesthetic surgery, we began collecting data on the types and incidence of complications associated with specific procedures and combinations of procedures. Approximately 17 studies have been peer reviewed and published in the *Aesthetic Surgery Journal* and others. These studies have been carried out independently by researchers under Dr. Kent Higdon at Vanderbilt University.

The most feared complication from aesthetic surgery is the occurrence of venous thromboembolic events. One such study¹ looked at 129,007 consecutive patients undergoing all types of cosmetic surgery over a five year period, the following observations were made:

1. Major complications in aesthetic surgery are rare with a rate of 1.9%.
2. The rate of venous thromboembolism among the entire cohort was 0.09%
3. Combined procedures had a significantly overall higher rate of VTE compared to solitary procedures (0.20% vs 0.04%, P<.01)
4. Significant risk factors for VTE are body procedures such as abdominoplasty or lower body lift, combined procedures, increasing BMI, and age
5. Interestingly, the study did not find any significant increased risk for VTE based on gender, smoking history, diabetes, or where the procedure was performed.

CosmetAssure has covered costs associated with VTE when it occurs in patients who are enrolled in the CosmetAssure program. Make sure your patients know that VTE can occur following any aesthetic procedure. Do a risk assessment on every patient and document that you have considered VTE with an entry in the medical record. Consider

chemoprophylaxis especially in combined procedures when one of the procedures is abdominoplasty or lower body lift.

Keep in mind that the majority, if not all, of the cost associated with complications is NOT covered by patients’ major medical insurance. Hematoma following breast augmentation is the most common complication that results in a CosmetAssure claim. Adding to the fact that many patients will pay for cosmetic surgeries with credit, there is an added risk for financial loss to the patient, which has the potential to be placed back on the surgeon. Covering yourself and your patients from risks of complications is an important step in managing the overall risks of aesthetic surgery practice. For additional information go to www.cosmetassure.com

1. Winocour J, Gupta V, Kaoutzanis C, Hanyuan Shi, BA R. Bruce Shack, MD, James C. Grotting, MD, and K. Kye Higdon, MD Venous Thromboembolism in the Cosmetic Patient: Analysis of 129,007 Patients. *Aesthet Surg J.* 2017;37(3):337-349.