Preop sedatives can be good, but how you use them can affect informed-consent process

Preop sedatives can be useful in calming patients before a plastic surgery procedure, but they're not right for every situation and you must use them carefully to avoid compromising the informed-consent process.

Administering sedatives before surgery—sometimes for the patient to take before leaving home that morning—is a controversial issue, says **Jeffrey D. Hoefflin, MD**, a plastic surgeon in Chicago.

Some surgeons say it is a sound strategy for reducing patients' anxiety and results in better clinical outcomes because the patients are relaxed. Others say preop sedatives are unnecessary and that medications should be avoided unless truly needed.

Hoefflin suggests that there is a great deal of room for reasonable use of preop sedatives between those two extremes. There is nothing wrong with pharmacologically manipulating your patient's comfort level to provide an optimal surgical experience, he says, but doing so can carry some risks of unexpected difficulties. A typical preop sedative, Hoefflin says, might be a 0.25 mg Xanax. He says that is a low dose, just enough to make the patient more comfortable. "Giving the patient a sedative when [he or she] first shows up at the office, or even earlier, can smooth things tremendously in the operating room," Hoefflin says. "It smoothes the transition of sedative agents in the operating room and induction is generally much easier. So there is some real, tangible benefit aside from just making the patient feel better. Giving a sedative isn't just catering to patient fears or dispensing medications freely for no reason."

Keep control of the 'how' and the 'when'

The real questions, Hoefflin says, are exactly how and when you administer the sedative.

If you have a system in place that allows the patient to meet with the surgeon 24 hours in advance, discuss the procedure, sign all necessary consent forms, meet with the anesthesiologist, and ask any questions, then it can be safe to give the patient medications to take at home on the morning of surgery.

You must always retain control over determining exactly which sedative to use, when to use it, and how it will be administered.

It is never acceptable for patients to decide to take sedatives they have at home the morning of the surgery, Hoefflin notes.

Watch for signs that this might occur; patients who regularly use sedatives or who have access to them may think it is no big deal to take something to calm their nerves or may not understand possible side effects or interactions.

> **"Giving the patient a sedative when [he or she] first shows up at the office, or even earlier, can smooth things tremendously in the operating room."**
> *—Jeffrey D. Hoefflin, MD*

That's why it is your responsibility to determine what is appropriate and caution patients against medicating themselves.

You also need to coach patients on when to take a sedative. Some patients, especially the particularly anxious ones, may need to take the sedative before leaving home to get the most benefit.

But early sedation can be tricky, especially if the patient hasn't had anything to eat or drink in preparation for surgery. This combo can make the effects of a sedative even more pronounced.

"That can turn into a problem if the patient is so sedated that she has trouble getting out of the car and going through the preop process," he says. "You've gone from one problem—a patient who is anxious and nervous, to another problem—the patient who is nearly asleep in the car outside your office."

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Preop sedatives

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Don't compromise informed consent

But early administration of preop sedatives poses another issue: getting informed consent, says Hoefflin.

If you administer sedatives before the patient arrives for surgery, you must already have completed the informed-consent process the day before, he says.

"You can't sedate a patient and then go through the informed-consent process," Hoefflin says.

"Some patients, depending on how they respond to the medication, might be too relaxed to really participate in the discussion. Even for those who are still alert, you just don't want it questioned later if something goes wrong and the patient says he was medicated when he consented to surgery," he says.

Hoefflin's protocol is to hold off on administering preop sedatives until the patient has arrived at the surgery center and been through the preop discussions and paperwork. Then there is still time to administer a sedative if necessary before the procedure begins.

He makes the occasional exception for the especially anxious patient who wants sedation before arriving at the surgery center, but that necessitates another visit 24 hours prior to surgery to go through the informed-consent process. ■

Diamond blades are plenty sharp, but expense, fragility can complicate decision to use them in your practice

Diamond blades sound intriguing at first, but a little experience with these super sharp cutting instruments reveals the downside.

From a purely clinical standpoint, diamond blades can offer some benefits to the plastic surgeon. But that same plastic surgeon has to shell out a lot of money to buy the blades and replace them regularly, and staff members must be trained to handle them carefully so the fragile blades don't break too often.

Blades provide precise incisions

Diamond blades have made some inroads into plastic surgery after being used extensively in intraocular surgery during the past decade. Fans of the blades say they allow for a precise wound that apposes well without sutures. Diamond scalpels are extremely sharp and give the surgeon great control and precision. Proponents say they can make an incision with an ease unparalleled by the traditional steel blade, CO_2 laser, electrocautery, or

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