



ASPS NEWS

AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES, INC.

NOVEMBER 2008

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From the Boardroom...

The board is in Chicago and hoping to see many of you there at the convention. *From the Boardroom* will be back with updates in December.

Comment Box

ASPSNews is interested in the ideas and suggestions members have for the newsletters. Your active involvement is not only vital to the quality of this newsletter, but member participation will also best direct ASPSNews toward the interests and professional needs of members.

So send us your wish list for what you'd like to see in the newsletter in 2009: e-mail ASPSNews Editor Susan Lamp at susan.lamp@osumc.edu or Doug Moon at the ASPSN National Office at doug.moon@dancyamc.com.

Operation Smile in Chechnya

Susan Lamp, RN, CPSN

In October, the Russian Republic of Chechnya welcomed Operation Smile International into their country for the first time. Chechnya is in the rebuilding stage after enduring two wars with Russia over the past fifteen years.

Operation Smile's involvement in this new mission location was at the urging from Dr. Khassan Baiev, a plastic surgeon who returned to his native country from Moscow during the first war to care for the injured from all sides of the war. At the end of the second war, he obtained political asylum in the United States. His book *The Oath* is an unforgettable memoir of his experience during the Chechen-Russian conflict.

I was honored to have been invited and join Dr. Baiev and 22 other medical professionals for this historic mission. As was typical with other Operation Smile missions, the team represented many countries: Russia, Bolivia, Brazil, Philippines, South Africa, and the United States. This was my sixth mission, but I was a little concerned about the location and our safety. In the initial e-mail inviting me to the team, Operation Smile explained the situation in Chechnya:

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CPSN Corner

Sue Kunz, BS, RN, CPSN
President, PSNCB

PSNCB would like to thank Allergan Academy for their continued support of nursing education by sponsoring scholarships for ASPSN members to take the CPSN exam. This year eight ASPSN members applied for grants. We would like to congratulate the following recipients of grants: Sarah Huettl, Deborah S. Beenen, Connie Brennan, Melissa Wade, Linda Duffy, Elizabeth K. St. James, Donna R. Brown, and Annette Hill.

Allergan Academy certification grants cover the cost of taking the certification examination and were awarded to this year's recipients at the national convention in Chicago. The certification grant must be used at any time during the year following the presentation.

Again, a heartfelt thanks to Allergan Academy for this support, and congratulations to the recipients.

General and Plastic Surgery Devices Panel (Nov. 18-19)

On November 18, 2008, the committee will receive an update on safety information collected on dermal fillers in the commercial setting, discuss current premarket and postmarket approved study designs, and make recommendations on general issues concerning the study of various dermal fillers. In addition, the committee will discuss the design of clinical trials for future premarket submissions seeking approval of dermal fillers for new intended uses. On November 19, 2008, the committee will discuss and make recommendations on general issues related to the clinical trials of cosmetic devices. Specifically, the committee will make recommendations on how to quantify the effects of devices with various types of energy sources, such as light-based products, light-based combination devices, ultrasound devices (including focused ultrasound devices), massagers combined with other energy modalities, cryogenic energy devices, radiofrequency ablation devices, and microwave systems, on dermatologic conditions.

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Operation Smile in Chechnya (continued from page 1)

“there will not be much freedom when we are not in the hospital to explore the city or walk around. For this reason, we are trying to put together a team of highly skilled, patient, adventurous, flexible volunteers for an extremely challenging and extremely rewarding mission.”
How could I refuse?

Our team gathered in Moscow and flew to Grozny, Chechnya, the next day. For two days we screened approximately 100 children to determine which children we would place on the OR schedule. The surgeries that we performed during the mission were cleft lip repairs, cleft palate repairs, a few lip and palate revisions, and burn scar excisions with z-plasty. Unfortunately, since we were on our inaugural mission with a small team we made sure that the cases we were planning to do did not require ongoing care and follow up after our mission completion, and for this reason we chose not to do any skin grafting for burn scar contractures.

The conditions of the hospital were modest, and we endured occasional water and power outages which were anticipated and back up systems by Operation Smile were in place. The staff, however, was very generous and genuinely appreciated our efforts.

The families were overwhelmed by our presence and desire to help their children. They were unaware that we were volunteering our time and did not receive payment for our work. In my opinion, we get paid throughout the 10 days with smiles, hugs, and new friendships, and I feel very blessed to be part of this life changing experience.



ASPSNews Research Column

Marlene Rankin, PhD, RN
Chair, Research Committee

Annals of Surgery (August 2008) recently published a manuscript that prospectively evaluated and accurately described the rate and discrepancies encountered in the surgical count. Despite near universal implementation of manual counting protocols for surgical instruments and sponges, incidents of retained sponges and instruments (RSI) persist. Retrospective analyses have shown that RSI are rare and most often involve final counts erroneously thought to be correct, leading some surgeons to question the value of counting. Crucial data regarding how often the surgical count successfully detects meaningful problems before the patient leaves the operating room is lacking.

Trained physician observers documented prospective field observations during 148 elective general surgery operations using standard intake forms. Data collection focused on the performance of the counting protocols and the frequency and outcomes of discrepancies (instances in which subsequent count does not agree with the previous count).

Results showed a mean of 16.6 counting episodes occurred per case, occupying 8.6 minutes per case. A total of 29 discrepancies involving sponges (45%), instruments (34%), or needles (21%) were observed among 19 (12.8%) operations. Most discrepancies indicated a misplaced item (59%) as opposed to a miscount (3%) or error in documentation. Each discrepancy took an average of 13 minutes to resolve. Counting activities after personnel changes were significantly more likely to involve a discrepancy than those for which the original team was present. One in eight surgical cases involved an intraoperative discrepancy in the count.

The authors concluded that the majority of these discrepancies detect unaccounted for sponges and instruments, which represent potential RSI. Thus, despite the recognized limitation of manual surgical counts, discrepancies should always prompt a thorough search and reconciliation process and never be ignored.

Reference and Original Article

Greenberg, C.C., Regenbogen, S.E., Lipsitz, S.R., Diaz-Flores, R., & Gawande, A.A. (2008.) The frequency and significance of discrepancies in the surgical count. *Annals of Surgery*, 248(2): 337-341.

Plastic Surgical Nursing-related News

Endoscopic Surgery for Early Breast Cancer May Improve Aesthetic Results

New research suggests that for women with early breast cancer a combination of endoscopic-assisted skin-sparing mastectomy with sentinel node biopsy and followed by immediate breast reconstruction with mammary prosthesis enhances cosmetic results without sacrificing oncologic safety.

<http://www.medscape.com/viewarticle/581911>

Laser Therapy May Be Safe, Effective for Hair Removal

Alexandrite or Nd:YAG laser therapy is an effective leg hair removal method, but combination therapy causes more adverse effects without additional benefit, according to the results of a new trial.

<http://www.medscape.com/viewarticle/582293>

High Satisfaction Rate Seen With Cosmetic Breast Surgery

A new study reports that 97% of patients reported that their cosmetic breast operations met or exceeded their expectations. This study includes mastopexy and augmentation/mastopexy patients who have not been included in previous augmentation and reduction-focused studies.

<http://www.medscape.com/viewarticle/581834>

New Report Calls for More Formal Training of Patient Caregivers

A new report describes strategic training of patient caregivers by nurses, providing caregivers the information and skills necessary, and improving the quality of support provided to patients.

<http://www.medscape.com/viewarticle/581029>

Study Sheds Light on Wrinkle Treatment

Common light-emitting diodes (LEDs) might combat wrinkles and encourage younger-looking skin without methods like cosmetic surgery or Botox researchers are suggesting.

<http://www.medscape.com/viewarticle/582236>

Philadelphia / Delaware Valley Chapter Update

The Philadelphia/Delaware Valley Chapter is back in full swing and looking for members to join our local chapter. We are planning a conference with a guest speaker on December 2, 2008. Dr. Roy Foo, the craniofacial fellow at the Hospital of the University of Pennsylvania, is going to speak on craniofacial trauma. Please join us for an exciting lecture! For more information please e-mail or call Sheri Levin at sheriblevin@comcast.net or (856) 374-7838. We are also looking forward to meeting some of you at the national conference in Chicago.





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