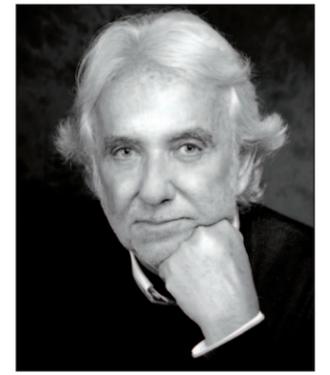


A VADEMECUM TO PREVENT AND TREAT COMPLICATIONS IN AESTHETIC MEDICINE

Every medical treatment has a risk percentage that can never be completely eliminated. This is why it is necessary to know what to do if complications occur. Professor Giuseppe Sito in his new book provides solutions for dealing with them



■ Giuseppe Sito

There is no medicine without complications: it's essential to follow the correct procedure to prevent them, to be prompt in recognising them and to be clear on how to treat them. This is what explains Prof. **Giuseppe Sito** in the new book *Complications. Analysis and Management in Aesthetic Medicine*, published by Griffin-Acta Medica, with forewords by Dr. Patrick Trevidic and Prof. Maria Triassi, Dean of the Faculty of Medicine (Federico II University, Naples) and contributions from various medical experts. The book reviews the various aesthetic medicine treatments and their possible adverse effects, with an analytical approach enriched by pictures, videos, data and tables, defining the procedures to be activated.

Professor Sito, complications are usually a subject we talk little about, but you have devoted an entire volume to it. Why this choice?

Complications are inevitable for any doctor: there is always the possibility that something, despite precautions, preparation and care, does not go according to plan. The risk can be reduced, but never completely eliminated. Complications in aesthetic medicine can happen to anyone and in all types of treatments and methodologies. They happen to beginners, who lack experience, and they happen to the more experienced, who have triggered automatisms. It can happen to even the most prudent and scrupulous of professionals: there is no single treatment that is 100% safe. This book provides a solution for dealing with them.

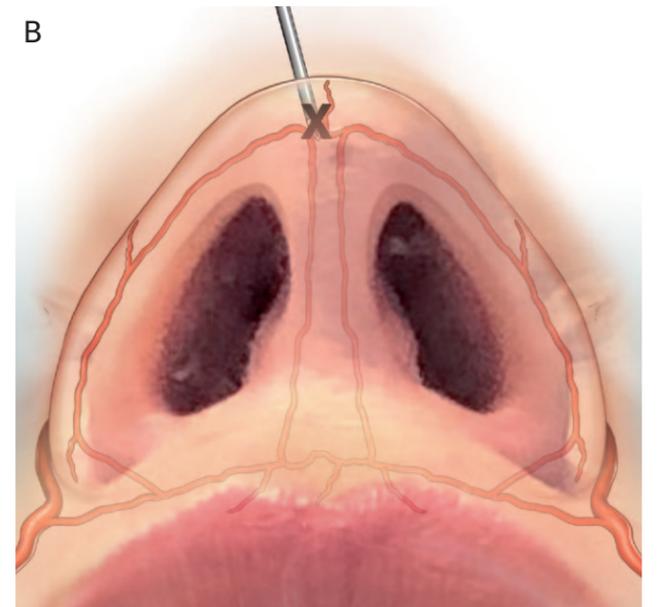
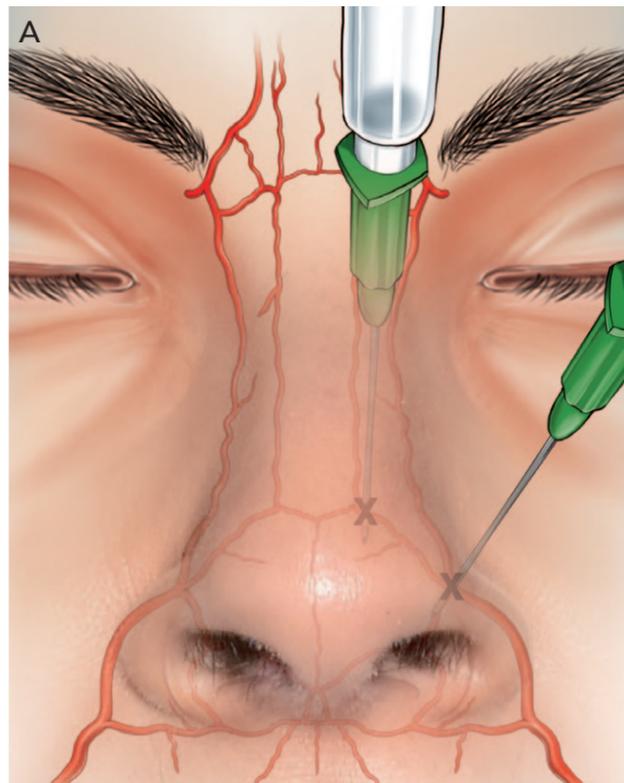
Are there official figures on the numbers of complications in aesthetic medicine?

Every year the International Society of Aesthetic Plastic Surgery (ISAPS) provides data on the number of cosmetic surgery and aesthetic medicine procedures performed in Italy, which can be considered a valid indication. As far as the prevalence of complications is concerned, unfortunately, there are no certain statistics: we know that the increase in indications, available products and the number of procedures performed inevitably leads to an increase in the incidence

of complications, which nevertheless remain very low in percentage terms. The data we have are only partial, for a more complete view we would need data from pharmaceutical companies or the Ministry of Health, to which adverse events and complications must always be reported, but these are not available. Certainly, the more experience and level of preparation increases, the more the incidence decreases.

Are there treatments or areas of the body where a complication is more likely to occur?

All aesthetic medicine treatments can have complications; indeed, they are everywhere in medicine, you only have to read about the adverse effects of a popular drug like aspirin to realise that they always exist. The purpose of the book is to examine individual treatments and possible complications, giving methods to prevent and recognise them, and the appropriate treatments to perform. It is important to distinguish the different situations: an oedema after a filler is not to be treated, but if it becomes persistent then action must be taken. Even for the areas of the body most at risk, making a classification is difficult, because there would be several distinctions to be made. For example, rhinofiller has very few complications, but they are among the worst, and can lead to necrosis and blindness. In Italy the number is almost zero,



> Rhinofiller: A) wrong technique with needle on the upper third and middle third of the nose, in superficial plane: frontal view. Dorsal artery, angular artery, and/or lateral (or alar) nasal artery injury; B) wrong technique with needle in the tip, in superficial plane: axial view. Marginal artery injury

while it is higher in Asian countries due to the different anatomical conformation. There are also statistics for individual therapies: with the treatment of eyelid ptosis with botulinum, for example, complications are around 3-4%, and derive partly from the nature of the substance, partly from practice, and partly from bad luck.

In the event of complications, what should the doctor do?

When a complication occurs, immediate action is essential: this is why the doctor must be able to recognise it in good time and must know how to act. After a filler, for example, it is crucial to keep the patient under medical observation immediately after the treatment to immediately identify the onset of certain complications, including ischaemia, i.e. the lack of blood supply which, if prolonged, can lead to necrosis. The book reviews the various treatments, examining the worldwide scientific bibliography, the various complications and identifying ways to prevent and treat them. With due distinctions: if oedema occurs after a filler, it is not treated, but if it becomes persistent, it is necessary to take

action. Then there are complications that can be managed at home, and others for which a doctor's visit is essential.

A chapter is also dedicated to 'topical complications' related to Covid, vaccines and fillers. Can you explain what these are?

In the spring of 2020, during the first wave of Covid, some 60 cases of adverse reactions occurred in the United States, with the formation of oedema on the lips in patients treated with hyaluronic acid. A correlation was hypothesised, but it is a negligible percentage, so that there is no detectable statistical incidence. There is also no evidence of a correlation between Covid, vaccines and fillers.

Why should a doctor buy your book?

This is a book to buy and put in the library for good luck. In case a complication happens, it can be consulted to understand the reason for it and to know the treatment. It teaches how to prevent and improve the technique, choose the product well and define the rescue procedure. In short, it is a milestone for complications, which defines good medical practices



> Patient with livedo reticularis

to be followed and can therefore also be used in the event of litigation.

Speaking of litigation, are there situations in which it is better to forego treatment?

There are organic and non-organic reasons for refusing to perform an operation. The organic ones are revealed by an accurate patient history: for example, if there are widespread allergies with previous anaphylactic shocks, I would not treat the patient, even if the allergy does not directly concern the treatment components. The same applies to certain diseases, especially autoimmune diseases, or in the presence of

pregnancy or lactation, considering that there are no scientific studies showing that they are not harmful. Then there are non-organic causes, which are not always easy to recognise: there are patients who display anger or euphoria, who have unrealistic or exaggerated demands, or who hate their bodies, or who have a distorted view of them and suffer from dysmorphia. In these cases it is mandatory to send them to psychiatry for an evaluation before proceeding, as aesthetic medicine would not be able to bring well-being and achieve the unrealisable results they would like to achieve.

Silvia Perfetti