



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

444 East Algonquin Road • Arlington Heights, IL 60005-4664

847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org



THE PLASTIC SURGERY  
FOUNDATION™



May 7, 2019

The Honorable John R. Gordner  
Pennsylvania State Senator  
Main Capitol, Room 177  
Harrisburg, PA 17120

**RE: Withdraw S.B. 391**

Dear Senator Gordner:

On behalf of the Robert H. Ivy Pennsylvania Society of Plastic Surgeons (Ivy Society) and the American Society of Plastic Surgeons (ASPS), we are writing in opposition to S.B. 391, which would allow optometrists to perform surgical procedures in the delicate ocular region. The Ivy Society is the largest association of plastic surgeons in Pennsylvania and in conjunction with our national affiliate, ASPS, we collectively represent 311 board-certified plastic surgeons in the state. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

As surgeons, we encourage you to maintain the high level of patient care that has been established and preserve current standards that permit only licensed Medical Doctors (MD) or Doctors of Osteopathic Medicine (DO) who meet appropriate education, training, and professional standards to perform surgery in the ocular region. If passed, S.B. 391 would allow non-physician optometrists to perform surgical procedures that fall squarely within the practice of medicine.

Surgical procedures should only be performed by surgeons. Ophthalmologists and plastic surgeons must attain a core medical and surgical education while completing seven to ten years of training, which includes increased responsibility and decision-making authority in the hospital setting. Board-certified plastic surgeons must: (1) earn a medical degree; (2) complete three to six years in a full-time residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME); and (3) the last three years of training must be completed in ophthalmology or plastic surgery, respectively. It is through this depth and duration of residency training that these physicians learn how to perform surgical procedures.

However, optometrists – who are not medical doctors – only complete four to five years of education with significantly less clinical exposure and responsibility, and they are not required to undergo postgraduate training. Optometrists, unlike plastic surgeons and ophthalmologists, are not surgically trained during optometry school and are therefore unqualified to perform any ophthalmic surgical procedures, including those by injection. Due to their lack of education, optometrists are not equipped to diagnose or manage surgical complications, posing a direct threat to patient safety.

While the bill explicitly prohibits optometrists from administering certain types of injections, it opens the door for optometrists to administer all other injections by virtue of omission. Allowing optometrists to inject potent pharmaceutical agents into the eyelid and surrounding tissues puts patients at risk. While some injections are intended for cosmetic use, all injections are surgical, and the associated risk of surgical error still exists. ASPS's policy statement on the administration of botulinum toxin neuromodulators (enclosed) outlines potential complications for injected pharmaceuticals, such as Botox. The statement also advises patients to have treatments with a qualified physician who understands neuromuscular and facial anatomy, facial aging and aesthetics, as well as potential neurotoxicity of the product. Even the FDA identifies physicians as the only appropriately trained and licensed healthcare professionals who should administer botulinum toxin for cosmetic purposes.<sup>1</sup> Furthermore, the FDA advises patients to see a licensed dermatologist or plastic surgery for dermal filler treatments,<sup>2</sup> which are also administered via injection.

These are all important considerations because injections are not "minor" procedures. They are surgical and must be administered by a properly trained provider. The Physicians Coalition for Injectable Safety found that 84 percent of physician respondents had seen at least one patient with complications from cosmetic injectables and 38 percent had seen complications arising from cosmetic injections administered by an unqualified or untrained provider.<sup>3</sup> A surgical error of just a few millimeters can result in a punctured eyeball or perforated blood vessel at the back of the eye, both of which could cause immediate and permanent vision loss. If a cancerous lesion is misdiagnosed as benign, and then improperly injected, the patient's cancer could spread to other parts of the face. Patient safety is at risk when inadequately trained individuals perform these surgical procedures.

Unfortunately, our members are all too familiar with the nightmarish stories of patients who fall victim to undertrained individuals who perform procedures that fall squarely outside of their scope of practice. A patient named Carol went to a provider for a common cosmetic procedure – the kind that thousands of women and men have every day. However, she made a common mistake: she didn't consult a board-certified plastic surgeon. The provider injected substances into Carol's face that resulted in a severe, adverse reaction that caused her face to become permanently distorted. Worse still, the provider had no idea what caused the reaction or how to treat the complications, changing Carol's life forever. Unfortunately, patients like Carol are forced to deal with life-altering consequences, such as disfigurement and loss of vision, following botched surgical procedures, even when the procedures are only administered by injection. We encourage you to watch Carol's story for yourself at [www.plasticsurgery.org](http://www.plasticsurgery.org).<sup>4</sup>

Allowing optometrists to practice medicine and perform surgical procedures, including those by injection, would jeopardize patient safety and lower the standard of care in Pennsylvania. It is critical that ophthalmic surgical procedures are only performed by physician surgeons who have the comprehensive training and board certification to safely treat patients and triage complications. Therefore, we urge you to withdraw S.B. 391.

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<sup>1</sup> [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2009/103000s5109s5210lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2009/103000s5109s5210lbl.pdf)

<sup>2</sup> <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049349.htm>

<sup>3</sup> [http://www.aafprs.org/media/press\\_release/150807.htm](http://www.aafprs.org/media/press_release/150807.htm)

<sup>4</sup> <https://www.plasticsurgery.org/video-gallery/carols-story-who-to-trust-with-your-plastic-surgery-journey>.

Thank you for your consideration of our comments. Please do not hesitate to contact Patrick Hermes, ASPS's Director of Advocacy and Government Relations, at [phermes@plasticsurgery.org](mailto:phermes@plasticsurgery.org) or (847) 228-3331 with any questions or concerns.

Sincerely,

Handwritten signature of Alan Matarasso, MD, in cursive script.

Alan Matarasso, MD, FACS  
President, American Society of Plastic Surgeons

Handwritten signature of Timothy Shane Johnson, M.D., in cursive script with the name 'JOHNSON' written above the signature.

Timothy Shane Johnson, M.D.  
President, Robert H. Ivy Pennsylvania Society of  
Plastic Surgeons