

Appropriate Care of Patients Traveling for Surgery

Summary: It is preferable and recommended, when possible, for patients to receive care close to their home location. However, surgeons may treat patients who travel from rural areas within their state or even other states or countries to obtain specialized care to which they may not have access locally. Cost may also drive people to travel for care, and in some circumstances, this can be a patient and practice pattern that raises safety concerns, as seen with certain cases of domestic medical tourism involving aesthetic surgery that leverages questionable practices to achieve and drive business based on a low cost. Regardless of their reason for travel, when patients undergo surgery at a distance from home, they may not be available for in-person follow-up care, including routine postoperative visits or treatment of complications. To help surgeons mitigate risks to patient safety, the American Society of Plastic Surgeons (ASPS) has developed a **practice reference** on planning appropriate pre-operative and postoperative care for patients who will not be available for aspects of in-person follow-up. To help policymakers identify areas where standard setting can improve the quality of care and root out bad actors, this reference includes recommended policy interventions.

► BACKGROUND & RATIONALE

Surgeons may treat patients who reside outside of their local practice area because they are asked to do so by fellow surgeons or receive direct requests from patients. In some cases, aesthetic surgical practices may be constructed to achieve abnormally low cost per-procedure, with the intention of serving as a destination for and aggressively marketing to patients who are exploring care based primarily on price point. Regardless of the motivation, when patients travel a distance for surgery, normal postoperative care is challenging if they cannot easily return for follow-up visits or assessment and treatment of complications. Limited resources for transportation and lodging, difficulty obtaining time off, and issues securing childcare can all potentially hinder a patient's ability to remain at the location of their surgery for a period after surgery or to return for follow-up care.

Patients may travel to receive a procedure because they live in a remote area or otherwise do not have access to certain surgical specialties in their region or state.^{1,2} In some cases, they seek care at an institution or from a surgeon with more resources or a higher procedure-specific volume than their local options.³

Patients also sometimes travel a distance to obtain lower-cost care – often from non-plastic surgeons and/or in insufficiently regulated environments – either abroad or within the United States.⁴ For example, in recent years, budget clinics in Florida have attracted patients from other states to travel to receive gluteal fat grafting surgery.⁵ Medical tourism, both international and domestic, raises several safety concerns, including the risks associated with traveling during the recovery period and the potential for postoperative complications after patients return home.^{4,6}

When an individual travels a distance from their home to receive a procedure, the operating surgeon must take steps to establish clear expectations before surgery for follow-up care in order to reduce postoperative risks.

Research has suggested that there is an uneven geographic distribution of plastic surgeons in the United States, and millions of people may lack access to the specialty – particularly reconstructive plastic surgery – in their local area.^{7,8} Thus, it might be common for patients in rural or other low-access regions to travel long distances to obtain plastic surgery, particularly for complex or specialized procedures offered only by a limited number of surgeons. Safety issues highlighted by cases of medical tourism have indicated a need to

develop guidance for surgeons on ways to reduce risks to patients and carefully plan for routine or unexpected follow-up care.^{9, 10, 11}

ASPS has determined a need for guidance based on ethical concerns raised in situations where patients obtain surgery at a distance from their home and rising incidence of plastic surgeons managing complications from surgeries performed outside their area of practice, often by non-plastic surgeons. The considerations that apply to circumstances involving the traveling patient are similar to those involving the traveling (or *itinerant*) surgeon. In both cases, the practice warrants caution to prevent the surgeon from inappropriately relinquishing responsibility for aspects of perioperative care.^{12,13} The ASPS Code of Ethics states that ASPS members may be subject to disciplinary action, including expulsion, if they perform a surgical operation “under circumstances in which the responsibility for diagnosis or care of the patient is delegated to another who is not qualified to undertake it.”¹⁴

In cases of the traveling patient, in-person follow-up and patient adherence to a recommended postoperative care plan may vary. However, the operating surgeon should pre-operatively identify specific ways to maintain continuity of care,¹⁵ communicate clearly about potential risks, and, when necessary, arrange for postoperative treatment by a provider, preferably a surgeon, in the patient’s local area who is fully willing and professionally qualified to undertake it.

► PRACTICE REFERENCE *for Surgeons*

When treating a patient who has traveled a distance for care, the operating surgeon is responsible for being proactive and thorough in organizing sufficient postoperative coverage of patient needs. The operating surgeon should consider the following to support patient safety in these situations.

Before Surgery

- Provide the patient and the patient’s primary care physician with all information necessary to perform a thorough preoperative history, physical examination, and preoperative studies (e.g., labs, imaging, electrocardiogram) to provide clearance for surgery.

- Assess whether the patient and the patient’s caregivers can travel back to the surgeon’s location for expected postoperative care, treatment of common complications, and a possible return to surgery if necessary.
- Create a plan of care based on the patient’s ability to travel for routine or emergency postoperative services.
- Determine, communicate, and formally agree with the patient on the length of time following the procedure that the patient should stay in the surgeon’s local practice area before returning home.
- Assess the patient’s risk of venous thromboembolism (VTE) and provide information to the patient about minimizing risk, possible adverse events, and/or discouraging traveling for surgery.
- Identify whether the patient can return for routine postoperative care, such as suture removal, drain removal, and dressing changes. If not, identify a qualified physician, preferably a surgeon, in the patient’s local area who will assist with this care.
- Evaluate the level of care available in the patient’s local area to determine what the patient should do in the event that a complication may require urgent attention.
- Determine whether any patient follow-up can be safely conducted via telehealth, if doing so complies with relevant telehealth laws or regulations in the patient’s and provider’s state(s). Confirm that the patient understands and has access to basic telehealth services for postoperative communication with the operating surgeon.
- Provide a document, signed by the patient, that explains the limitations, challenges, and possible additional expenses associated with receiving surgery at a distance from home, such as the potential risks of traveling during the recovery period or receiving postoperative care from someone other than the operating surgeon. This document may be an informed consent form or a similar shared decision-making tool.
- Depending on the complexity of the procedure, have a direct discussion with a qualified local

surgeon about assisting with postoperative care.

- Be prepared to share the patient’s records with any local providers who are providing follow-up care to the patient. Before surgery, ask the patient to sign a medical record disclosure agreement to facilitate information sharing.
- Inform the patient of hospital-specific or other reputable postoperative care resources or lodgings that may be available to traveling patients.¹⁶ Caution the patient against unregulated “recovery homes” that have been implicated in dangerous conditions and/or unlicensed staff.¹⁷

After Surgery

- Provide the patient and/or caregivers with postoperative instructions (verbal and written) with specific guidance for routine and emergency follow-up care.
- For procedures involving patients at higher risk for thrombosis, consider prophylactic approaches to reduce the risk of complications for patients who will be sitting still in a car or plane for a long period.
- If engaged in direct communication preoperatively with a qualified local physician about postoperative care, notify the physician about the outcome of the surgery and remain available for consultation and the formal transfer of medical records as needed.

► REFERENCE for Policymakers

States have an opportunity to implement policies that ensure appropriate care for patients who are traveling a significant distance within or into their state. States should consider the following principles when developing policies aimed at improving patient safety for these cases:

- State legislatures should enact policies that ensure transparency and truthful advertising.
 - Any physician doing surgery should be clearly identified in all marketing materials and websites related to their practice by their ACGME/American Osteopathic Association (AOA)-trained medical specialty and

their American Board of Medical Specialties (ABMS)/AOA board certification.

- If marketing materials mention a physician’s board certification, the certifying board and specific specialty should also be stated (e.g., “Diplomate of the American Board of Otolaryngology – Head and Neck Surgery”).
- The use of non-ABMS or AOA boards in advertising should be restricted, as many such boards have insufficient standards for securing diplomate status.
- State medical boards should:
 - promulgate guidance, community standards, and/or rules that require a physician to establish a relationship with a patient prior to surgery and either maintain responsibility for or ensure the continuity of the patient’s postoperative care.
 - require the informed consent of the patient in cases where a transfer of care is planned
 - establish reporting and investigation mechanisms to identify physicians who violate such a standard.
 - implement appropriate enforcement actions for such violations.
 - develop guidance on specific circumstances that may warrant the delegation of certain aspects of care to a similarly qualified provider who is equally capable of preparing the patient for surgery or managing any complications that may arise.
 - implement dedicated tracking of all deaths and adverse events for all sites of care. Create dedicated analytics for such events that occur in a different state following a procedure conducted within the state or that occur within the state following care in another state or a foreign location.
 - work with other state and federal regulators to develop a single registry for adverse events involving traveling patients so states can monitor and remediate problematic providers within their jurisdiction.

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