

26 May 2023

Ms. Claire Patterson
Project Officer
Cosmetic Surgery Project – National Standards Program
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
Sydney NSW 2001

Dear Ms. Patterson,

Re: Draft National Safety and Quality Cosmetic Surgery Standards

The Australian Society of Anaesthetists (ASA) is the peak body representing the professional interests of Australian anaesthetists. Its purpose is to support, represent and educate Australian anaesthetists, in order to enable them to continue to provide world-class anaesthesia services to Australian patients.

The ASA thanks the Australian Commission on Safety and Quality in Health Care (ACSQHC) for its ongoing work on the draft National Safety and Quality Cosmetic Surgery Standards, and we support the ACSQHC in this endeavour. The ASA also thanks the ACSQHC for accepting ASA representation on the Cosmetic Surgery Project Advisory Committee.

The ASA notes, as does the ACSQHC, that cosmetic surgery is unique, in that it is not aimed at the treatment of medical conditions or diseases, but rather, involves totally elective procedures aimed at creating a more desirable appearance from the patient's point of view.

Naturally, all cosmetic procedures must be performed to the highest possible quality and safety standards, just as for surgical procedures aimed at the treatment of disease.

Many (but not all) cosmetic procedures will involve the services of an anaesthetist. Here, as per all other surgical procedures, the associated anaesthesia service must be of the highest quality, and compliant with all relevant safety and quality guidelines. This involves both human and physical/facility resources.

The ASA has produced a number of professional documents relevant to the safe provision of anaesthesia services. These are attached to this submission. Several relate to issues which must be considered well in advance of any actual anaesthesia service, such as appropriate credentialling of anaesthetists at surgical facilities (ASA PS 07), anaesthesia services and governance in private healthcare facilities (ASA PS 16), and the resources required for adequate pre-anaesthesia patient assessment (ASA PS 03).

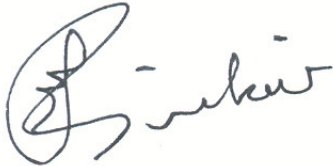
Of course, many surgical facilities in which cosmetic procedures are performed also perform non-cosmetic, medically necessary procedures. Such facilities are already accredited by the relevant bodies, for both surgical and anaesthesia care. Some procedures may however be performed in smaller facilities, such as outpatient clinics. Here, ASA PS 14 (Anaesthesia for Office-Based Surgery) is relevant.

It is essential that these guidelines are adhered to by any facility proposing to perform cosmetic surgical procedures, where the services of an anaesthetist are required.

Some procedures may be performed under local anaesthesia (LA) only, both in hospital and outpatient facilities. Here, there may be no involvement of a specialist anaesthetist. This is often entirely appropriate. However, LA drugs are not benign. They carry a degree of risk, generally in proportion to the administered dose. The ASA is aware of cases where dangerous cardiac rhythm disturbances have occurred due to very high LA doses, in cosmetic surgical patients treated in an outpatient setting, with no anaesthetist present. A larger dose of LA also theoretically increases the risk of accidental intravenous (IV) dosing of LA, which can be immediately life-threatening, regardless of the total dose.

The ASA would be happy to engage further with the ACSQHC on these issues.

Yours sincerely,



Dr. Mark Sinclair

Vice President

Australian Society of Anaesthetists

Member, Cosmetic Surgery Project Advisory Committee

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