

Medical Photography During the Plastic Surgery Team Briefing

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Sir:

edical photography is an invaluable tool in the field of plastic surgery. It lends itself well to better communication between the patient and the physician. It enables the better identification of the area of concern, allows for better monitoring, and provides a means to assess outcomes.¹ More recently, medical photography has provided a foundation for telemedicine, by which photographs taken at remote sites can be relayed quickly and safely to the plastic surgeon for the formation of a swifter initial assessment and management plan.2 Such applications have become commonplace in many plastic surgery departments and have had a profound effect on the management of acute trauma and burns, chronic wounds, free-flap monitoring, and feasibility of replanting amputated digits.^{3,4} We present another method by which medical photography may serve some benefit—during the surgical team briefing.

Over the past decade, the importance of operating room communication and teamwork for optimizing workflow, patient safety, and limiting errors has gained much attention.⁵ The World Health Organisation (WHO) surgical safety checklist is one such system, but many institutions around the world aimed to achieve better communication and to achieve better practice of safer surgery. As a result, team briefings and debriefings were added to the traditional WHO surgical checklist to achieve this aim and have been implemented at a global level.⁵ In the United Kingdom, the National Patient Safety Agency has advocated the use of team briefing before *Sign In* on the WHO checklist, through which all the team members introduce themselves and discuss the requirements of the upcoming cases in the operating room and any safety concerns.

At Great Ormond Street Hospital for Children, we have been using a system whereby preoperative patient photographs are displayed on a monitor at the team briefing for pediatric facial plastic surgery operations. The inclusion of patient photographs to our team briefing has improved communication between the team and has helped streamline operations by providing the following benefits: First, it personalizes the patient and adds a human dimension

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to each case. Second, it has vast educational merit as it enables team members to better explain an area of concern and their strategy for dealing with critical steps of the operation to the nonsurgical part of the team. For example, the anesthetist and surgeon can demonstrate optimal positioning of the patient and have a visual platform to discuss the possibility of unexpected events that could occur during the operation. The nonsurgical team may then be prompted to ask questions, which they would otherwise not have done, rendering them more aware of what is occurring in the operating room. Ultimately, mistakes are likely to be minimized and safer surgery likely to be accomplished.

Given the relative ease and potential utility that medical photography can provide in the team briefing, we strongly recommend that plastic surgery departments routinely use preoperative trial photographs during the surgical team briefing.

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DISCLOSURE

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