

Improving Hair Transplant Surgery Safety in the United Kingdom

Gregory Williams, MBBS, FISHRS | London, England, UK | dr.greg@farjo.com

The World Health Organization (WHO) released a Surgical Safety Checklist in 2008 that was created in association with the Harvard School of Public Health. The recommendation for use was part of the WHO "Safe Surgery" campaign.¹

The current version of the checklist (shown below) was launched in 2009 and is used widely around the world.^{2,3}

An excellent 10-year review of the use of the WHO checklist "Checking In on the Checklist" was produced by Lifebox and Ariadne Labs to look at the global uptake of the checklist and the impact it has had in improving the safety of surgery.⁴ One of the final recommendations is to "tailor and adapt the Checklist to local realities and contexts, including addition, removal, or modification of items; redistribution of responsibilities and tasks per staff practices; and language translation. As the Checklist is not meant to be 'one size fits all,' modification to local practice is encouraged."

In the UK, the National Patient Safety Agency introduced the "5 Steps to Safer Surgery" in December 2010, which drew heavily on work done in the United States on team training and techniques for improving communication in the perioperative period.⁵ The Care Quality Commission (CQC) requires all NHS Acute Hospitals in England to use the WHO Surgical Safety Checklist for day-case surgery to

demonstrate compliance with the 5 Steps to Safer Surgery.⁶ This requirement has been included in recent inspections of private clinics in England that provide hair transplant surgery.

However, many questions in the WHO Surgical Safety Checklist are clearly not applicable to hair transplant surgery. The British Association of Hair Restoration Surgery (BAHRS) has therefore developed the BAHRS Hair Transplant Surgical Safety Checklist, shown on the next page.

Many of the errors that occur in healthcare do so because of miscommunication or a lack of communication. Whilst hair transplant surgeons may view completing a checklist as an unnecessary bureaucratic requirement, there are many aspects that could indeed improve patient safety by ensuring that important information is shared by key members of the surgical team. For example, confirming that the patient has been asked about known LIMED allergies (Latex, Iodine, Metals, Elastoplast or Drugs) will reduce the chances of a preventable anaphylactic reaction.⁷ Communicating any patient-specific concerns will ensure that unusual situations specific to an individual patient, such as pressure area care or cervical arthritis, are catered for appropriately. Similarly, need for peri-operative antibiotic prophylaxis should be decided for every patient on a case by case basis. Calcu-

Surgical Safety Checklist		 World Health Organization <small>A World Alliance for Safer Health Care</small>	Patient Safety <small>A World Alliance for Safer Health Care</small>
Before induction of anaesthesia	Before skin incision	Before patient leaves operating room	
(with at least nurse and anaesthetist)	(with nurse, anaesthetist and surgeon)	(with nurse, anaesthetist and surgeon)	
Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes	<input type="checkbox"/> Confirm all team members have introduced themselves by name and role. <input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made.	Nurse Verbally Confirms: <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed	
Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	Has antibiotic prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	To Surgeon, Anaesthetist and Nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient?	
Is the anaesthesia machine and medication check complete? <input type="checkbox"/> Yes	Anticipated Critical Events To Surgeon: <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? To Anaesthetist: <input type="checkbox"/> Are there any patient-specific concerns? To Nursing Team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns?		
Is the pulse oximeter on the patient and functioning? <input type="checkbox"/> Yes	Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Does the patient have a: Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available Risk of >500ml blood loss (7ml/kg in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IVs/central access and fluids planned			
This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.		Revised 1 / 2009	© WHO, 2009

lating the maximum safe dose of local anaesthetic that can be used ahead of time based on a patient's weight allows assistants to warn the doctor when administration of this dose has almost been reached. Making sure that pre-op and post-op vital signs have been recorded, are stable, and are within normal limits, will be helpful for medico-legal reasons if the patient becomes unwell subsequently. Ensuring that the patient's emergency contact details are recorded is important in case of an untoward event.

The BAHRS Hair Transplant Surgical Safety Checklist was launched at the BAHRS 2020 Annual General Meeting on 1st March 2020 and members were advised to use it. Other ISHRS Global Council Regional Societies are encouraged to adopt the WHO Surgical Safety Checklist for local use.

Acknowledgments

I am grateful to the members of the BAHRS Executive Committee who contributed to the development of the BAHRS Hair Transplant Surgical Safety Checklist and to Liz de Pass, BAHRS Administrator, who was responsible for the graphic design.

References

1. <https://www.who.int/patientsafety/topics/safe-surgery/en/>
2. <https://www.who.int/patientsafety/topics/safe-surgery/checklist/en/>
3. <https://bjssjournals.onlinelibrary.wiley.com/doi/full/10.1002/bjs.10907>
4. <https://www.lifebox.org/wp-content/uploads/2020/01/Checking-In-On-the-Checklist-web.pdf>
5. https://www.patientsafetyolutions.com/docs/January_11_2011_NPSA_UK_How_to_Guide_Five_Steps_to_Safer_Surgery.htm
6. https://www.cqc.org.uk/sites/default/files/20160120_Surgical_core_service_framework_Latest_net_version.pdf page 9
7. <https://www.thepmfajournal.com/features/post/uk-allergy-crisis-deploy-the-limed-mnemonic> ■

<h2 style="margin: 0;">Hair Transplant Surgical Safety Checklist</h2>		British Association of Hair Restoration Surgery (BAHRS)
Name of Patient: <input style="width: 90%; border: none; border-bottom: 1px solid black;" type="text"/>		
Date of Hair Transplant Surgery Procedure: <input style="width: 90%; border: none; border-bottom: 1px solid black;" type="text"/>		
<div style="background-color: #d3d3d3; padding: 2px; border: 1px solid black; text-align: center; font-weight: bold; font-size: small;"> Before Hair Transplant Surgery Case Begins: </div> <p style="text-align: center; font-size: x-small;">(with at least surgeon and surgical assistant)</p> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have the patient's name and emergency contact details been confirmed? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Has the patient's method of transport home been confirmed? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Has the method of donor hair harvesting been confirmed with the patient? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have the number of follicular unit grafts / follicles to be harvested been confirmed with the patient? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Has the recipient site been marked and confirmed with the patient? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Has the patient signed the consent form? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have pre-operative photographs been taken? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Does the patient have any known allergies to Latex, Iodine, Metals, Elastoplast or Drugs (LIMED)? <input type="checkbox"/> yes <input type="checkbox"/> no </div>	<div style="background-color: #d3d3d3; padding: 2px; border: 1px solid black; text-align: center; font-weight: bold; font-size: small;"> Before Local Anaesthetic Is Administered: </div> <p style="text-align: center; font-size: x-small;">(with at least surgeon and surgical assistant)</p> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have all team members have been introduced to the patient by name and role? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have the patient's pre-operative vital signs been recorded? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Has the patient's weight been recorded? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Has the safe total local anaesthetic dose been calculated? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Is any peri-operative antibiotic prophylaxis required? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Are there any patient-specific concerns? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Is all required surgical and monitoring equipment present and functioning? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have the patient pulse, blood pressure and oxygen saturation monitors been attached? <input type="checkbox"/> yes <input type="checkbox"/> no </div>	<div style="background-color: #d3d3d3; padding: 2px; border: 1px solid black; text-align: center; font-weight: bold; font-size: small;"> After Hair Transplant Surgery Case Finishes: </div> <p style="text-align: center; font-size: x-small;">(with at least surgeon and surgical assistant)</p> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have the procedure details been confirmed and an operation note completed? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Has an instrument check been done and all needles used been accounted for? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Are there any equipment problems to be addressed? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Have the patient's post-operative vital signs been recorded? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Are there any special follow up requirements? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Name and designation of person signing: </div>
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		v1 January 2020