

REFLECTIVE ACCOUNTS FORM

FORM CPPD2

You must use this form to record *two* written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance.

Please retain as evidence if requested by JCCP

Reflective account: Learning exercise in saying 'no' to patients and recognising and managing BDD

What was the nature of the CPPD activity and/or practice-related feedback and/or event or experience in your practice?

41 year old lady who I have treated once before with toxin 3 months ago, and has come few times for 'fire & ice' skin peel, came wanting lip fillers.

26/09/19 – Patient booked in for lip fillers. Wasn't required to do medical form as had done previously for toxin 3 months ago. Checked that no changes to medical history which there weren't. At this time I was not using the AAI questionnaire routinely. When I saw the patient my initial feeling was that she did not need lip fillers. They looked reasonably full volume-wise. She assured me she hadn't had any lip fillers for over 18 months. In her history I did note that she has had several aesthetic procedures prior to coming to me. I explained that I felt she didn't need them and that her lips looked great to me. After further discussion, where she told me she was used to them being much fuller and very much wanted the procedure, I made the decision to go ahead with the procedure.

29/09/19 – Email from patient saying very concerned re lip swelling and that there may be too much filler. Replied straight away offering her an appointment to review things. Explained (as had done previously) that it is normal to still have swelling only 3 days after the procedure and that it should settle, but that if it still looked too full once all the inflammation had settled then there was always the option of hyalase.

05/10/19 – Didn't hear anything back from patient after my reply on 26th Sep so emailed again asking how things were. Reply came back the following day saying swelling was much reduced and that she'd decided to leave it for another week and then contact me then if it was still looking too full.

16/10/19 – Telephoned patient to review, patient now happy with results. I have made a note to do the AAI questionnaire on patient when she next comes to the clinic and ensure there are no psychological issues/ BDD before treating her again.

What did you learn from the CPPD activity and/or feedback and/or event or experience in your practice?

Although there were no major problems in the end, this case highlighted some important issues for me:

1. I need to learn how to say 'no' better to patients. I've always thought that I am good at this and have managed to on several occasions previously but feel that on this occasion, even though she was happy with her lips in the end, on reflection I feel that I shouldn't have agreed to it.
2. I need to become more aware of BDD – again I don't think this patient actually has BDD to its full extent, but I feel that there may be elements and that this needs further investigating. This is a hot topic and I have read a lot about it recently and I am going to implement measures in my clinic to screen for it and assess psychological issues better.
3. Perhaps I need to educate patients better on the aftercare following lip fillers and although I do tell them that the inflammation may take some time to settle, I probably need to emphasise this more and warn them that it may take a few weeks to fully settle.

How did you change or improve your practice as a result?

This was a learning experience for me – for the 3 reasons stated above. It has made me much more aware of BDD and psychological issues and the prevalence in patients coming for aesthetic procedures. It has taught me to trust my gut instinct more in the future as this is normally right. I have said no on several occasions previously, this has tended to be normally with younger women often wanting lip fillers when in my opinion they don't need them – I haven't ever had a problem with saying no to the younger ones, but as this lady was older, I felt that she knew more what she wanted and had had plenty of previous experience of the procedure. I felt uncomfortable about it though and this should have triggered me to not go ahead. It has brought about several changes in my practice:

1. To not be afraid to say no in the future
2. A more formal BDD screening tool for all new patients
3. Better after care advice and we now also send written after care in an email after every procedure.

Please describe how this is relevant to your modality or your scope of practice, and patient safety, care or experience?

e.g. Dermal fillers and patient safety. Consent and patient understanding.

Patient consent and consultation, recognising psychological issues including BDD.

Patient education, esp aftercare

Consultation skills

Sources of learning

Aesthetics Journal – on-line module 'The routine psychological screening of cosmetic surgery patients' 3/10/19

BDD Foundation website www.bddfoundation.org

Hamilton Fraser article 'Body Dysmorphic Disorder in aesthetics: the role of the practitioner'

<https://hamiltonfraser.co.uk/knowledge/body-dysmorphic-disorder-in-aesthetics/>

Hamilton Fraser article 'How important is patient selection?'

<https://hamiltonfraser.co.uk/knowledge/how-important-is-patient-selection/>

Hamilton Fraser article 'Eating Disorders Awareness week – what should you know?'

<https://hamiltonfraser.co.uk/knowledge/eating-disorders-awareness-week-what-should-you-know/>