Patient Courage Leads Us to Wonder: Should We Perform Face-Lifts on Patients Taking Coumadin?

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A face-lift currently is one of the most requested procedures, with increasing demand among patients who seek aesthetic plastic surgery. The number of patients taking anticoagulants who request treatment for the aging face has been increasing constantly over the years.

In general, we practice with a consensus that before any cosmetic procedure involving surgery with significant undermining or at a sensitive anatomic site is performed, Coumadin should be discontinued, with bridging therapy based on low-molecular-weight heparin (LMWH) treatment if indicated [1]. However, what about patients whose anticoagulant prescriber does not agree to stop Coumadin therapy for cosmetic surgery (e.g., for patients with a prosthetic mitral valve)? In minor cutaneous or minor soft tissue surgical procedures, it already has been shown and well documented that anticoagulation with Coumadin can be safely continued if the international normalized ratio (INR) is kept below 3.5 IU, with the aim to control it at about 2.5 IU during the actual surgery period [2–5].

Recently, we faced a challenge to these principles by one of our veteran patients, a 64-year-old woman who underwent prosthetic mitral valve replacement surgery 10 years ago and currently experiences intermittent atrial fibrillations, most of the time controlled by medication. Since her heart surgery, she has been taking Coumadin on a regular basis and controls her INR daily to be

approximately 3.5. The patient is otherwise healthy, exercises daily, and has a variety of cosmetic minor procedures such as intense pulsed light (IPL) and 1540 laser (Palomar Medical, <http://www.palomarmedical.com/>), fillers, and Botox performed routinely.

The woman 6 months ago requested that we consider a face-lift to improve her aging face. Because stopping Coumadin is not an option for this patient, we at first just told her to forget about the surgery. However, she encouraged us to think outside the box and to consider her request with as positive an attitude as possible.

We came to the conclusion that implementation of our gained experience from burn surgery with the use of biologic glue may give the necessary edge. Nevertheless, careful and meticulous hemostasis during surgery will be necessary, and needless to say, a detailed informed consent will need to be signed that includes the option of procedure cessation at any stage if the surgeon finds oozing exceeding an acceptable and manageable level.

After receiving the detailed informed consent, we scheduled the surgery. The operative procedure turned out to be successful without postoperative bleeding or hematoma.

In our reconstructive work, most of us have experienced the power of patient's courage, supporting other patients during the long and hard process of surgery and recovery. It is our responsibility as caregivers and surgeons to reach the limits of possibility, enabling our patients to be and to live as well as possible. The power of such courage is well known and established in our field. However, in aesthetic surgery, the need for a procedure is not based on medical grounds but rather on a patient's request. The patient's right to autonomy over his or her body is the basis for fulfilling such requests.

The aesthetic surgeon's classic rule is to hear the patient and dissuade him or her from any procedure if the request

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does not stand on the pillars of reality, as in cases wherein only the patient can see a problem, the patient does not understand what is involved in the procedure so that no real informed consent can be given, or the patient will be taking significant risks including life-threatening risks and should be stopped. In addition, it is well known that most, if not all, aesthetic patients like a good and fast result without any undesired recovery sequella. Adding the patient's courage to this equation on the one hand empowers us and lets us expand the boundaries of the field, but on the other hand can turn this balanced equation between the surgeon's and patient's rules. Needless to say, this approach must be carried out carefully.

Would I do a face-lift on the next patient treated with Coumadin? I would consider it very carefully and not automatically decline as I have done in the past, after negative stress test results on my annual checkup first.

Conflict of interest The author declares that he has no conflict of interest to disclose.

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