

## Death From Cosmetic Surgery Is Never Acceptable

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( EMAILWIRE.COM, April 18, 2007 ) Corona del Mar, CA -- Olivia Goldsmith, author of 'The First Wives' Club,' died having cosmetic surgery. This, as well as virtually every, reported death from cosmetic surgery was avoidable.

With a 446% increase in cosmetic procedures since 1997, Friedberg's Anesthesia in Cosmetic Surgery from Cambridge University Press is a timely arrival.

Primarily designed as a textbook for the profession, the public needs an awareness of a safer alternative to commonly employed anesthesia for cosmetic surgery. Much like the days before fathers were permitted to observe the birth of their children, the public needs to be empowered to ask for safer anesthesia!

On August 1, 2001, [www.drfriedberg.com](http://www.drfriedberg.com) was launched as a non-commercial patient oriented web site to empower patients to know there were anesthesia options and to ask for them! Anesthesia in Cosmetic Surgery is the next step in this empowerment.

All cosmetic surgery takes place on the superficial layers ('the wrapper') of the body.

As such, all cosmetic surgery must be considered minimally invasive, despite the length of the surgery or the extent of the dissection.

Minimally invasive anesthesia (MIA)<sup>®</sup> is only logical for minimally invasive surgery. Growing numbers of anesthesiologists

are beginning to share this view but more need to be asked to provide it for cosmetic surgery. Only the general public can provide this force for change.

Fundamental to the administration of MIATM is the use of a level of consciousness monitor like the bispectral index (BIS). Approved for this use in 1996 by the FDA, universal use of BIS has not yet occurred.

Prior to BIS monitoring, anesthesiologists were obliged to guess at the correct dosage and, for fear of under-medication, routinely overmedicated by a factor of at least 20-30%. Anesthesia was the art of the 'controlled overdose.' The advent of BIS monitoring has made that style of practice unnecessary and potentially dangerous.

BIS provides a number between 0-100 derived from information obtained from the sensor on the patient's forehead. The lower the number, the deeper the level of consciousness, sleep or 'hypnosis,' as it is known in the anesthesia profession.

General anesthesia sleep levels occur between 45-60. The patient doesn't hear, feel, or remember their surgery with general anesthesia. The same experience can be had with intravenous propofol at BIS between 60-75, a level Dr. Friedberg has trademarked as an integral part of MIA.TM

BIS levels below 45 are considered overmedication ('controlled overdose') and suboptimal for long-term safety. The brain is the target organ for the anesthesiologists' medications. This information is not obtainable with any current vital signs monitors. No elective cosmetic surgery patient should have anesthesia without a BIS or similar level of consciousness monitor. Therefore, Dr. Friedberg deems the BIS a standard of care.

Cosmetic surgery patients continue to needlessly suffer postoperative nausea and vomiting (PONV) and unnecessary pain after many surgical procedures including cosmetic surgery. Most cosmetic surgery patients receive local anesthesia injection after receiving general anesthesia. This process fails to predictably produce 'pre-emptive analgesia' or substantial postoperative pain relief. General anesthesia does not block all of the pain signals from the local injection from reaching the brain. MIATM does block all painful signals thereby reproducibly provides preemptive analgesia without the use of agents that cause PONV. MIATM also preserves leg muscle tone, avoiding phlebitis along with lethal pulmonary embolism.

Barry L. Friedberg, M.D. has been in active practice exclusively in office-based anesthesia for cosmetic surgery since 1992. He is an assistant professor in anesthesia at University of Southern California, volunteer faculty. He has published 30 letters to the editor, 14 articles and 6 book chapters including 3 in Anesthesia in Cosmetic Surgery.

His work has been cited in most of the major anesthesia textbooks including Miller's Anesthesia & Barash's Clinical Anesthesia. Friedberg was recently awarded the Certificate of Special Congressional Recognition for his work's use in military anesthesia. He has also lectured to the anesthesia profession in the United States and abroad. He is available to the media for interviews.

Disclaimer: Dr. Friedberg is not employed by Aspect Medical Systems, makers of the BIS monitor. He is not a stockholder or a paid consultant. The opinions expressed herein are his professional opinion based on 10 years experience with BIS monitoring.

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