Practice area 419

CLINICAL PRIVILEGE WHITE PAPER

Oculofacial plastic and reconstructive surgery

Background

Oculofacial plastic and reconstructive surgery, also called ophthalmic plastic and reconstructive surgery, is a highly specialized division of ophthalmology. Surgeons in this specialized area are ophthalmologists who have completed additional training in plastic surgery for the structures relating to the face and the delicate tissue surrounding the eyes.

Oculofacial plastic and reconstructive surgery encompasses the management of deformities and abnormalities of the eyelids, lacrimal (tear) system, orbit (the bony cavity surrounding the eye), and surrounding face and neck.

Areas addressed by oculofacial plastic and reconstructive surgeons include:

- Eyelid malposition (e.g., ptosis, ectropion, and entropion)
- Facial skin tumor resection and reconstruction (especially around the eye area)
- Facial dystonia (e.g., blepharospasm and hemifacial spasm)
- Lacrimal system disorders (e.g., dacryocystorhinostomy, conjunctivodacryocystorhinostomy, tumors, and trauma)
- Orbital, periorbital, and skull base diseases, trauma, and tumors
- Thyroid eye disease (e.g., thyroid-associated orbitopathy)
- Enucleation, evisceration, exenteration
- Dermatochalasis (i.e., excess eyelid skin, muscle, and fat)
- Facial rhytidectomy (e.g., brow lift, midface lift, and face and neck lift with liposuction)
- Nasal and sinus surgery related to above facial functional, reconstructive, and aesthetic conditions
- Endoscopic surgery
- Neuromodulators (e.g., botulinum toxin) and fillers

To become an oculofacial plastic and reconstructive surgeon, physicians must first become certified by the American Board of Ophthalmology (ABO). Certification by the ABO requires that physicians complete a one-year internship after graduating from medical school in addition to completing a three- or four-year residency program in ophthalmology.

Physicians then complete a required two-year fellowship program in oculofacial plastic and reconstructive surgery approved by the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). ABO certification is required for membership in the ASOPRS.

Involved specialties

Oculofacial plastic and reconstructive surgeons, otolaryngology surgeons, head and neck surgeons, neurosurgeons, dermatologists, and general plastic surgeons

Positions of societies and academies

ASOPRS

The ASOPRS works to advance education, research, and quality of clinical practice in the fields of aesthetic, plastic, and reconstructive surgery specializing in the face, orbits, eyelids, and lacrimal system.

There are two pathways to membership in the ASOPRS. A category one applicant who is enrolled in, or has completed, an ASOPRS-approved fellowship must submit the following:

- A curriculum vitae
- Letters of recommendation from the chair of his or her residency program, the fellowship director, and two current ASOPRS members (four letters total)
- A list of operations performed, assisted, observed, and supervised during the applicant's fellowship
- A copy of his or her ABO certificate
- Proof that he or she has passed the written and oral examination sponsored by the ASOPRS
- An original thesis

It is possible for a physician who did not complete a fellowship to become a member of ASOPRS under a category two pathway. These candidates must submit letters of recommendation from the chair of their residency program, the fellowship director, and two current ASOPRS members (four letters total).

Category two applicants must also submit a chronological list of surgical procedures performed during the preceding 12 months (indicating whether the applicant was the surgeon or an assistant for each procedure) with a copy of operative reports. They must also provide proof of ABO certification.

If the category two applicant fulfills these requirements, ASOPRS will invite him or her to write a thesis, which the applicant must submit within two years. If accepted, ASOPRS will invite the applicant to take the written and oral examinations. Applicants fulfilling all requirements will be voted into membership.

According to its published guidelines, ASOPRS requires that programs in oculofacial plastic surgery make sure that fellows:

- ➤ Directly evaluate and provide diagnosis and treatment plans in the care of 1,200 oculofacial plastic surgery patients per year during the course of training
- ➤ Have experience in the following specific areas:
  - – Anatomy and physiology of the orbit, eyelids, lacrimal system, nose, sinuses, and head and neck as it relates to the orbits and adnexa.
  - – Common orbital disorders of children, including congenital anomalies, cellulitis, benign and malignant tumors, and orbital inflammations.
  - – Common orbital disorders of adults, including orbital cellulitis, thyroid orbitopathy, idiopathic orbital inflammation, vasculitis, congenital, vascular, neural, lacrimal gland, lymphoid, metastatic and fibro-osseus tumors, histiocytic diseases, blunt and penetrating trauma, orbital and facial fractures, and anophthalmic socket problems and skull base diseases.
  - – Eyelid disorders, including congenital syndromes, inflammation, trauma, ectropion, entropion, trichiasis, blepharoptosis, eyelid retraction, dermatochalasis, blepharochalasis, eyelid tumors, blepharospasm, facial nerve palsy, eyebrow, midface and lower-face function and aesthetics, and histology and pathology of the facial skin, including medical and surgical management of these conditions.
  - – The lacrimal system, including congenital tearing, acquired tearing, and trauma.
  - – Ocular surface pathology, including cicatricial processes affecting the bulbar and palpebral conjunctiva, management of corneal and conjunctival exposure, and relationship of the lids, midface, and brow to ocular exposure.
  - – Regional anatomy, including graft donor sites such as the cranial bone, ear, nose, temporal area, mouth and neck, abdomen, buttocks, legs, supraclavicular area, and arm.
  - – Fundamentals of ocular and orbital anatomy chemistry, physiology, microbiology, immunology, and wound healing.
  - – Experience in neuroradiology for radiologic interpretation of images.
  - – Ocular pathology to interpret ocular and periocular pathology and dermopathology.
  - – Documented 10 hours of pathology slide review with clinical correlation.

  - Diagnostic and therapeutic procedures with comprehensive examination of the eyelids and periorbital region should be documented.
  - Examination of the lacrimal system, as well as nasal exams with a speculum and endoscope.
  - Eyebrow and face examination to assess the eyebrow position for brow ptosis, paralysis, and determining its relation to upper-eyelid dermatochalasis, assessing facial paralysis and evaluation of the effects of midface cicatricial, paralytic, and involutional changes on lower-eyelid position. Also assess the face in terms of harmonious aesthetic units and evaluation of the interrelationships of each.
  - Examination and measurement of orbital structures and functions.
  - Understanding and interpreting imaging techniques.
- ➤ Must perform at least 300 cases, plus an additional 150 minor office procedures (e.g., biopsies and incision/curettage)
- ➤ Must have a sufficient number and distribution of complex cases for surgeon (fellow as the primary surgeon) and assistant (fellow as first assistant) as determined by the review committee
- ➤ Will have knowledge of the following required procedures:
  - Enucleation, evisceration, exenteration, secondary implants of the orbit
  - Orbitotomy for exploration, biopsy, and tumor removal using anterior, lateral, medial, and superior approaches, and orbital reconstruction
  - Fracture repair of bones involving the periorbital region orbit
  - Eyelid retraction repair
  - Blepharoptosis repair
  - Ectropion and entropion repair
  - Blepharoplasty (e.g., upper and lower eyelids, functional and aesthetic)
  - Eyelid reconstruction (following congenital defects, trauma, or tumor excision)
  - Repair of trichiasis (e.g., cryoablation, lid split and excision, and mucous membrane graft)
  - Conjunctivoplasty
  - Trauma and laceration repairs
  - Tissue transfer, grafts, and flaps
  - Dacryocystorhinostomy and other lacrimal procedures
  - Excision of benign and malignant tumors involving the periorbital and adjacent regions

- Facial flaps, including temporal, midface, lower face/neck for functional and aesthetic conditions related to the management of periorbital processes, as well as rhytidectomy of the periorbital and adjacent areas
- Management of upper face and brow conditions, including brow ptosis repair
- Turbinectomy and nasal surgery as related to the management of lacrimal and periorbital processes
- Nasal endoscopy as related to the management of lacrimal and periorbital processes
- Sinus surgery and endoscopy as related to periorbital and lacrimal processes
- Use of neuromodulators (e.g., botulinum toxin), dermal fillers, other technologies (e.g., laser) and chemical/pharmaceutical agents for the management of contour and skin quality abnormalities (functional and aesthetic)

Positions of other interested parties

The ABO is an independent nonprofit organization that certifies ophthalmologists in the United States.

ABO

The ABO publishes no position statement regarding the delineation of privileges for oculofacial plastic and reconstructive surgery procedures. However, the board certifies ophthalmologists in the United States, which is a prerequisite to completing a required two-year fellowship in the field of ophthalmic plastic and reconstructive surgery.

To become ABO certified, an ophthalmologist must complete the following requirements:

- ➤ Graduate with an MD or DO degree from an accredited allopathic or osteopathic medical school
- ➤ Complete one postgraduate clinical year of internship in an Accreditation Council for Graduate Medical Education (ACGME)–accredited program
- ➤ Complete three to four years of a residency training program in the field of ophthalmology
- ➤ Pass the ABO's written and oral examination

The ABO's written qualifying examination is a 250 multiple-choice exam designed to evaluate the breadth and depth of the basic science and clinical knowledge of candidates. It is necessary to pass the written examination before being admitted to the oral examination.

Written exam topics include:

- Optics, visual physiology, and correction of refractive errors
- Retina, vitreous, and uvea
- Neuro-ophthalmology
- Pediatric ophthalmology
- Cornea and external disease
- Glaucoma, cataract, and anterior segment
- Plastic surgery and orbital diseases
- Ophthalmic pathology

ACGME

In its *ACGME Program Requirements for Graduate Medical Education in Ophthalmology,* the ACGME states that ophthalmology training programs must include one year of internship followed by at least 36 months of residency in the field of ophthalmology.

Programs should cover the entire spectrum of ophthalmic diseases and ocular surgery and must address the following practice areas:

- Optics
- Visual physiology
- Corrections of refractive errors
- Retina
- Vitreous
- Uvea
- Neuro-ophthalmology
- Pediatric ophthalmology and strabismus
- External disease and cornea
- Glaucoma
- Cataract
- Anterior segment
- Oculoplastic surgery
- Orbital diseases
- Ophthalmic pathology

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Ophthalmic residents:

- Should be responsible for the care of an adequate number of outpatients representing a broad range of ophthalmic diseases.
- Should participate in a minimum of 3,000 outpatient visits in which the resident performs a substantial portion of the examination.
- Should have access to a simulated operative setting to allow them to develop proficiency in basic surgical techniques.

- Must perform and assist at a sufficient number of surgeries to become skilled as comprehensive ophthalmic surgeons, although the ACGME does not specify a total number of operative procedures. Instead, the ACGME considers a minimum number of key procedures as acceptable.
- Must have graduated technical and patient care responsibilities in the surgery of cataract, strabismus, cornea, glaucoma, retina/vitreous, oculoplastic, and trauma.

Residents must also demonstrate medical knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

Residents should have:

- A minimum of 36 hours of experience in gross and microscopic examination of pathological specimens. This includes the residents' review of pathological specimens of their patients with a pathologist who has demonstrated expertise in ophthalmic pathology.
- Documented experiences in practice management, ethics, advocacy, visual rehabilitation, and socioeconomics.

University of Washington
Department of Ophthalmology
Seattle, WA

Bryan S. Sires, MD, PhD, FACS, is an eye and facial plastic surgeon practicing at the Allure Laser Center & MediSpa in Kirkland, WA. He is also a clinical associate professor in ophthalmology at the University of Washington and fellowship director for the ASOPRS.

Sires says oculofacial plastic surgery is performed by oculofacial plastic surgeons and ophthalmic surgeons.

The ASOPRS states that the bare minimum number of cases necessary over two years for competence is 300. "Each fellow on average does approximately 2,000 full cases," Sires says. "That does not include the minor office procedures."

Therefore, Sires says he believes that a physician must perform a minimum of 100 cases or 175 procedures per year, spread across all categories, to demonstrate competency.

To maintain competency, a physician should perform a minimum of 100 cases or 175 procedures yearly, spread across all categories, Sires says.

OHSU
Casey Eye Institute
Portland, OR

Roger A. Dailey, MD, FACS, is the immediate past president of ASOPRS, a professor in oculofacial plastic and reconstructive surgery at Oregon Health and Sciences University (OHSU) Casey Eye Institute in Portland, OR, and the director of the oculofacial plastic surgery training fellowship at OHSU.

Dailey says physicians who specialize in oculofacial surgery follow an educational track similar to that of other subspecialties.

After completing a four-year MD or DO degree, candidates complete a one-year internship (PGY-1) in ophthalmology, which can be surgical, medical, or transitional. The physician must then complete a three- or four-year residency program in ophthalmology (PGY-4 or -5).

After physicians complete the ophthalmology residency, they must complete a required two-year fellowship approved by ASOPRS, of which there are more than 30 in the United States, Dailey says.

There are physicians who perform oculofacial plastic and reconstructive surgery and did not complete a fellowship in the specialty area, but this practice is becoming less common, Dailey says, adding that in his view, the oral and written tests required for ASOPRS membership are now essentially board equivalent.

Dailey says most ASOPRS members perform functional and cosmetic surgery of the head and neck, which includes, but is not limited to, orbital surgery, brow lifts, upper- and lower-lid blepharoplasties, ptosis repair, management of other eyelid malpositions (e.g., lid retraction, entropion, and ectropion) thyroid orbital decompression, and facial surgery (aesthetic and reconstructive).

It is important to note that, with the exception of enucleation (i.e., surgical removal of the eye), many oculofacial plastic surgeons restrict their practices and do not perform procedures on the eye itself, Dailey says.

Although not as common, some oculofacial plastic surgeons also perform rhinoplasty, for which there is a skills transfer course taught at the American Academy of Ophthalmology in addition to sponsored lectures, courses, and training in fellowship.

Surgeons who do not specialize in ophthalmic plastic and reconstructive surgery may not have the knowledge to handle problems that can arise during a procedure involving the structures surrounding the eye, Dailey says.

"Some of the worst complications with plastic surgery of the head and neck certainly are problems around the eyes," says Dailey. "Vision loss, abnormal appearance, or having a complication with the eye that the surgeon is not qualified to care for. It's frankly the most difficult area of the face to get aesthetically and functionally right."

A physician must demonstrate that he or she has performed 100 cases or 175 procedures per year to demonstrate competency. Likewise, he or she must perform a minimum of 100 cases or 175 procedures per year to maintain competency.

The Joint Commission

The Joint Commission (formerly JCAHO) has no formal position concerning the delineation of privileges for ophthalmic plastic and reconstructive surgery. However, in its *Comprehensive Accreditation Manual for Hospitals,* The Joint Commission states that "the hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege," (MS.06.01.03).

In the rationale for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent process in place to process applications and verify credentials. The organized medical staff then reviews and evaluates the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states that "the organized medical staff reviews and analyzes information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege," (MS.06.01.07).

In the elements of performance for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges.

The Joint Commission further states that "ongoing professional practice evaluation information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal," (MS.08.01.03).

In the elements of performance for MS.08.01.03, The Joint Commission states that there is a clearly defined process that facilitates the evaluation of each practitioner's professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff.

Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution's policy regarding this practice area.

Minimum threshold criteria for requesting core privileges in oculofacial plastic and reconstructive surgery

Basic education: MD or DO
Minimal formal training: Successful completion of an ACGME- or American Osteopathic Association (AOA)–accredited residency in ophthalmology and/or current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification in ophthalmology by the ABO, followed by successful completion of an ASOPRS-approved fellowship in oculofacial plastic and reconstructive surgery.
Required previous experience: Successful performance of at least 150 oculofacial plastic and reconstructive surgery procedures during the previous 12 months, reflective of the scope of privileges requested, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

References

A letter of reference must come from the director of the applicant's oculofacial plastic and reconstructive surgery fellowship program.

Alternatively, a letter of reference regarding competence may come from the head of oculofacial plastic and reconstructive surgery at the institution where the applicant was most recently affiliated.

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism.

The successful applicant must be able to demonstrate the performance of at least 150 oculofacial plastic and reconstructive surgery procedures, reflective of the scope of privileges requested, annually during the reappointment period.

In addition, continuing medical education related to oculofacial plastic and reconstructive surgery should be required.

For more information

For more information regarding this practice area, contact:

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60610-4322
Telephone: 312/755-5000
Fax: 312/755-7498
Web site: *www.acgme.org*

Allure Facial Laser and Medispa
625 4th Avenue, Suite 301
Kirkland, WA 98033
Telephone: 425/216-7200
Fax: 425/216-7272
Web site: *www.allurecosmeticsurgery.com*

American Academy of Ophthalmology
P.O. Box 7424
San Francisco, CA 94120-7424
Telephone: 415/561-8500
Fax: 415/561-8533
Web site: *www.aao.org*

American Board of Ophthalmology
111 Presidential Boulevard, Suite 241
Bala Cynwyd, PA 19004-1075
Telephone: 610/664-1175
Fax: 610/664-6503
Web site: *www.abop.org*

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
Telephone: 312/202-8000
Fax: 312/202-8200
Web site: *www.do-online.org*

American Society of Plastic and Reconstructive Surgery
5841 Cedar Lake Road, Suite 204
Minneapolis, MN 55416
Telephone: 952/646-2038
Fax: 952/545-6073
Web site: *www.asoprs.org*

Oregon Health and Sciences University
Casey Eye Institute
3375 South West Terwilliger Boulevard
Portland, OR 97239-3098
Telephone: 503/494-3004
Fax: 503/494-3011
Web site: *www.ohsu.edu*

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Web site: *www.jointcommission.org*

University of Washington School of Medicine
RR801, Health Science Building
Department of Ophthalmology
Box 356485
Seattle, WA 98195-6485
Telephone: 206/543-3884
Fax: 206/543-4414
Web site: *www.uwmedicine.washington.edu*

Privilege request form
Oculofacial plastic and reconstructive surgery

To be eligible to request clinical privileges in ophthalmic plastic and reconstructive surgery, an applicant must meet the following minimum threshold criteria:

➤ Basic education: *MD or DO*

➤ Minimum formal training: *Successful completion of an ACGME- or AOA-accredited residency in ophthalmology and/or current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification in ophthalmology by the ABO, followed by successful completion of ASOPRS-approved fellowship in oculofacial plastic and reconstructive surgery.*

➤ Required previous experience: *Successful performance of at least 150 oculofacial plastic and reconstructive surgery procedures during the previous 12 months, reflective of the scope of privileges requested, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.*

➤ References: *A letter of reference must come from the director of the applicant's oculofacial plastic and reconstructive surgery fellowship program. Alternatively, a letter of reference regarding competence may come from the head of oculofacial plastic and reconstructive surgery at the institution where the applicant was most recently affiliated.*

➤ Reappointment: *Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism.*

The successful applicant must be able to demonstrate the performance of at least 150 oculofacial plastic and reconstructive surgery procedures, reflective of the scope of privileges requested, annually over the reappointment period.

In addition, continuing medical education related to oculofacial plastic and reconstructive surgery should be required.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician's signature: _____

Typed or printed name: _____

Date: _____