

# The Accordion System Classification of Negative Outcomes in Aesthetic Surgery.

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## Abstract

**Background:** The modified version of the Clavien-Dindo classification of complications has been renamed the Accordion Severity Grading System (1). Since its introduction it has received international acceptance in various surgical specialties. However, it has never been used in aesthetic surgery. The Accordion System enables a simple assessment and comparison of the outcomes between various procedures and centres. We propose using it in aesthetic surgery to provide a common language for research and discussion where real complications can be distinguished from failures, or as after-effects of interventions.

**Methods:** The Accordion System categorizes negative outcomes into complications, sequelae, and failures (2). Complications, which are reported only when occurring within a 30 day time horizon, can subsequently be graded by required treatment. We have retrospectively revised the charts of 300 rhinoplasty, and 300 breast augmentation patients, performed in the university department of plastic surgery in an endeavour to categorize negative events into complications, sequelae, and failures. Complications were summed up, but not graded in this pilot study. Follow up visits were carried out after a year.

**Results:** When categorized using Accordion definitions, many negative events in aesthetic surgery should be reported as sequelae, or failures. Among rhinoplasty patients, 66.3% adverse events were observed. The majority (58.3%) of complaints related to early airflow deterioration, while 4.7% to late deformities. These were considered sequelae of procedure, and failures. Among breast augmentation patients, many events such as capsular contracture grades II - III were considered sequelae of complication. The total number of complications was, therefore, lower when sequelae and failures were discounted (Figure 1).

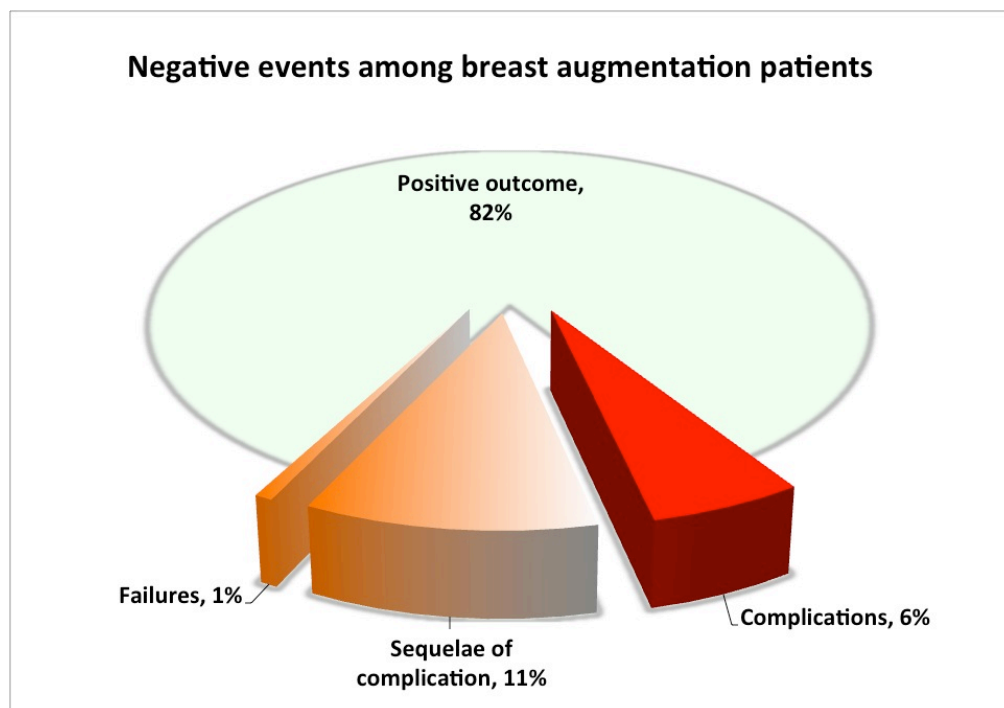


Figure 1.

**Conclusions:** Because of the time horizon the negative events observed and treated at a later stage could not have been categorized as complications, or should have been classified as sequelae, or failures. Nevertheless, many should have logically been interpreted as such. The number of complications in our study was lower than the number of events calculated without use of the Accordion System. We speculate that the number of complications in all aesthetic surgery is lower than traditionally considered. Negative events should ideally be listed and defined with ASPS terminology. Their classification within Accordion rules would then enable broader acceptance and outcomes comparisons with other surgical disciplines.

## References

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