

## **Routine Clinical Photography in Plastic Surgery Trauma Assessment**

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Dear Editor,

Clinical documentation of traumatic injuries is central to diagnosis and continuity of care. In plastic surgery, we assess and operate on trauma related injuries daily. Despite this, documentation within trauma pathways frequently relies on brief narrative descriptions or rough sketches on patient notes. These approaches may be subjective, inconsistent, and difficult to interpret at later review, particularly when injuries evolve or when patients are assessed by multiple clinicians over time.

In elective plastic surgery disciplines such as breast reconstruction, skin oncology, and aesthetic surgery, clinical photography is routine. Photographs provide objective and reproducible documentation, establish a reliable baseline, and complement the written record. In contrast, photography is not consistently embedded in trauma clinics, despite the fact that these cases frequently progress to operative intervention or longitudinal follow-up.

There is precedent for routine injury photography within established trauma standards. BOAST 4 guidance for the management of severe open lower limb fractures, developed with orthopaedic input, specifically recommends medical photography at initial assessment to support decision making and reduce repeated wound exposure.<sup>1</sup> This recognises the value of visual documentation as part of high-quality trauma care.

A proportion of trauma patients later re-present for review, second opinion or formal reporting in relation to functional outcome, scarring or cosmetic appearance. This may also be in the context of a personal injury claim. In such cases, clinicians may be asked to comment on the severity and pattern of the original injury long after initial assessment. Written descriptions and sketches may be insufficient to accurately convey this information. Clinical photographs provide valuable context, allow more meaningful comparison with later appearances, and support objective assessment of outcomes over time.

Secure clinical messaging platforms such as Siilo are now widely used within Irish hospitals to share images between clinicians for triage, advice and operative planning. While valuable, such images do not form part of the formal medical record. Their routine use highlights both

the clinical utility of injury photography and the absence of a structured mechanism for capture and storage within official patient records.

It is therefore reasonable to consider whether routine clinical photography at first assessment should become standard practice for trauma presentations within plastic surgery? A dedicated departmental camera or secure digital upload pathway could ensure images are captured consistently and stored in accordance with existing consent and data protection frameworks.<sup>2</sup>

**Declarations of Conflicts of Interest:**

None declared.

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2. Health Service Executive. *National Consent Policy and Patient Information Leaflet on Clinical Photography, Audio and Video Recording*. Dublin: HSE.