Buttock augmentation and other body contouring procedures

Guidance for enforcement by Local Authority authorised officers

October 2024

Introduction

This guidance has been prepared at the request of the Joint Council of Cosmetic Practitioners (JCCP), the Chartered Institute of Environmental Health (CIEH) and the British Beauty Council (BBC) in response to reports of significant public harm being caused by the inappropriate administration of buttock augmentation procedures by unqualified practitioners. Commonly referred to as the 'Brazilian Bum Lift' or 'BBL', this procedure refers to the injection of any product, including dermal fillers or autologous fat, intended to augment the buttocks. Requests for assistance in relation to this procedure have been received from a range of UK wide Local Authority Environmental Health Officers with a responsibility for enforcement. Equal concern has been raised regarding the injection of products into the breasts and the genitals, and this activity is also captured in this guidance.

The JCCP is a charitable organisation primarily concerned with public safety across the cosmetic sector. It is the recognised body responsible for oversight of the cosmetic qualifications' framework. The JCCP works through agreements with a range of regulators and stakeholders and has significant experience in the application of diverse regulations and standards to the cosmetic sector.

The Chartered Institute of Environmental Health (CIEH) is the professional body for environmental health representing over 7,000 members in the public, private and third sectors.

The British Beauty Council is a not-for-profit organisation that represents the personal care industry, from the professional services sector to retailer, SME to global business, manufacturer to brand owner; raising its reputation and contribution to safe and effective products and services.

The conclusions expressed in this guidance are the result of professional and expert assessment. They recognise the surgical nature of buttock, breast and genital augmentation as being 'surgical' in nature, as defined by the Royal Colleges of Surgeons and the British Association of Aesthetic Plastic Surgeons. We are indebted to these organisations for their expert contribution.

This guidance has been prepared by a panel of health protection and healthcare professional practitioner representatives, resulting in the provision of expert advice to support local authority and other regulatory officers.

The Guidance is intended for use by Local Authorities who have identified businesses, received complaints or other intelligence, relating to the liquid or 'nonsurgical' Brazilian Butt/Bum Lift (BBL), breast or genital augmentation using dermal filler or any other synthetic material. These procedures pose a risk of serious personal injury when carried out by unsuitably trained practitioners. Local Authorities in this position

have powers available under the Health and Safety at Work etc Act 1974, to issue a Prohibition Notice on businesses or practitioners, who pose a risk, and are performing, or likely to perform these procedures. Local authorities may not possess the required medical knowledge and expertise to feel confident in issuing such notices. This Guidance is provided to fill that knowledge gap and to promote a consistent approach.

The signatories to this guidance would encourage local authorities to have regard to its content when investigating and determining what action, if any, they are considering taking. The risks associated with these procedures justify robust engagement by regulatory officers.

Any action taken by a local authority would need to be evidence based and accord with its own enforcement policy.

Definitions and scope of this guidance

Buttock augmentation may involve the insertion of an implant, autologous lipofilling with fat from another area, or the injection of soft tissue fillers into the buttocks. The term Brazilian Buttock Lift (or BBL) arose initially from intramuscular lipofilling of the buttocks. It is now used generically for all forms of buttock augmentation. Along with the evolution of this terminology, the risks and complications associated with the original procedures have led to the production of guidelines by international Plastic Surgical Societies restricting the use of fat injection to the subcutaneous plane. This applies to soft tissue fillers as well.

The injuries reported have been sufficient to require hospitalisation and, in some cases, have been life changing. These injuries have been identified to be subsequent to buttock augmentation procedures where soft tissue fillers have been used, but the scope of this guidance is intended to include the use of other products, including autologous fat. We note also that the risk profile associated with other body contouring procedures involving the breasts and genitals, along with the clinical and aseptic standards expected in performing them, remains the same.

Therefore, the scope of this guidance should be considered to be the use of any product where the intended purpose is the augmentation or enhancement of the buttocks, breasts or genitals and where Care Quality Commission registration is not in place.

For the avoidance of doubt, lipofilling of breasts is within scope of this guidance for the purposes of local authority enforcement. It should be regarded as a surgical procedure to be performed only by GMC certified specialist surgeons in CQC regulated clinics.

Background

Recent years have witnessed a growing prevalence and normalisation of non-surgical cosmetic procedures. This has been associated with the rise of social media, the increasing accessibility and affordability of high street providers and aesthetic clinics and the advancement of technologies and products applied in this field.

All procedures have some risks, and many can lead to serious complications if not performed correctly. These risks are greater where the person carrying out the procedure is not sufficiently knowledgeable or trained, where they use unregulated products, or when the procedure is carried out at unsuitable premises. This has been shown in more recent news, with cases on the rise for hospitalisations associated with the BBL procedure.

These procedures are subject to the outcome of a government consultation which proposes restrictions limiting them entirely to those individuals practising from CQC registered premises. Further details on the current proposals can be found here **The licensing of non-surgical cosmetic procedures in England - GOV.UK (www.gov.uk)**

Expert position

After consultation with experts and competent authorities, it is agreed that any procedure designed for buttock, breast or genital augmentation, using dermal fillers or grafted autologous fat, is considered to be a surgical procedure. We note that only the Royal Colleges of Surgeons provides regulated qualifications/certification that set the standards of competence in the performance of such invasive procedures. Further, based on the available evidence, the risks, the ability to mitigate those risks, and the proficiency to manage the adverse events and complications when they arise, are such that these procedures should only be performed by appropriately trained specialist (plastics) surgeons and fully qualified General Medical Council registered medical doctors who possess additional qualifications to undertake surgical procedures and have proven and ongoing competence in the performance of BBL procedures.

The risks identified, include (amongst others) pulmonary embolism, thrombotic ischaemic events, sepsis, local anaesthetic toxicity and allergic responses present both possible and immediate risk to life. The competence and the facility to manage these events is prerequisite in improving survivability and is typically found only in a CQC regulated surgical setting. Further, given the range of potential adverse incidents, and the comprehensive supply of emergency medicines necessary to mitigate these risks, the ad hoc supply of Prescription Only Medicines in these emergency instances would be contrary to legislation unless a medical practitioner is in attendance.

The signatories firmly believe that these procedures, when undertaken outside of the settings described above, can present an imminent and significant risk to an individual's safety, and this justifies robust regulatory engagement. Steps taken by the local authority will be assessed on a case by case basis, but where risk is identified, prohibition or prevention of these procedures should be considered at an early stage.

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Appendix 1

Risks & their mitigation

This guidance assumes that where a local authority officer may wish to enforce against a procedure, they will use their powers under the Health and Safety at Work Act where there is a risk to public safety. In support of this, appendix 1 identifies the risks associated with these procedures. Further, by identifying the appropriate risk mitigation and management factors, the enforcement officer may be able to specify additional areas of non-compliance where an individual has not or cannot meet the specification, to support the use of a prohibition notice or other enforcement tool.

Risk 1

Injection into blood vessels. High risk of non-thrombotic pulmonary embolism as the filler or other injected substance travels directly to the lungs. Risk also of occlusion of blood supply to the heart and brain. A potentially fatal event but the incidence of survival can be improved with the appropriate management. There have been reports of mortality following injectable fillers to the genitals and buttocks in patients worldwide. References are provided at the end of this paper.

Mitigation

- Training and awareness of anatomy in the treatment area to reduce risk of vessel injection with injectable product.
- Procedural and resuscitation competence.
- For buttock augmentation purposes, use of ultrasound guided product placement to ensure correct depth and plane of injectable filler.
- Use of appropriate cannula size (4 to 5 mm) to minimize the risk of vascular penetration and, due to their rigidity, to maintain injection in the intended plane. However, note risk 2, a larger bore cannula is likely to increase the risk of infection in the presence of unsterile conditions.
- Access to and competence in the use of emergency resuscitation equipment.

Management

Immediate identification and summoning emergency support. Respiratory support and monitoring. Cardiovascular support and monitoring. Escalating support in line with monitoring until emergency services attend. Competence in monitoring includes, at a minimum, oxygen saturation, blood pressure and of patient presentation/symptoms.

Risk 2

Infection leading to septicaemia/sepsis and septic shock with multi-organ failure. High risk of fatality and the risk is increased with the use of a larger cannula.

Mitigation

- Sterile, no touch surgical technique with appropriate skin preparation and dressings and wound care.
- Premises suitable to provide surgical procedures and compliant with the current requirements for CQC registration.
- Timely access to appropriate antibiotics, microbiology support.

Management

Rigorous aftercare arrangements must be in place including timely access to a prescribing healthcare professional competent in the diagnosis of infection and sepsis, and the ability to coordinate treatment with other expert medical professionals and resources.

Risk 3

The use of injectable lidocaine (POM) local anaesthetic is common and possibly routine for this procedure. Injecting lidocaine in high doses (above 200mg, or 10ml of 2% lidocaine for injection), injecting it into blood vessels or inappropriate topical application can cause lidocaine toxicity with a significant risk of fatality with its primary effects on the brain and the heart.

Mitigation

- Proven competence in all aspects of the use of local anaesthetics, including acceptable and potentially fatal dosages. This further requires an understanding of arithmetic, for instance to convert a percentage solution to milligrams, and the evidence suggests that the competence of unregulated practitioners in this area is often inadequate.
- Local anaesthetics only prescribed after a face-to-face consultation in which the prescriber has also confirmed the competence of the person to whom they have delegated the procedure.
- Recognition of signs and symptoms relating to lidocaine toxicity.
- Access to and competence in the use of emergency resuscitation equipment, including intralipid (POM) for management of local anaesthetic toxicity.

Management

Similar to the management of 'Risk 1' above, with the additional implications for neurological management. Requires significant expertise and experience in diagnosis and emergency management.

Risk 4

Allergic response and anaphylaxis.

Possible allergies to both dermal fillers and to local anaesthetic, both of which are complex emergency situations with a risk of fatality.

Mitigation

- Thorough pre procedure assessment and medical history taken by a competent individual. (it is not sufficient to permit the patient/client to complete their own medical history)

- Training in relevant life support procedures with experience in their recognition and management, or on-site access to an experienced, regulated healthcare professional.

Management

Similar to 'Risk 1', with a focus on the use of adrenaline injection(s) which may be supplied to and administered by non-prescribers in this situation. Requires competence in airway management and cardiovascular support, including the use of intravenous fluids, requiring a medical practitioner for their supply and authorisation. The practitioner must be familiar with NICE and Resuscitation guidance relating to anaphylaxis.

Appendix 2

Competence, training and qualifications

The JCCP's views regarding competence for cosmetic procedures are based on its position as the recognised responsible body for the implementation of the JCCP/CPSA (2018) Competency Framework for Non-Surgical cosmetic qualifications, and its experience and advisory statements relating to Continual Professional Development (CPD) in conjunction with relevant national accreditation organisations.

The current 'level 7' JCCP/Health Education England cosmetic qualification was not designed, nor should it be considered as fit for purpose, in relation to body augmentation procedures including BBL, breast or genital filling. CPD accreditation is not the appropriate or relevant mechanism for determining competence in relation to these, or any procedures, when undertaken by an unregulated practitioner. In

relation to body contouring procedures taught to unregulated individuals, the available evidence suggests that the current standard of CPD education and learning is too far below any relevant measure of competence to attach any significance. Further, CPD accreditation has value only as part of the wider mechanism of professional regulation where obligations exist to maintain knowledge, to act within a sphere of competence, to justify that competence and to demonstrate that learning associated with any CPD activity has in fact taken place. The concept of CPD accreditation loses all relevance when attempts are made to use it in isolation and in the absence of the wider framework in which it is designed to work. Finally, the risk level of BBL procedures carried out without the appropriate skills and knowledge justifies a higher level of scrutiny of ongoing competence and qualifications.

There is therefore no measure of competence that can be demonstrated for these procedures, beyond that associated with GMC registration as a medical doctor, combined with additional proof of post-graduate training and practice proficiency, such as that associated with the Royal Colleges of Surgeons' standards and credentialing procedures.

The JCCP is also aware of CPD courses provided for anaphylaxis and for basic life support. Again, these have value within a framework of regulated activity but cannot in themselves denote competence unless they are associated with an assessment by a competent and regulated healthcare professional.

For more information, please see the following guide from the CPD Certification Service.

Click here for guide

Appendix 3

BAAPS guidance for BBL

The primary resource relating to the expected standards for BBL procedures is provided by the British Association of Aesthetic Plastic Surgeons. It should be noted that not all aspects of this guidance would apply in all situations. For instance, the standards relating to general anaesthesia do not apply when local anaesthesia is used, and those relating to 'donor sites' do not apply when dermal fillers are used. Whilst the BAAPS document targets lipofilling in buttock augmentation, the recommendations it makes, including those relating to anatomical knowledge of safe planes for injection and the use of ultrasound guidance, are entirely relevant to this guidance. This expert and evidence-based resource can be found at:

Click here for guide

Appendix 4

EHO compliance checklist

Contrary to the expectations proposed in this guidance, that the procedures identified are performed only by GMC registered surgical practitioners, the local authority enforcement officer may encounter a range of scenarios that may represent non-compliance with this guidance. In these instances, the officer may wish to generate a range of evidence that supports the wider picture of non-compliance and of risk.

This guidance does not endorse any activity where these procedures are performed by or delegated to non-GMC registered individuals. However, it does recognise that the activity occurs and that there is no clearly defined basis in law to restrict who can perform surgical procedures.

The requirements below represent expert stakeholder judgement and have been identified in relation to the management of risk associated with these procedures in reference to standards of competence, professional guidance and compliance with current legislation when performing body augmentation procedures where the procedure is delegated to junior individuals. The list is not exhaustive but is designed to act as a preliminary guidance to inform Environmental Health Officers, and others with a responsibility towards enforcement, to enable an objective determination of compliance.

1. A GMC registered doctor is the responsible person who is accountable for the activity and;

    a. The identity of the doctor, including name and PIN, must be made available on request.
    b. A contract of employment between the individual and the GMC registered doctor must be in place to enable compliance with medicines legislation and to ensure the availability of emergency medicines. The contract must be made available on request.
    c. They must confirm they have assessed the competence of any person to whom they delegate the procedure.
    d. They are able to confirm their own competence to the enforcing officer and, where necessary, to demonstrate same to the GMC.
    e. They confirm their presence on site at all times the activity is taking place.

2. The use of ultrasound guidance to determine product placement is a nationally agreed standard in relation to buttock augmentation procedures. For safe and effective use of this technology, the individual must provide on request:

    a. A device suitable for its intended purpose.

b. Where the individual performing the procedure is not a GMC registered doctor, or other regulated healthcare professional competent in the use of ultrasound guided procedures, evidence of attendance at a CPD accredited training course or equivalent, and
c. Proof of competence. This must be a certificate, signed by a competent and regulated healthcare professional, declaring competence following observation of the activity in the relevant context.

3. The premises must be suitable for the purposes of performing surgical procedures and must have in place the facility to manage adverse incidents, including for the purposes of resuscitation. The doctor is accountable for the final determination, but the following are the minimum requirements:

   a. A standard resuscitation trolley (or similar) should be immediately available to include;
   b. Cardiovascular and respiratory monitoring, including 3-lead ECG, pulse oximetry, blood pressure.
   c. Airway management including oxygen, airways (e.g. Guedel), masks, intubation equipment, and self-inflating bag with reservoir.
   d. Defibrillator
   e. A comprehensive range of emergency intravenous fluids and drugs including for instance inotropes, vasopressors and Intralipid*.
   f. All necessary ancillary items to deliver the above.

4. The individual must be able to demonstrate the facility for sterile provision of the procedure, including access to

   a. Sterile dressing packs, gloves, gowns, drapes, wound dressings
   b. Skin prep in line with best practice, most commonly chlorhexidine and alcohol **(Surgical site infections: prevention and treatment | NICE)**

Further supporting information

Where a more comprehensive assessment of emergency care requirements is required, including a detailed list of devices and medicines, the relevant standard is available at **the UK Resuscitation Council**.

*It is neither practical nor appropriate to prescribe, for each and every named person receiving the procedure, the range of medicines and intravenous fluids that may be necessary in the event of an emergency. In this scenario, all emergency medicines and fluids should be provided as 'stock', that is, not prescribed to a named patient and not dispensed by a pharmacist. These products can only be supplied in this way by a GMC registered doctor (or GDC registered dentist) and must only be used (and made available for use) when directed by a prescribing professional. The MHRA advise that

doctors and dentists cannot supply advance stocks of medicines to those outside of the same legal entity.

Regulated healthcare professionals are required to self-determine their competence, but they must evidence same when requested. For the purpose of these procedures, a GMC registered doctor is required to demonstrate additional competence beyond their medical qualification and the reference standard expected is that required for admittance to a relevant GMC specialist register, or equivalent.

Regulated healthcare professionals are required to determine the competence of any individual to whom they delegate a procedure. Such a determination should be made in writing and should be available on request. The determination should make reference to an assessment of qualifications, training, observation and appraisal relevant to the procedure and any activity adjunctive to it.

Appendix 5

EHO questions to assist as part of interventions

Please see the separate Q&A publication.

Appendix 6

Medicines & medical devices

It is not within the scope of this guidance to capture comprehensively the additional guidance necessary for local authority officers to act regarding concerns of medicines and medical device compliance. Further guidance will be issued on this subject. The MHRA is the competent authority for all medicines and medical devices and in all instances of concern a referral to this authority is required. However, the following overview is relevant in any investigation.

Medicines

The body augmentation procedures identified in this paper are frequently performed in conjunction with various Prescription Only Medicines (POM) which are subject to separate regulation. The following POM's have been identified through investigation by local authority enforcement officers in relation to these procedures:

- Lidocaine for injection, for the purpose of pain control.
- Oral antibiotics, for the prophylactic prevention of infection.
- Adrenaline and hyaluronidase (Hyalase) for emergency use.

All areas of medicines activity, including their licensing, sale, supply and advertising, is dealt with through the Human Medicines Regulations (2012). Regulation 214 deals with the supply and administration of Prescription Only Medicines.

Unless the individual being investigated is a GMC registered doctor or a GDC registered dentist, a prescription medicine can only be supplied by a UK registered pharmacy against a valid prescription from an appropriate prescriber and dispensed against the specified patient's name. The medicine must be administered, as directed, to that named individual and it is contrary to legislation to then supply or administer it to anyone else.

For cosmetic procedures, professional regulation dictates that a face-to-face assessment by the prescriber is required prior to issuing a prescription. Further details relating to standards of prescribing, including remote prescribing, can be found in the **JCCP prescribing guidance** which has been reviewed for accuracy by all professional regulators.

Unless the working relationship described in Appendix 4 part 1 applies, all medicines purported to be for use in an emergency can only be administered to the named individual against which the pharmacy dispensed the medicine. These medicines, as with all prescription medicines, must display the pharmacy's named patient dispensing label. The enforcing officer can confirm that a legitimate pharmacy has supplied the medicines by checking against the relevant **General Pharmaceutical Council register**.

All injectable prescription medicines must be administered against the direction of the prescriber. The investigating officer may need to determine the suitability of the directions with the prescriber and where necessary seek independent expert opinion. They may also wish to confirm that the procedure performed was within the terms of those directions. The JCCP advise that the directions should take the form of the Patient Specific Directions outlined in its prescribing guidance, and that these should be provided in addition to the prescription, since the latter may not provide the requisite information, including for instance the required dose.

All medicines contain a pack insert, or Patient Information Leaflet (PIL), which provide relevant information including the terms for which the medicine is authorised. For a comprehensive understanding of the medicine and it's approved use, the investigating officer should refer to its Summary of Product Characteristics (SmPC) which can be obtained online at the **Electronic Medicines Compendium**. The prescribing professional is responsible for authorising the administration of the medicine, including for determining use that is outside of these terms (off-label). The investigating officer may wish to enforce this requirement through referral to the relevant regulator and/or using their powers under the Health and Safety Act where unacceptable risk is identified arising from inappropriate prescribing activity.

The JCCP advise that any activity which is contrary to legislation, including medicines regulations, is in itself a risk to public safety and that local authority enforcement

officers should consider their powers under Health and Safety regulations to enforce on this basis, alongside the appropriate referral to the MHRA. If a concern arises where a medicine has been used off label, or any other concern relating to professional standards, the enforcement officer should seek expert professional opinion and, where appropriate, refer the matter to the prescriber's professional regulatory body.

Medical devices

All medical devices on the UK market must be registered with the MHRA by the manufacturer or their UK Responsible Person (UKRP). Registration details are available to the public and can be found on the **MHRA Public Access Registration Database (PARD) website**.

How Dermal fillers are regulated depends on their intended purpose and effect on the body. Dermal fillers with a medical purpose are regulated as a medical device on the UK market under the UK Medical Devices Regulations 2002 (as amended). These products must carry a CE or UKCA mark with a 4 digit number to show that an appropriate conformity assessment procedure has been carried out by a Notified Body or Approved Body, respectively.

If you believe that a non-compliant medical device is available for purchase in the UK, please email MHRA on devices.compliance@mhra.gov.uk with the following information:

- the name and address of the manufacturer or seller
- details of the product involved
- the breach of the alleged regulations
- any evidence you might have that supports the allegation

If you have reason to believe that a counterfeit (fake) medical device is available for purchase then please report this via MHRA **yellow card scheme** or email on **devices.compliance@mhra.gov.uk**.

Users should use medical devices as described by the manufacturer in the Instructions For Use (IFU) that forms part of the packaging. If used in any other way, it's considered '**off-label' use**. For example, some dermal fillers are restricted to facial use only. Practitioners administering facial dermal fillers for breast or body augmentation including 'Brazilian Butt Lift' (BBL) procedures would be considered 'off-label' use. Given the current lack of clinical and scientific evidence associated with BBL procedures, dermal fillers approved for facial use only should not be used in any significant volume for body contouring purposes, due to the unknown and unacceptable risk profile. Without the manufacturer's approval this will be at the practitioner's own risk and they or their employer could become liable for civil claims for damages from injured patients or their families if something goes wrong with the device.

Reporting adverse events

All adverse incidents relating to both medicines and medical devices must be reported to the MHRA using the **Yellow Card Scheme**. The investigating officer may wish to make this report, or they may wish to confirm it has been undertaken by the practitioner or by the consumer.

Appendix 7

Consent

The BAAPS guidance above provides the appropriate overview of consent requirements. However, it is important that the investigating officer is aware of the key legislation and case-law that underpin consent.

It is critical that *all* serious risks, no matter how remote, are identified as part of consent. Further, all *material* risks, that is those risks to which the individual rather than the practitioner attaches importance, must also be included in the consent.

The following provides a useful summary.

Click here for guide

Appendix 8

Audit

Professional standards require a process of audit to be in place to demonstrate ongoing competence, a responsive approach to improvement, and alignment with regulation or standards. They are indicators of quality, and the enforcement officer may wish to assess an individual against them. The following are minimum expected requirements, the evidence for which should be available on request:

- A logbook of case numbers
- Data for adverse outcomes, actions and reporting taken
- Patient reported outcomes
- CPD
- Further, all practitioners should work under a degree of supervision commensurate with their expertise and their practice should be assessed as part of, for instance, annual appraisal for doctors

Appendix 9

Glossary of Terms

BBL: The injection of autologous fat, dermal filler or any other substance intended to lift, enlarge or contour the buttocks.
Autologous: tissue derived from the same individual that it will be returned to.
Lipofilling: The use of autologous fat for filling.
GMC: General Medical Council. The statutory professional regulator for doctors
GDC: General Dental Council. The professional regulator for dentists and allied dental professionals.
NMC: Nursing and Midwifery Council. The professional regulator for nurses, midwives and nursing associates.
GPhC: General Pharmaceutical Council. The professional regulator for pharmacists, pharmacies, and allied support workers.
HCPC: Healthcare Professionals Council. The professional regulator for diverse healthcare practitioners including physiotherapists, radiographers and paramedics.
Unregulated practitioners. Any practitioner not accountable to a statutory professional regulatory body.
Level 7: a level of academic learning, as part of the **Regulated Qualifications Framework**, which follows that achieved through a Bachelor's degree or Ofqual equivalent at level 6.
CPD: Continuous Professional Development. An umbrella term denoting any of a number of mechanisms designed to demonstrate ongoing proficiency for previously qualified and competent individuals.
Lidocaine: A Prescription Only Medicine commonly used as an injectable or topical anaesthetic (numbing) agent for pain control, but also licensed for use in disorders of heart rhythm.
Hyaluronidase (brand Hyalase®): a POM licensed to increase tissue permeability and aid the absorption of injected medicines, but used off-label to 'dissolve' dermal fillers
Off-label: the use of a medicine outside of the terms of its authorisation, or a medical device outside of the terms of the manufacturer's instructions. Off-label use imposes greater liability on the user.
Pulmonary embolism/PE: Often a blood clot but can be fat, air or dermal filler, that enters the venous circulation and travels with its flow to the lungs, blocking the blood supply to them.
Cannula: In the context of this guidance, a type of blunt needle, inserted through a larger hole created by a needle, with the aim of minimising trauma and the risk of injection into veins or arteries.
Adverse event/incident: Any unexpected or unwanted incident that has, or could have, caused harm to the patient, user or any other individual.
Medical: Any position or activity strictly relating to a GMC registered doctor.

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