

# Juan Carlos Torres del Río shares a safety checklist for choosing a surgeon and clinic with confidence

*A practical checklist from Juan Carlos Torres del Río to help patients verify credentials, clinic standards, anesthesia safety, and follow-up.*

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/EINPresswire.com/ -- In an era when medical information travels faster than medical verification, patients seeking surgical care—especially in aesthetic, reconstructive, or complex revision procedures—face a growing challenge: separating qualified, safe practice from persuasive marketing. While the

majority of clinics and specialists operate ethically, health authorities and patient advocates continue to warn that avoidable risks increase when decisions are based on price, social media visibility, or rushed timelines rather than clinical evidence, credentials, and safety systems.

“

Safety starts before surgery: verify credentials, facility standards, anesthesia oversight, and follow-up.”

*Dr. Juan Carlos Torres del Río*



Juan Carlos Torres del Río

[Juan Carlos Torres del Río](#), a plastic and reconstructive surgeon known for working with high-complexity cases such as biopolymer removal and gluteal reconstruction, says that patient safety begins long before a procedure—often at the first consultation, where the right questions can reveal whether a surgeon and facility are prepared to protect the patient if something goes wrong.

“Most serious complications are not ‘bad luck,’” Torres del Río said. “They are often linked to preventable factors—poor selection of candidates, inadequate infrastructure, missing protocols, or lack of follow-up. Patients don’t need to become doctors, but they do need a structured way to evaluate who they are trusting with their health.”

The checklist below outlines a practical, patient-centered framework that journalists, families, and individuals can use when evaluating a surgeon and clinic. It does not replace medical advice or formal verification processes, but it aims to raise the standard of questions and encourage safer decision-making.

### Why “choosing safely” is harder than it looks

Patients typically compare surgeons the way they compare services: price, speed, before-and-after images, and online reviews. Torres del Río says that approach misses what matters most in surgery: systems, standards, and preparedness.

“A great outcome isn’t only about technical skill,” he said. “It’s also about anesthesia safety, infection control, emergency readiness, honest communication, and post-operative monitoring. A clinic can look impressive online and still be weak where it counts.”

He added that risk increases when patients feel pressured to decide quickly—by a limited-time discount, a narrow date window, or a promise of “quick recovery” without discussing limitations. “Surgery is a medical decision,” he said. “The timeline should be driven by health, not by urgency marketing.”

The safety checklist: how to evaluate a surgeon and clinic

1) Verify the surgeon’s identity and professional status

Before discussing technique, a patient should confirm they are dealing with a real, licensed professional, using official channels whenever possible. Torres del Río recommends:

Confirm the surgeon’s full legal name and license/registration details.

Check whether the surgeon’s specialty training is clearly stated, not implied.



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Be cautious if credentials are vague or replaced with marketing titles such as “expert,” “master,” or “international specialist” without specifics.

“If someone avoids direct questions about training or licensure, that is not a small issue,” he said.

“Transparency is a minimum standard.”

### Red flags

The clinic refuses to share the surgeon’s credentials in writing.

A coordinator discourages verification or says “everyone knows him/her.”

The surgeon uses titles that do not match formal specialty pathways.

2) Confirm the scope of practice matches your procedure

Not every surgeon performs every type of surgery with the same frequency or complexity. A critical safety question is whether the surgeon has consistent experience in your specific procedure and your risk profile.

Patients can ask:

How often do you perform this procedure each month or year?

What are the most common complications in your practice, and how do you manage them?

What is your plan if the result is not as expected—or if revision is needed?

“A safe surgeon can explain risks calmly,” Torres del Río said. “If the discussion is only about benefits, it’s incomplete.”



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### 3) Evaluate the clinic's infrastructure: where safety actually lives

Many complications are not "surgical" problems; they are system failures—anesthesia oversight, infection control, lack of monitoring, or delayed response to bleeding or respiratory events.

Torres del Río advises patients to check:

Is the procedure performed in a licensed facility appropriate for the complexity?

Is there a recovery area with trained staff and monitoring equipment?

Are emergency protocols defined, including transfer plans if a higher-level hospital is needed?

"Patients should ask to understand the clinic's emergency readiness," he said. "A clinic that can't describe its protocols is a clinic that may not have them."

Red flags

No clear anesthesia team or unclear who provides anesthesia.

The clinic minimizes the need for monitoring ("you'll walk out right away").

The facility cannot explain what happens if a complication arises.

### 4) Anesthesia safety: ask who, where, and how

Anesthesia is a major safety dimension in many procedures. Patients should ask:

Who administers anesthesia? What are their qualifications?

What type of anesthesia is planned—and why is it appropriate for me?

Will my vital signs be monitored continuously?

Is there a pre-anesthesia evaluation and clearance process?

"Anesthesia is not a side detail," Torres del Río said. "For many procedures, it's the difference between controlled safety and unacceptable risk."

### 5) Pre-op evaluation: a serious practice does not "skip steps"

A safe surgical pathway includes screening for risks that can change the plan—or cancel surgery. Patients should expect:

Medical history review and medication assessment.

Appropriate lab work and, when indicated, cardiology or other clearances.

Discussion of conditions that increase risk: smoking, anemia, uncontrolled diabetes, clotting history, sleep apnea, obesity-related risks, recent infections, and more.

"If a clinic is willing to operate without a real evaluation, that is not 'efficient,'" he said. "That is dangerous."

Red flags

You are cleared for surgery without labs or medical review.

You feel rushed through pre-op steps.

You are asked to hide conditions or minimize medical history.

6) Informed consent: it must be specific, not generic

Informed consent is more than signing a form. Torres del Río says patients should expect:

Clear explanation of risks, alternatives, expected recovery, and realistic outcomes.

Procedure-specific discussion—not generic language.

Opportunity to ask questions without pressure.

"A patient should understand what can go wrong and what the response will be," he said. "If a clinic avoids risk discussion, it is not respecting the patient's autonomy."

Good signs

The surgeon describes risks in plain language.

Alternatives are discussed (including non-surgical options).

The surgeon explains how complications are handled.

7) Realistic outcomes: beware of "guarantees"

Ethical medicine rarely uses absolutes. Patients should be wary of claims such as:

"No risk," "no complications," "guaranteed results."

"Perfect symmetry," "100% predictable outcome."

"You'll be normal in a few days" without context.

"A responsible surgeon can be optimistic and still be honest," Torres del Río said. "Guarantees are a marketing concept, not a medical one."

#### 8) Infection control and post-op monitoring

A safe clinic has defined infection prevention and follow-up processes:

Sterile protocols and clear instructions for wound care.

A plan for pain management that does not rely on improvisation.

Scheduled follow-ups with a mechanism for urgent contact.

"Post-op care is where many preventable problems start," he said. "If a clinic disappears after the procedure, that's unacceptable."

Red flags

No structured follow-up schedule.

You are told "message us if something happens" with no clear pathway.

Follow-up is delegated entirely to non-clinical staff.

#### 9) Transparency in costs and what is included

Financial clarity is also a safety issue, because hidden costs can push patients into shortcuts. Patients should request:

A written estimate with what is included: facility fees, anesthesia, supplies, garments, medications, follow-ups, possible labs, and contingency needs.

A clear policy on revisions and complications: what is covered and what is not.

"Patients sometimes choose the cheapest option and later pay far more—financially and medically," Torres del Río said. "Transparent pricing is a sign of professional structure."

## 10) Ethical boundaries: separating health care from pressure tactics

High-pressure sales tactics do not belong in medical decision-making. Torres del Río warns against:

Countdown discounts, “book today” pressure, or urgency tactics.

Promises that minimize risk to close a decision.

Messaging that shames the patient into proceeding.

“A clinic should earn trust through clarity, not urgency,” he said.

Special attention: revision cases and higher-risk patients

Torres del Río notes that patients seeking revision surgery—after prior procedures, complications, or filler/biopolymer-related problems—need a higher level of caution because the anatomy and tissue quality can be altered.

In these cases, patients should ask:

What diagnostic steps are needed before planning surgery?

What are the risks unique to revision or reconstruction?

What is the staged plan if the situation requires multiple steps rather than one procedure?

“Complex cases require more planning and sometimes more than one stage,” he said. “A surgeon who promises ‘one quick fix’ without assessment may be underestimating the problem.”

A journalist’s lens: why this topic is newsworthy now

Health editors increasingly see “safety checklists” as public-interest journalism, particularly as more patients cross borders for procedures, compare clinics through social media, and encounter aggressive advertising. Torres del Río believes the media can play a constructive role by shifting attention from sensational outcomes to the fundamentals of safe practice.

“If coverage focuses only on transformations, it can unintentionally reward marketing over medicine,” he said. “If coverage teaches patients how to evaluate safety, it reduces harm.”

He added that the public conversation should normalize asking questions. “Patients sometimes

feel embarrassed to ask,” he said. “But informed questions are a sign of maturity, not distrust.”

A simple checklist patients can print or save

Before booking surgery, ask yourself:

Have I verified the surgeon’s license and specialty training?

Do I understand the exact procedure being proposed and why it fits my case?

Do I know who will provide anesthesia and where it will be administered?

Does the clinic have monitoring, emergency protocols, and an appropriate recovery area?

Did I receive a real medical evaluation (history, labs, clearances as needed)?

Was the consent process specific, and did it include risks and alternatives?

Are outcomes discussed realistically, without guarantees?

Do I have a structured follow-up plan and urgent contact pathway?

Are costs transparent and written, including what is and isn’t covered?

Do I feel informed and unpressured, or rushed and persuaded?

“If a patient can answer these questions clearly, they are already reducing risk,” Torres del Río said. “If they cannot, they should pause and reassess.”

Closing perspective: confidence should come from clarity

Torres del Río emphasizes that safe surgical decisions are rarely emotional impulses; they are informed choices grounded in verification, communication, and preparation.

“Choosing a surgeon should feel like choosing a system of care,” he said. “Skill matters, but systems protect patients. The goal is not to eliminate risk completely—that’s impossible—but to choose an environment where risk is minimized, anticipated, and managed responsibly.”

About Juan Carlos Torres del Río

Juan Carlos Torres del Río is a plastic and reconstructive surgeon whose clinical work includes complex cases and reconstruction-focused procedures. He has emphasized patient safety, structured evaluation, and long-term follow-up as essential standards in surgical care.



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