

COSMETIC SURGERY: CURATIVE OR CREATIVE SCIENCE

Modern day plastic surgery has evolved from a curative to a creative science in the last few decades with aesthetic surgery emerging as one of the most challenging and rewarding branches of this field. Aesthetic (cosmetic) surgery comprises of procedures which restore and reshape body structures, in both men and women, to improve appearance and self-esteem. In modern society self-improvement is no longer considered a sign of self-indulgence or vanity. There is enough evidence that improved appearance and self-esteem has a beneficial effect on relationships and career advancements. Thus, taking steps to improve appearance is considered an investment in health and well being. Naturally, then, there has been a tremendous growth in demand for aesthetic surgery in recent years. An aging population, living long and healthy lives, and wanting to look young, continues to additionally fuel the growing demand for aesthetic surgery.

Nearly 6.9 million cosmetic surgical and non-surgical procedures were performed in the United States in 2002, according to the American Society for Aesthetic Plastic Surgery (ASAPS). ASAPS reports the overall number of cosmetic procedures has increased 228 percent since 1997. The five most popular cosmetic surgical procedures in 2002 were lipoplasty (liposuction), breast augmentation, eyelid surgery (blepharoplasty), rhinoplasty (nose reshaping) and breast reduction (females). The top five non surgical procedures were Botox injection, microdermabrasion, collagen injection, laser hair removal and chemical peel. Botox injection continued to rank first among all cosmetic procedures, increasing a modest 4 percent since 2001 but more than 2400 percent since 1997.

As the demand for aesthetic surgery continues to grow an objective means of assessing the patient is mandatory¹. Almost 5-6 decades back it was 'normal' to refer patients seeking cosmetic surgery, for psychiatric evaluation as it was felt "essentially every patient seeking cosmetic surgery...(has a) psychiatric problem..."². Today, cultural norms have expanded, and what was once considered socially abnormal may now be acceptable.

A proper patient selection is mandatory, and therefore, first and foremost the surgeon must understand the motivation of the patient. The patient may not openly explain the true reason for his/her desiring the surgery. Also, patients should not have unrealistic expectations because such patients will never be satisfied by the outcome of surgery. Thus, a cosmetic surgeon also plays the role of a psychiatrist. This requires the surgeon to obtain a complete history with emphasis on social and family background. Preventing patient dissatisfaction depends upon proper patient selection. The selection process begins with the initial interview and if the surgeon feels uncomfortable he should defer the surgery and request a proper psychiatric evaluation. Many patients seeking cosmetic surgery suffer from *body dysmorphic disorder (BDD)*. This is a syndrome in which patients dislike their bodies and are perpetually preoccupied with their appearance. A survey by the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) revealed that 6 out of every 100 women who seek plastic surgery suffer from BDD, as do 7 out of every 100 men. Cosmetic surgeons must distinguish between patients who want multiple surgeries, and those who are dysmorphic.

The goals of aesthetic surgery are a satisfied patient and surgeon. A preoperative communication with the patient and family members, if necessary, should establish an acceptable outcome to obviate any misunderstanding later. It is now known that the most frequently expressed dissatisfaction by a patient is the physician's lack of communication prior to treatment³. In spite of a meticulous preoperative evaluation there will still be dissatisfied patients. It requires great maturity to be able to handle such patients to avoid litigations. The physician must listen to these patients patiently and in their entirety. Listening does not imply agreement, but is often therapeutic⁴. If the surgeon feels the patient is correct in their concern, the surgeon should be forthright, and if necessary, offer revision surgery. If the surgeon does not feel revision is warranted, return visits at regular intervals may be scheduled. These patients concerns and dissatisfaction often resolve with time⁴.

Safety during surgery is a priority. There are very few medical conditions which preclude cosmetic surgery. Since alcohol consumption, smoking and some medications can impact surgical results, full disclosure by the patient is necessary. Many cosmetic surgery operations may be performed as 'office

procedures' with complete monitoring. More complex surgery or that requiring admission in excess of 24 hours is performed in a hospital setting. Majority of cosmetic surgery procedures are simple to perform and almost 'risk free'. But, the results can be disastrous in the hands of unaccredited or unqualified surgeons. Since there is no law governing accreditation for cosmetic surgeons in India, there are many who project themselves as cosmetic surgeons. An initial yardstick in selection of a surgeon could be his membership of the Association of Plastic Surgeons of India (APSI) or of Indian Association of Aesthetic Plastic Surgeons (IAAPS). Even then, it is essential to enquire of the surgeon's reputation and experience, as is also mandatory in case of many dermatologists who practice surface cosmetic surgery procedures.

There are some disconcerting trends developing in the realm of cosmetic surgery; 'Botox parties' and 'bidding on the internet'. Both need to be condemned! Responsible surgeons must educate the public and encourage them to understand and read what the procedure entails. Many plastic surgeons are not motivated by purely monetary reasons.

In late 1980s and early 1990s there was a fear that silicone breast implants led to autoimmune disorders or even malignancy, but these fears have receded after many published studies established the safety of these implants. The demand for breast augmentation is consequently surging again.

Many younger patients are demanding moderate cosmetic enhancement with comparatively lower 'downtime'. Thus, non surgical options for rejuvenation are becoming more popular and surgical procedures are being deferred for a later date. Recent advances in aesthetic surgery allow a surgeon to perform very refined and controlled procedures with natural results and a quicker recovery. Patients should understand the procedure's risks and benefits, and expect to sign a thorough informed consent. It is important to know that certain risks accompany any kind of surgery, including cosmetic surgery. Possible complications include excessive bleeding or scarring, adverse reactions to drug or anesthesia, nerve damage and postoperative infection. Aesthetic surgery is no longer a symbol of luxury afforded only by the wealthy. People from all walks of life are seeking cosmetic enhancement. This trend can also be noticed in the outpatient clinics of government institutions. Ofcourse, cosmetic surgery will never be covered by medical insurance, and to that extent it is expensive because the costs will have to be borne by the individual patient. With an overall surge in demand and the substantial cost disparity between the western world and India, 'aesthetic surgery tourism' is set to become a booming industry in our country. So much so, that we may run short of cosmetic surgeons! India has just over 1000 plastic surgeons for 1.2 billion people when the norm in USA is one plastic surgeon for every 50000 people!

The compilation of these articles on cosmetic surgery is quite unique because it will not only serve to acquaint doctors from other specialties but the articles are also very topical with sufficient material for postdoctoral students in plastic surgery. I thank all the contributors for the valuable time they have spared in writing these articles.

REFERENCES

1. Prater ME, Calhoun, KH. Preoperative Evaluation of the Aesthetic Patient. Department of Otolaryngology, The University of Texas Medical Branch, www.utmb.edu/otoref/grnds/ Aesthetic-0005
2. Jacobson WE, et al. Psychiatric evaluation of male patients seeking cosmetic surgery. *Plast Reconstr Surg* 26:356, 1990.
3. Sirott L, et al. Can the individual succeed? Reforming medicine 1994.
4. Wright MR. Management of patient dissatisfaction with cosmetic surgery. *Arch Otolaryngol* 106:466, 1980.

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