Scientific Forum

Guest Editorial

Recognition of the Patient Unsuitable for Aesthetic Surgery

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There are definable risk-benefit ratios in every surgical procedure, and assessment of a patient’s risk-benefit is a particularly important and complex responsibility of the aesthetic surgeon. If someone seeks an aesthetic operation and the surgeon carefully determines that everything about the patient’s circumstances warrants the procedure and that the patient is properly motivated and understands the risks, a positive risk/benefit ratio then exists. There is a high probability that the end result will be successful. On the other hand, if the surgeon determines that the patient does not meet either the physical or psychological criteria for the procedure, or if there is simply a “gut feeling” that says, “No,” then the safest course is to decline treatment. If the physician proceeds with surgery regardless of indications to the contrary, no matter the quality of the final result in the surgeon’s eyes, the situation is likely to produce an unhappy, troublesome patient.1

There is little disagreement between aesthetic surgeons and mental health professionals that patients who exhibit even mild signs of a variety of psychiatric disorders are dubious candidates for aesthetic surgery. Unfortunately, most of those patients appear in the consultation suite in various “shades of gray” without labels on their lapels. Many surgeons, after their arduous climb to clinical excellence, tend to be focused more intensely on maintaining their surgical skills and knowledge than on the variable human equations that motivate their patients. Thus they often fail to distinguish between those who will be ecstatic over their surgical results and those who will prove to be unhappy regardless of the degree of improvement achieved, a dilemma that can lead to serious consequences for the surgeon.

There are two fundamental principles that must be considered in the process of selecting an appropriate candidate for treatment. First, determine the patient’s motivation for wanting you to alter the appearance that aging or genetic inheritance has produced. Second, think about your own motivation for treating the patient. Obviously, the basis for operating on a patient should be a realistic appraisal of what you can do for that individual.

There are certain groups of patients with identifiable characteristics that should constitute a red flag: those with inflated expectations, overly demanding patients, “surgiholics”, those facing marital or familial disapproval, those who are pushed into surgery by others, those with whom you are incompatible, and those with body dysmorphic disorder (BDD).
Inflated Expectations

Some candidates are physically well constituted for the surgery they seek but show unrealistic expectations. They have only a vague conception of what their request entails. They tend to be deaf to any attempt on the doctor’s part to inject some reality into the conversation. These people anticipate major and instantly recognizable positive change, as well as a similar, positive effect on their lives as a result of your work. They also typically have difficulty digesting the fact that any major procedure carries some degree of inherent risk.

Experienced surgeons generally concur that male patients are, percentage-wise, more prone than females to unrealistic expectations regarding their surgical results and, consequently, greater dissatisfaction. This dilemma may be attributed to prevailing attitudes in America about what constitutes masculinity and masculine behavior.3 It is also possible that male patients do not fully understand the limitations that sebaceous skin and thick bone structure impose on the final result.

Male patients undergoing rhinoplasty are especially inclined to expect results that may exceed the surgeon’s ability to produce. Of all the aesthetic procedures performed by plastic surgeons, rhinoplasty is often regarded as the most difficult and most likely to produce unpredictable results.

In general, patients who have unrealistic expectations are especially poor candidates for computer imaging, because the images you create can be interpreted in court as a warranty of results. Breach of warranty is extremely difficult to defend, and you can be sure that if this type of patient has copies of the created images, they will assuredly be used against you.

The Demanding Patient

There are patients who bring to the surgeon’s office a portfolio of celebrity photographs, some with penciled modifications and measurements that they expect you to reproduce. Some may even bring along a pencil and transparent graph paper that they overlay onto a photograph of themselves, then mark how many millimeters and what they want removed or changed. This type of patient requires an emphatically explicit explanation of the surgical process; they need to understand that you work with human tissues, not clay. They need to comprehend that the capricious nature of scar formation cannot be predicted or guaranteed, and a plastic surgeon is not a magician with the ability to cut tissue without leaving a scar. They must be made to understand that while a scar’s location can be controlled, its final appearance is a result of many factors, not the least of which may be the genes they inherited. It is crucial that this information is understood before surgery. After surgery, any such explanations are interpreted as simply an excuse.

The Surgiholic

Many patients that we see today have had previous surgeries, and this does not automatically put them in the category of “surgiholics,” who often may be trying to compensate for a poor body image or even more serious psychological problems.4 Patients who have already had multiple aesthetic procedures tend to be fully informed about the latest surgical trends and nuances, and they have a fairly educated concept of exactly what they expect you to improve. However, some of these patients may persuade you to believe that they understand the relative benefits and risks of surgery when this is not really the case.

When dealing with the patient who has had multiple procedures, in addition to the psychological element, the doctor is likely to be confronted with a more complex surgical challenge than his or her predecessors because of scars or changes in anatomy inevitably created by previous surgeries. Certainly, your performance and result will be compared with those of the previous surgeon(s), a situation that clearly has the potential to be problematic.

Marital or Familial Disapproval

Beware of patients who are secretive about what they are asking you to do. Although the family factor may have some flexibility, secrecy from a spouse or “significant other” is often a stress-laden situation for both the patient and surgeon. Although one can argue that an adult seeking aesthetic surgery does not require anyone else’s approval or consent, it is my contention that you would be well advised to insist that the spouse also come in, share the preoperative information, and read the consent form.

Capitulation

Patients should be self-motivated to undergo an aesthetic procedure. Avoid operating on patients who are motivated by the desire to please someone else—a relative or “significant other”—not because they want the procedure for themselves. Women seeking modification of breast size or shape often fall into this category.3 Obviously, this type of motivation can spell trouble.

Incompatibility

In the course of life, you inevitably meet people with whom you just don’t feel comfortable for a variety of
reasons. There are those who may feel the same way about you. In either case, it is a serious mistake to accept such an individual as a patient—regardless of the size of the surgical fee. This is particularly valid when you are confronted with people of “importance,” whether real or self-designated. Should any disagreement arise—whether with regard to communication, quality of care, or result of treatment—it is likely to be more difficult than one might expect under normal circumstances.

**Body Dysmorphic Disorder**

Body dysmorphic disorder (BDD), about which much has been written in recent years, is a serious psychiatric disorder with which the aspiring aesthetic surgeon should be thoroughly familiar. In its simplest definition, it is an obsessive preoccupation with a slight, imperceptible, or actually nonexistent anatomic irregularity to the degree that it interferes with normal adjustment within society. This disorder may be present in varying degrees. It is the most common aberrant personality characteristic seen by the plastic surgeon if for no other reason than because those afflicted often see the surgeon as a more effective instrument of salvation than their mental health professional. Such professionals who deal with BDD have noted that the extent of physical changes sought through surgery is invariably unrealistic and out of proportion to any actual deformity. Because the individual with BDD suffers from significant mental disturbance, when postoperative dissatisfaction occurs (and in most cases, it does), it almost always is based on what was understood rather than what was actually said. This is the reason why very detailed documentation, supported by accurate preoperative and postoperative photographs, is crucial to any subsequent dispute.

**The Bottom Line**

Regardless of the above guidelines, there are occasions when an aesthetic surgeon should comply with a patient’s request even though in his or her objective view there is no real need for the procedure. As long as the patient is properly motivated and has reasonable expectations that can be met by the requested procedure, the case has a positive risk/benefit ratio. Under these circumstances there is no valid reason to deny treatment.

Many surgeons have found that the opinions of their staff in the outer office can be very helpful in assessing who is or is not a potentially troublesome patient. Such opinions can certainly serve to augment or confirm the surgeon’s own impressions on the basis of the consultation.

The bottom line: Not everyone is a candidate for aesthetic surgery. If aesthetic surgery is to constitute the majority of your work, it is only a matter of time before you are faced with the types of cases that produce stress far greater than the value of the anticipated remuneration. There is no surgical fee that compensates for the anguish you will feel when, despite a good result, things go awry and the patient suddenly turns unhappy and possibly litigious. In addition to establishing good communication with the patient and complying with all necessary written documentation, it is critically important to further protect yourself with good-quality, dated preoperative and sequential postoperative photographs. This simple detail may make the difference between satisfactory or unsatisfactory resolution of a case.

Finally, all plastic surgeons soon learn that, although it is impossible to eliminate every possibility of dissatisfaction or conflict arising out of aesthetic surgery, it is certainly possible to reduce such unpleasant experiences by adhering to some very basic principles: Be a complete physician in the full dimension of the term, not just a skilled technician; avoid hyping your “unique” talent; always strive to maintain good communication and rapport with your patients; restrict your procedures to the ones with which you feel comfortable and carefully assess new patients for both suitability and compatibility.

There is a somber reminder of the ultimate consequence of ignoring those “shades of gray” and the silent signals of a disturbed potential patient. During the past four decades, the lives of a number of aesthetic surgeons, five of them in the United States, were lost when they were shot to death by patients terminally unhappy with their surgical result . . . quality not withstanding.

**References**


**Suggested Reading**


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