

# Recognition and Management of the Patient Unsuitable for Aesthetic Surgery

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There is little disagreement between aesthetic surgeons and mental health professionals that patients who exhibit even mild signs of a variety of psychiatric diagnoses 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. Our young colleagues, after their arduous climb to 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 candidates who will be ecstatic over their surgical results and those who may prove to be unhappy regardless of the excellence of the improvement, a dilemma that can lead to serious consequences for the young surgeon.

When you practice aesthetic surgery, you expose yourself to risks that no other practicing physician assumes. You are *not* treating sick or injured patients to make them well; you are treating *well* people by making them temporarily *unwell* to make them better. This situation becomes even more complex when one realizes that the degree of improvement achieved, and the inevitable effect that the change has on the patient’s self-image, may be only in the eye of the beholder. There are no established parameters. You might think the result is great, but will the patient?

Regrettably, most plastic surgery training programs pay scant attention to the dilemma of patient selection. Not everyone is born with a “sixth sense.” It is primarily up to you to develop the skill of identifying the shades of gray that color the troublesome patient, and to perfect the art of turning away that patient without giving offense.

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 inher-

itance has capriciously allotted him or her. Second, think about your own motivation for treating the patient. A decision to operate based on economic considerations or a need to stroke your own ego, without a realistic appraisal of what you can do for the patient, may turn out to be a serious error in judgment.

The unsuitability of a prospective patient may manifest itself in subtle forms that are difficult to perceive a priori.<sup>1</sup> However, by following a few practical applications and common sense guidelines that are sine qua non ingredients for choosing to operate, you will avoid negative repercussions.

There are certain groups of patients with easily identifiable characteristics that constitute a red flag: those with great expectations, the demanding patients, the “surgiholic,” 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.

## GREAT 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 your part to inject some reality into the conversation. Those people anticipate major and instantly recognizable positive change and the same 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. Learn early in your career to evaluate male candidates for aesthetic surgery with particular care.

Experienced surgeons generally concur that male patients are more prone to unrealistic expectations regarding their surgical results and,

Received for publication May 28, 2010; accepted June 1, 2010.

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DOI: 10.1097/PRS.0b013e3181f619da

**Disclosure:** The author has no financial interest to declare in relation to the content of this Editorial.

consequently, greater dissatisfaction, percentage-wise, than female patients. This dilemma may be attributed to the general attitude in America toward the mystique of being a man. Although time and space preclude discussion of the psychiatric genesis of the discontent,<sup>2</sup> the basic problem is often displayed during the ensuing process of litigation. It is also possible that male patients do not fully understand the limitations that sebaceous skin and facial hair impose on the final result.

Unless rhinoplasty procedures are a considerable part of your practice and you feel comfortable performing them, you might be wise to beware of male patients seeking purely cosmetic change with no functional antecedents. Male rhinoplasty patients 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 seems to be the most difficult and often produces unpredictable results.

In general, patients who have unrealistic expectations are also especially poor candidates for the imaging machine because the images you create in the office can be interpreted by the judicial system as warranty. Breach of warranty is extremely difficult to defend against and you can be sure that if those patients have copies of the created images, they will assuredly use them as evidence in their favor.

### 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. Sometimes they even bring along a pencil and transparent graph paper that they overlay onto a photograph of themselves, and then mark how many millimeters and what they want removed or changed here or there. Those people require an emphatically explicit explanation of what they are getting into; they need to understand that you work with human tissues, not clay. They need to comprehend that the vagaries of the healing process and capricious nature of scar formation cannot be predicted or guaranteed. They suffer the deluded notion that a plastic surgeon is not only a magician but also one who has the ability to leave imperceptible scars after surgery. They must be made to understand that a scar's location can be controlled but not its final appearance, and that the final scar may be a result of many factors, not the least of which may be the genes they inherited. It is crucial that this information is understood *preoperatively*.

Postoperatively, any such explanations are interpreted as simply an excuse.

### THE SURGIHOLIC

The patients who have already had multiple aesthetic procedures may persuade you to believe that they understand the risks and benefits of surgery. They often seek newly minted surgeons in the belief that they use the newest techniques. This can be a serious delusion. Often, they are trying to compensate for a poor body image or worse.<sup>3</sup> These types of patients tend to be fully informed about the latest trends and nuances of procedures and have a fairly educated concept of exactly what they expect you to improve. In addition to the psychological element, the surgeon 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 procedures. Certainly, your performance and result will be compared with those of the previous surgeon(s). If that comparison suffers, you can expect to hear about it emphatically.

### MARITAL OR FAMILIAL DISAPPROVAL

Beware of patients who are fanatical about secrecy in what they are asking you to do. Although the "family factor" may have some flexibility, secrecy from a husband or any "significant other" is a very poor idea. Consider, for one thing, that your outcome may, in fact, be a surprise to everyone, including *you*. If the spouse knows and concurs, it just makes things infinitely more comfortable for all concerned. One would be well-advised to insist that the spouse also come in, share the preoperative information, and read the consent form. Refuse to operate incognito. Be especially wary of teenagers claiming to be "emancipated." Parental approval can save you from many problems.

### CAPITULATION

Avoid operating on patients who are being pushed into a surgical procedure by someone else. Those types of patients are motivated because of a desire to please a "significant other" or a relative, not because they want that particular procedure for themselves. Women seeking modification of breast size or shape often fall into this category. Obviously, this type of motivation can spell big trouble.

### INCOMPATIBILITY

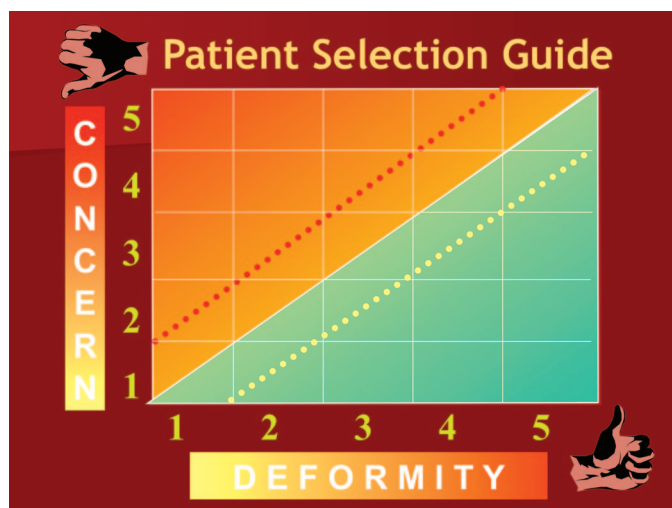
In the course of life, you are inevitably going to meet people whom you like and those whom you dislike for a multiplicity of reasons. There are also those who may feel the same way about you.

If you are ever confronted with any variation of this situation, it is a serious mistake to accept such an individual as a patient regardless of the temptation or the size of the fee. This is particularly valid when, later in your career, you are confronted with people of “importance,” whether real or self-designated. Whatever disagreement arises, whether in communication, quality of care, or result of treatment, it is likely to bring out more hostility than one might expect under normal circumstances.

### BODY DYSMORPHIC DISORDER

Body dysmorphic disorder, about which much has been written in recent years,<sup>4</sup> is a major psychiatric diagnosis with which the aspiring aesthetic surgeon, particularly in the early years of practice, should be thoroughly familiar. According to its simplest definition, it is an obsessive preoccupa-

tion with a slight, imperceptible, or actually nonexistent anatomical irregularity to the degree that it interferes with normal adjustment within society. This disorder comes not only in various shades of gray but also in varying degrees of intensity. It is the most common aberrant personality characteristic seen by the plastic surgeon if for no other reason than those afflicted see him or her as a far more effective instrument of salvation than their mental health professional. Psychiatric workers who deal with body dysmorphic disorder have noted that the physical changes sought through surgery are invariably out of proportion to reality. The requests for change are manifestations of a flawed self-image or a disturbed mind. Thus, when postoperative dissatisfaction occurs (and in most cases, *it does*), it almost always includes what was *understood* rather than what was actually *said*. This



**Fig. 1.** Surgical eligibility guide. The *vertical axis* represents the degree of the patient’s concern regarding the problem, from 1 (minimal) to 5 (maximum). The *horizontal axis* represents the surgeon’s objective evaluation of the nature of the complaint, from 1 (minimal) to 5 (maximum). The *diagonal dotted lines* represent the area where most applicants fall. The closer to the upper left corner, the more likely the possibility of dissatisfaction regardless of quality of result; the converse is true of patients who fall in the right lower quadrant. (*Right lower corner*) Patient with deformity perceived as motivation ranging from minor to medium with concerns. Minor to medium; consider proceeding. (*Left upper corner*) Patient with deformity ranging from medium to exaggerated; consider carefully and, if irrational or out of proportion, decline and stay away. (*Center diagonal lines*) Most of the patients coming to you fall here. From experience, we suggest keeping this scheme on the back page of the patient’s record in simple diagrammatic form with no written explanation after the first visit. If the patient returns, after shopping around, you or your associates will remember your original impressions. Experience shows us all that this helps to keep you out of trouble.

is the reason why very detailed documentation, supported by accurate preoperative and postoperative photographs, is crucial for winning any subsequent dispute.

An article by Alex Gordon in *Plastic Surgery News* entitled “Early Recognition of Troubled Patients Avoids a Litany of Problems” (April, 2007) offers a useful and unusually clear summation of the problem. To help you record your impression of a patient’s eligibility for a procedure, we have designed an eligibility chart (Fig. 1). It is hoped that this will remind you more vividly of how you evaluated the patient at his or her first visit. The captions explain the concept.

The emerging aesthetic surgeon in particular should bear in mind that there are definable risk-to-benefit ratios in every elective procedure. Importantly, you are well advised to listen to the opinions of your staff in the outer office. They often have an uncanny way of sensing who is and who is not going to be a troublesome patient. Consider their opinions seriously. Remember that, in accepting the responsibility for what you are doing, you inevitably accept the risk that goes with it. In volunteering to alter normal anatomy, you will encounter a minority of patients whose results inevitably fail their expectations. This probably occurs for any of the following reasons:

1. The procedure you performed was either the wrong operation on the right patient, or the right operation on the wrong patient.
2. What you did was either poorly conceived or, frankly, inept.
3. Dissatisfaction followed circumstances beyond your control, a situation that can happen to anyone. All you can do is to fix it if you can.
4. You picked the wrong patient, a choice that is entirely within your control and avoidable if you ask the right questions beforehand. Regrettably, you seldom gain this wisdom in residency.<sup>5</sup>

Not everyone is a candidate for aesthetic surgery. If aesthetic surgery is to constitute the majority of 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, regardless of value, that compensates for the anguish you will feel when, despite a good result, things go awry and the patient suddenly turns unhappy and litigious. As the popularity of aesthetic surgery grows,

the trend to solve emotional problems with a scalpel follows, but so does the expansion of the trailing liability claims that go with it. It is critically important to be wary and always protect yourself with quality, dated, preoperative, and sequential postoperative photographs. Quite simply, this precaution may make the difference between winning and losing the case. This is really *all* you have to verify your work. References are provided for those interested in additional reading on this subject.<sup>6–14</sup>

In closing, let me remind you once again of the ultimate manifestation of the consequences of ignoring the silent signals and the shades of gray during the past few decades. The lives of five of your colleagues were lost when they were shot to death by aesthetic surgery patients terminally unhappy with their surgical results.

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