

SURGE

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Understanding and Managing Patient Expectations

AMERICAN ACADEMY
OF COSMETIC SURGERY
Educating for Patient Safety



Managing Patient Expectations in the Cosmetic Surgery Practice



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Managing patient expectations is an integral part of the practice of medicine. As physicians, it is our duty to manage those expectations, both at the onset and throughout the treatment process. In the field of cosmetic surgery and medicine, this task becomes more complicated, and also critical.

Unlike a traditional patient, who seeks medical intervention to treat illness or disease, our patients come to us more as customers, relatively healthy individuals seeking our help to improve their aesthetic and cosmetic appearance. With aspirations and ideals in mind, they tend to expect—more so than the typical patient—unrealistic outcomes.

At the AACS 2014 annual meeting in Ft. Lauderdale, Florida, in January, I was asked to chair a symposium on managing patient expectations in the different fields of cosmetic surgery. I assembled a team of “top gun” experts from each of the main areas of our specialty. The topics and speakers were: *“Managing Patient Expectations”* by me, Firas Hamdan, MD; *“Facial Rejuvenation”* by Peter Schmid, DO; *“Minimally Invasive Procedures: Lasers and Fillers”* by Joe Niamtu, DMD; *“Body Contouring, Post Massive Weight Loss”* by Tony Mangubat, MD; and *“Hi-Def Liposculpture”* by Grant Hamlet, MD.

Over the three-hour symposium, each presenter tackled the topic he was addressing in his own way. In the end, a common theme emerged among all topics and presenters. It was this: **In the field of cosmetic surgery, expectations need to be established up front and before any intervention has taken place, whether it is for a minor or a major surgical intervention.**

About eight years ago, the issue of patient expectations became more complicated for me as I moved my cosmetic surgery practice from Northern Florida to Lebanon. From there, I transitioned my practice into a “four country practice,” expanding into the capital cities: Beirut, Lebanon; Dubai, UAE; Kuwait City, Kuwait; and Riyadh-KSA.

During my introduction of the symposium, I mentioned a few of my own patient cases from these countries to illustrate the need for addressing patient expectations.

One such case involved a VIP patient willing to fly me to her location by private jet. She offered to compensate a full day’s work for a consultation and, if agreed upon, some minor intervention, such as minor facial rejuvenation (Botulinum toxin, fillers, PRP, mesotherapy, etc.). In this example, the patient expected a spectacular result without bruising or potential touch-up sessions. The expectations of such a patient are much higher than those of your regular patients, who are accustomed to your clinic and staff, and with whose faces you are familiar. Your regular patients would be more willing to come back to your office in a week or two for a touch-up or for additional intervention, if warranted.

Managing Patient Expectations in the Cosmetic Surgery Practice, *continued*



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A second case involved a patient who came to my office just hours before I was to leave for a trip, asking for immediate liposuction. She was desperate to fit into her designer wedding dress for her wedding the very next day. Of course, a cosmetic surgeon could achieve good or even excellent results for this patient, but not within a one-day time frame. As such, this case became a set-up for failure in meeting the patient's lofty expectations.

Lastly, I mentioned a case involving a patient who had a mastopexy prior to meeting me with relatively good results as far as breast shape and residual scars. This made her a cosmetic surgery success story. Unfortunately, she had a disastrous outcome in terms of her relationship. Her motivation for the mastopexy was to re-ignite the spark in her marriage after three children and associated breast-feeding and resultant ptosis and loss of breast volume. To her shock, her husband filed for divorce three months after the surgery, citing her surgery scar as the reason. As one might imagine, the scar was most likely not the real reason, as it was later discovered that the husband had a girlfriend for years during the marriage. For this patient, no matter how well an attempt to improve the scar, either by scar revision or scar management with fractional laser/PRP/needling, her expectation that her husband would come back because of improvement or fading of the scar was unlikely.

I hoped my examples set the stage for our session speakers, who would expound upon the idea that patient expectations need to be addressed up front, not only in regards to a patient's desired cosmetic outcome, but also in regards to their desired social or "self-advancement" outcome.

Dr. Peter Schmid, a facial cosmetic surgeon and a professional sculptor, addressed the issue of managing patient expectations, adding to it his experience with artistic facial analysis. He emphasized the harmony of the facial lines, the "peaks" and "valleys," as well as the shadows to be observed and accounted for. He noted that surgeons should address all these when performing a face lift, blepharoplasty or a rhinoplasty. The harmony will help ensure a better outcome and a more satisfied patient.

Dr. Joe Niamtu, a lively and dynamic speaker, spoke about the initial consultation, during which a cosmetic physician can "read a patient" for expectations and spot any red flags. He pointed out, too, how important it is to listen to your office staff during this phase for their opinion on the patient expectations. Dr. Niamtu noted that when a patient is having a minimally invasive procedure, it is especially important for the physician to be realistic about what can be achieved and what may be required to achieve the desired outcome. If the result will be gradual or one that requires repeated treatments, then the patient should be aware up front. When patients with exceedingly high or unrealistic expectations are identified, Dr. Niamtu says the role of the physician is to reset those expectations and enforce them with an informed consent for both the satisfaction level, as well as the final outcome. This is in addition to the risks and benefits addressed in the consent forms signed prior to any treatment.