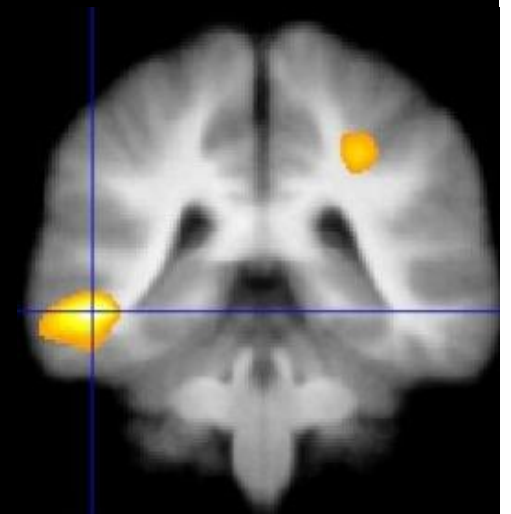


Rôle of Patient counselling /Psychiatry in Plastic Surgery



By

Dr. Ajay Kumar Singh M.S ; M.Ch
Plastic Surgeon



Past National Vice President IMA

Ex-State Secretary IMA , Jharkhand

Member National Advisory Board, JIMA

Meb. Senate Ranchi University 2001 to 2010

National Trainer AIDS & STI Control program

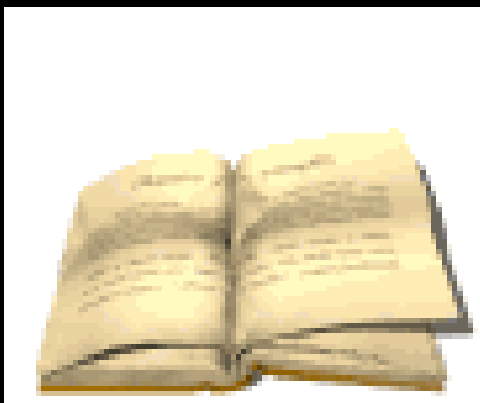
Meb. Editorial Board Journal of Plastic Surg. Of India

APSI Ethicon Visiting Prof. in Plastic surgery 2010 -2011

Founder Meb. National Disaster Management Cell IMA

Member Jharkhand State Govt. Disaster Management Council

Chairman IMA Standing Committee on National Plans



INTRODUCTION



We are very good

Lawyers for our

mistakes

Very good Judge for

other's mistakes

o Early 1940's to 1960's cosmetic surgery seekers = psychiatric cases



=



○ Stanbaugh et al in the 1990's asserted "*there [were] no poor candidates for facial aesthetic surgery*"

○ The 2000's have been marked by a heightened cultural awareness and acceptance for aesthetic surgery

○ Television soap operas, Modeling Advertisement agencies are all a major contributing factor



The Surgeon's Role

The surgeon has to play the roles of a
Physician
Therapist
Psychiatrist
Artist



THE KEY TO SUCCESS ?

✓ *FIRSTLY*,
RECOGNIZE ONE'S ROLE

✓ *SECONDLY*,
BE AFFIRMATIVE(yes)
AND ASSERTIVE(loud)

✓ *THIRDLY*,
UNDERSTAND THE
LEVEL OF PATIENT'S
MOTIVATION



Patient Selection



Steps of Patient Selection

- ❖ Initial interview
- ❖ Screening is surgeon's responsibility
- ❖ Poor outcome is likely due to either poor patient selection or technical error
- ❖ Once patient is deemed fit address all his fears and queries



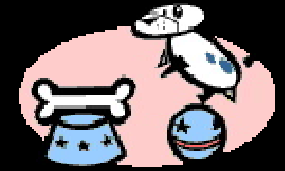
Patient Selection

Rohrich felt that a surgeon must understand the patient's "personality traits"

1. Likes and dislikes
2. Their goals for surgery
3. Their reason for pursuing surgery at that time
4. Their expectations for surgical outcomes.



Patient Selection



- The patient interview requires a subtle leadership which depends on communication

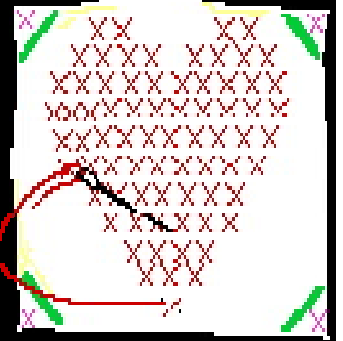
The physician should not voice any opinion until ,the patient has fully explained their desires

Patient Selection

- If the surgeon does not feel comfortable with the information obtained from the patient he or she should either continue with more in-depth evaluation of the patient, or refer the patient to someone else
- The accepted consensus emphasizes that the surgeon spend whatever time is necessary to effectively evaluate the patient



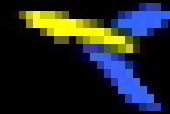
Patient Selection



- The offered treatment options may range from referral to surgical correction, but should be based on a thorough understanding of the patient and his desires
- The surgeon should explain what can and cannot be accomplished with all interventions.
- The most frequently expressed patient dissatisfaction is the physician's lack of communication prior to treatment

Patient Selection

- Thus, the definition of an acceptable outcome should be jointly established by the surgeon and the patient *prior to any surgical procedure*
- Failure to do so may result in misunderstandings and dissatisfied parties



Psychological Conditions

Psychological Conditions

- Early studies on patients seeking cosmetic surgery showed a large percentage of patients with identifiable psychological problems
- Patients suffering from depression, neurosis, and even psychosis report a significant improvement of their symptoms after cosmetic surgery
- Group of patients who have consistently been shown to fair poorly after cosmetic surgery

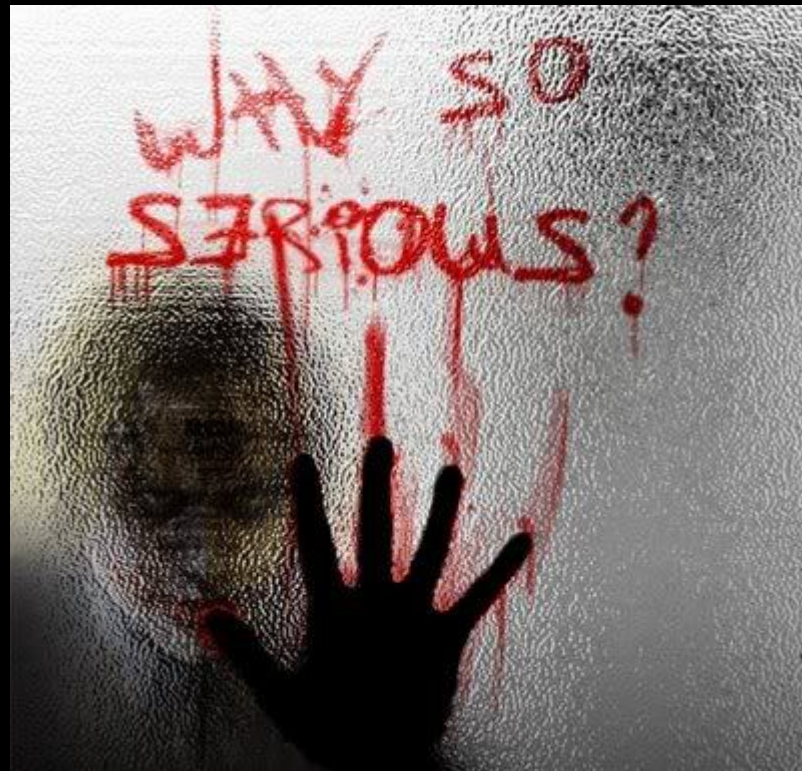


Psychological Conditions

- The aesthetic surgeon should be able to recognize psychological conditions and then use that knowledge to make informed patient recommendations in regards to surgery and/or psychiatric evaluation
- If the patient is already under psychiatric care, the decision to pursue surgery should include the psychiatrist, as well .



The Psychotic Patient



The Psychotic Patient

- The most commonly seen psychotic disorder is “schizophrenia”
- These patients have disorganized thoughts, flight of ideas and are incapable of introspection
- They are usually emotionless and humorless
- The paranoid schizophrenic also incorporates thoughts of persecution and selfish behavior



The Psychotic Patient

- *Several cases of paranoid schizophrenics turning violent after their cosmetic surgeon attempted to terminate care, have been reported*
- If a patient appears paranoid, a psychiatric evaluation should be pursued
- If one chooses to operate on the paranoid patient, meticulous postoperative care should be anticipated



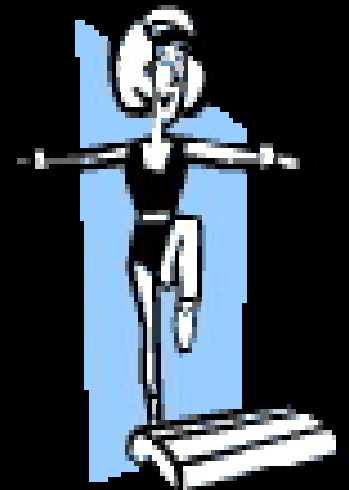
The Neurotic Patient

NEUROSIS



The Neurotic Patient

- Characterized by excessive worry, anxiety and somatic complaints
- Ask numerous, often repetitive, questions requiring detailed and technical explanations
- Obsess about possible postoperative complications, which they usually are aware of in detail
- Questions are often a "cover" for the need for reassurance



The Neurotic Patient

- Properly counseled, neurotic patients often make excellent surgical candidates.
- Preoperative concerns are usually unfounded and they are often happy with results.
- Important part is to identify the problem preoperatively properly address all issues, including possible psychological evaluation

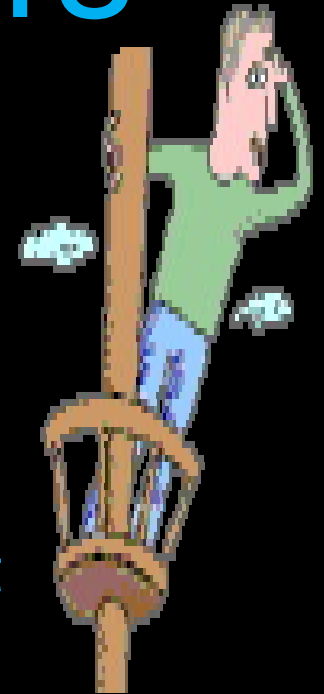


Personality Disorders



Personality Disorders

- Manifest as behavior problems, rather than psychotic or neurotic problems
- Unfortunately, these patients are often able to disguise their personalities, making diagnoses difficult
- Discussed here are the



“Narcissist Personality” Disorders with “Splitting” as a trait

Personality Disorders

The Narcissistic Patient

- Elegant and regal appearance
- Obsessed with subtle to imperceptible physical flaws
- Grandiose opinions
- “Name droppers”
- Prone to post operative depression
- Psychiatric evaluation warranted





Personality Disorders

“Splitting”

- Refers to clumping people into "us versus them" categories
- Idealize their current physician while denigrating former Physicians
- Manipulation is usually prevalent in this Population
- Occasionally dress inappropriately and be excessively “flirtatious”.
- Benefit from preoperative psychiatric evaluation.



The Malingerer

The Malingerer



- The malingerer fakes symptoms and illnesses
- The motive is usually monetary, either from a presumed injury or through malpractice insurance from the physician
- Usual findings during examination include complaints that are grossly out of character with physical findings

The Depressed

or

Manic patient

The Depressed Patient



- The depressed patient complains of minimal joy in things they formerly found pleasing (*anhedonia*).
- They either have difficulty sleeping despite being tired, or sleep excessively with little sensation of rest
- They complain of poor energy and motivation
- Depression may be part of a grief reaction and therefore transient, or part of an underlying pathologic process.

The Manic Patient

- The manic patient usually has flight of ideas, pressured speech and is disheveled in appearance
- “Infectious jocularity”
- They rarely present for aesthetic surgery.



The Depressed or Manic Patient

- An adequate social and family history may discern between the two conditions
- Psychiatric evaluation may be helpful for both depressed and manic patients
- Once treated, these patients are excellent candidates for surgery
- May even show further improvement of symptoms after surgery



Body Dysmorphic Disorder



Body Dysmorphic Disorder

- More than half of Americans (43-56%) are unsatisfied with their appearance.
- The ratio in India is not documented but it is some were around 30% in urban and 14% in rural India.
- The observation is based on number of beauty parlors coming up in these zones.



Body Dysmorphic Disorder

- Body dysmorphic disorder(BDD), describes a group of patients with an inordinate concern for slight or imagined aesthetic defects.
- These patient's lives are significantly disrupted by their obsession with their perceived physical flaws



Body Dysmorphic Disorder

- BDD patients are not good candidates for aesthetic surgery as they are seldom, if ever, satisfied with the result
- In fact, their symptoms may actually be exacerbated by surgery



Body Dysmorphic Disorder

- The most common focus of the patient's dissatisfaction is the skin, face, and nose*
- The incidence of the disorder has been estimated at 0.2% of the general population

Body Dysmorphic Disorder

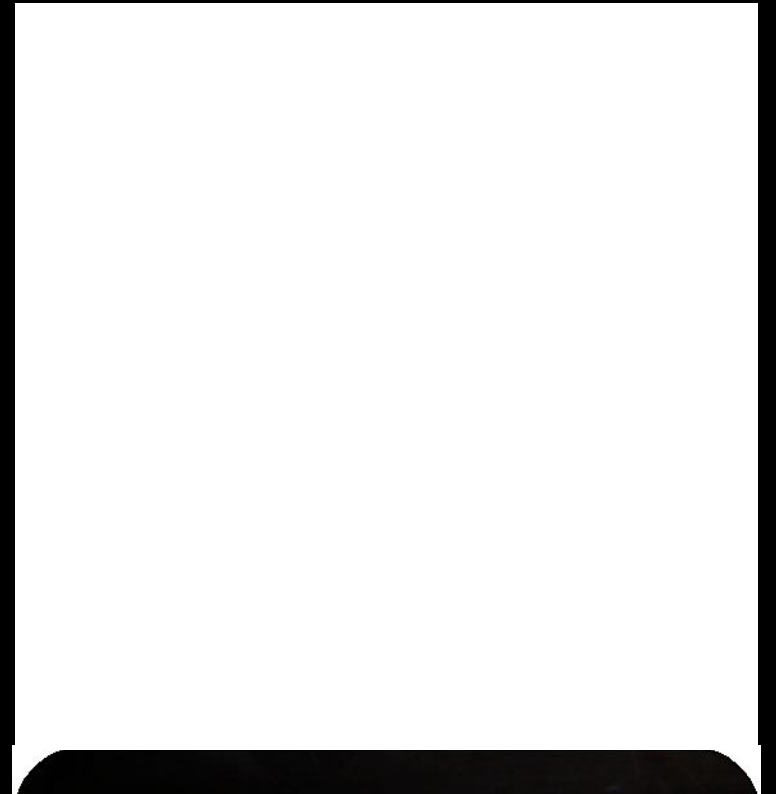
This number is significantly higher (2-7%) in the population of patients presenting for cosmetic surgery

- BDD often accompanied by obsessive-compulsive disorder, social phobia, eating disorders (anorexia), gender identity disorder and major depression



Body Dysmorphic Disorder

These patients should not be considered for surgery and should be referred for a psychiatric care

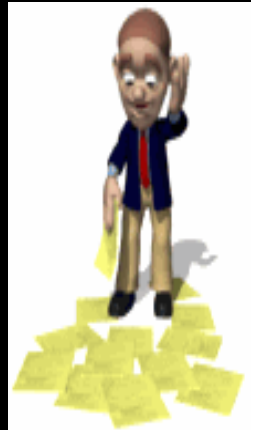


Patent Rejection

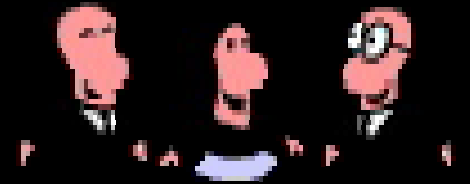


The Rejection List includes

- Patients who are single, immature, male, overly expectant and narcissistic
- Be warned against the patient, who is rude to you or your staff,
- Who lies to you or refuses to be photographed
- Patients whose demands are outside your aesthetic sense of what should be done.



Pateint Rejection



- Physicians do not reject patients outright.
referral or a repeat consultation session is scheduled
- The patient may find another surgeon whom they prefer, or they may become tired of the apparent indecision by the surgeon and seek treatment elsewhere
- Another common method is to schedule an initial consultation which is free of charge, but charge for additional consultations

How to deal with dissatisfied/ litigious patient

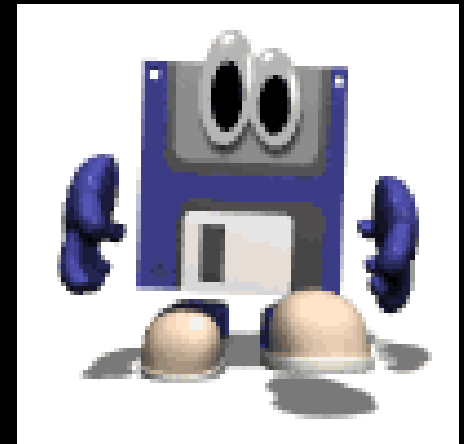


- When faced with an unhappy patient avoid defensive posturing

- Listen patiently lest the patient feels abandoned and unappreciated

- Listening is therapeutic and does not imply agreement

- If the patient is correct in their concern, the surgeon should be forthright if necessary offer revision surgery or follow up as needed

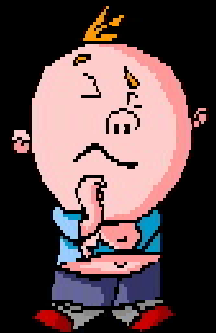


- Concerns and dissatisfaction often resolve with time.
- *An abandoned / unappreciated patient is more likely to be litigious*



Conclusion

- Preventing patient dissatisfaction depends upon proper patient selection



.....Conclusion



- The selection process begins with the initial interview
- Any patient that makes the surgeon uncomfortable should at the minimum have surgery delayed, and perhaps referred for psychiatric evaluation

““Word of caution””

Never say yes to do follow up or
implants, dressing or stitch
removal responsibility of cases
done else were,
“It is a catch”.



— if all goes well credit goes to the main treating surgeon BUT ,if any thing goes wrong,



.....blame comes on you, besides indirectly it reflects that the main treating surgeon is better than you.

“Yes exceptions should be entertained”



Thank You !!!

