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Introduction

The specialty of plastic surgery aims to restore form and function to damaged, diseased, or abnormal tissues. It has no boundaries—a plastic surgeon might operate on a crushed hand, a cancer on the face, and a birth defect of the bladder in the same day.

Plastic surgery techniques have been practised since antiquity. Our modern methods of reconstructing the nose are similar to those described in India, 3000 years ago. The establishment of plastic surgery as a formal discipline is, however, a recent development, stimulated by the injuries of modern warfare. The rifles used in the First World War fired low-velocity bullets that were sufficient to cause tissue damage, splinter bone, and tear away flesh, but unlike high-velocity bullets, would not cause the energy waves that result in instant death. As a result many young men survived the war with appalling facial injuries. Independently, surgeons in France (Morestin), England (Gillies), and Germany (Esser), began to develop techniques and procedures to reconstruct the face. These included methods of moving skin and tissue from one place to another and replacing and building up tissue where it had been lost or damaged. The repair and reconstruction of damaged tissue was also applied to limb injuries and burns.

During the Second World War, Harold Gillies and Archibald McIndoe established a specialized plastic surgery unit at East Grinstead Hospital, to treat injured servicemen and civilians. Their work on the faces and hands of burnt airmen marked a significant advance in medicine that was accompanied by other enormous advances, such as the ability to transplant the cornea and restore sight. The so-called ‘Guinea Pig Club’ still exists today, and a dwindling number of surviving Royal Air Force pilots attest to the remarkable skills of these early pioneers.

Gillies and MacIndoe also had thriving private practices in which they carried out cosmetic surgery. Gillies, who was a meticulous and slow surgeon,

was somewhat dismissive of MacIndoe's fast style and his interest in facial cosmetic surgery. Even in MacIndoe's biography it is not difficult to sense his reticence and guilt in pursuing his practice of cosmetic surgery. A quote from his wife records that she hoped that there would be 'no facelifters in this house'. This an important point because, until recently, there has been reticence from properly qualified plastic surgeons to acknowledge that they have a major interest in cosmetic surgery for fear that somehow this will be perceived as something trivial and not worthy of their skills. Despite this, it is a fact that almost all the major advances in cosmetic surgery have been discovered and developed by properly trained, established plastic surgeons.

There is often confusion as to the meaning of the terms cosmetic and plastic surgery. Plastic surgery involves the restoration of damaged or abnormal tissues to become as normal as possible. Cosmetic surgery describes the techniques used to improve or enhance tissues and structures that are normal—it is surgery to enhance or improve appearance. Plastic surgeons, even to this day, have often felt conflicted by their ability to reconstruct the abnormal and improve the normal. Cosmetic surgery has often been viewed as a disreputable use of surgical skills and, at worst, the province of 'quacks' and charlatans. In the USA, since the 1920s, there have been well-documented examples of unqualified surgeons offering and performing cosmetic surgery, frequently with disastrous results. Operations, including rhinoplasties (nose jobs) were not infrequently performed in hotel rooms! However, established, well-trained plastic surgeons appreciated that techniques to repair damaged structures in the face could be applied to a normal face to make it look better or younger. Early attempts at facelifting can be traced from the beginning of the twentieth century. These techniques were relatively simple and unsophisticated. Since then, enormous advances in knowledge, anatomy, technology, and techniques have revolutionized the treatment of facial surgery, both reconstructive and cosmetic. The same is true of breast surgery, liposuction, rhinoplasty, and almost all other forms of cosmetic surgery.

Cosmetic surgery was, until recently, a mysterious and secretive practice, reserved for a privileged minority of wealthy celebrities and film stars. A high-profile criminal might travel to Brazil for surgery to change his appearance and a film star might alter her nose but these options were rarely considered by the general population. How things have changed. Type cosmetic surgery into a major search engine and you will see that there are currently in the region of 11 million websites on the subject of cosmetic surgery. Cosmetic surgery articles feature on a weekly basis in newspapers, magazines and a variety of other forms of media. Advertisements for cosmetic surgery services can be found in almost every publication from cookery books to airline magazines. Television has had

an even more specific impact in bringing the realities of cosmetic surgery to the public. The boundaries of obtrusiveness regarding medical procedures have been tested in the arena of cosmetic surgery, where we are now treated to graphic real-time operative sequences accompanied by commentaries by minor celebrities.

The interest in plastic surgery is global. The demand for plastic surgery in Iran, China, South East Asia, South Asia, and South America is enormous. Indeed, many of these countries are looking to position themselves as providers of cut-price cosmetic surgery for Western consumers who are encouraged to combine their surgery with holidays.

The third commonest reason to take out a personal loan in the UK, behind buying a car and house improvements, are to fund a cosmetic surgery procedure. The cosmetic surgery explosion probably reflects the fact that society has become more ageist and appearance conscious. It is frequently stated by potential patients that they seek cosmetic surgery in order to be competitive in the workplace, as well as for reasons of attractiveness. Some seek cosmetic surgery after major life events, such as bereavement or divorce.

The massive demand clearly has commercial implications and it is in this respect that cosmetic surgery is very different from other forms of surgical specialties. It would be almost inconceivable for cardiac surgery or neurosurgery to be marketed by businessmen with glossy adverts in the back of magazines. The so-called 'cosmetic industry' has mushroomed with no government interference or legislation. This has resulted in the general public being targeted by highly visible advertising for cosmetic surgery services.

These are often presented in an enticing and seductive manner using traditional marketing techniques. Many adverts will contain glossy photographs of naked or semi-naked beautiful bodies with idealized breasts, hips, thighs, and buttocks. Many of these adverts promote inducements, including interest-free loans and special 'two for one' offers. The nature of many of these adverts has been a cause for concern, in that patients seeking cosmetic surgery find it very difficult to distinguish between principled experienced providers and others who may make excessive and unrealistic guarantees for treatment by surgeons with limited experience and training.

Properly trained surgeons will have completed a training programme over many years to gain familiarity with the relevant surgical field. To improve on the normal, it is essential to be familiar with the treatment of the abnormal. The reason plastic surgeons are able to improve the size and shape of the breast is that they have a detailed knowledge base from treating the problems

arising from surgery for breast cancer. These include reconstructing mastectomy defects after cancer surgery and restoring symmetry and volume for developmental breast anomalies.

Basic plastic surgery training places great emphasis on careful handling of body tissues to facilitate healing and minimize scar formation. This is of great importance in cosmetic surgery. As with all surgical disciplines, surgeons usually develop expertise in specific areas. Thus, a surgeon who specializes in breast surgery may not be an expert in facial surgery and vice versa. In certain areas, such as the eyelids or the nose, cosmetic surgeons may be from an ophthalmic or ENT (ear, nose, and throat) specialty.

Contemporary cosmetic surgery is now a highly sophisticated field and practitioners have a responsibility to be highly skilled in their particular domain. As with all surgical disciplines, cosmetic surgeons are encouraged to audit (analyse) their results and complications. Submitting these data is a mandatory requirement for all members of the British Association of Aesthetic Plastic Surgeons. They must demonstrate their participation in ongoing education and awareness of evolving surgical advances and techniques.

Potential consumers now have unparalleled access to high-quality information and an increasing sophistication of their treatment options and the skills of potential practitioners. However, choosing a doctor can still be a bewildering process, confronted with aggressive marketing by a variety of providers. The confusion as to who is a plastic surgeon and who is a cosmetic surgeon—some surgeons are both, and some neither—has implications for potential patients. If there is self-inflicted confusion among the medical profession as to what we should be called, it is hardly surprising that potential patients find claims and counter claims regarding expertise, accreditation, and qualification bewildering. At worst, it can appear that this is simply infighting between doctors scrabbling for the monetary rewards of cosmetic surgery.

There is no doubt that there is a huge discrepancy in the quality of service that is available for consumers of plastic surgery. Ideally, any potential patient should have access to a fully trained surgeon in an appropriate surgical specialty. This is usually plastic surgery, but could be ENT (for the nose) or ophthalmic surgery (for the eyes). Regrettably, this is not always the case. Indeed, some of the glossiest adverts for the most well-known surgical providers of cosmetic surgery may involve techniques such as counselling by a non-medical person who may be on commission to sell you surgery, enticing finance deals with 0% interest, no cooling off period, and not meeting your surgeon until the day of surgery. Your surgeon may be anybody recruited by the clinic. He or she

may only be in the country for a short period of time and therefore not available for follow-up care or for correction of any complications.

Anyone considering cosmetic surgery would reasonably want to know:

- ◆ their surgeon is properly trained and experienced
- ◆ the hospital or clinic is properly staffed and equipped
- ◆ the range of results or success of a procedure
- ◆ the possible problems or complications
- ◆ the recovery time
- ◆ what aftercare is provided
- ◆ what complaint procedures are available.

Cosmetic surgery has now become an integral part of modern culture. Although there are an increasing number of surgical procedures in more and more surprising areas of the body, 10–12 operations account for 95% of all surgery. I have excluded genital surgery and fringe procedures of dubious value, and have restricted discussion of the enormous range of non-surgical cosmetic ‘treatments’ to Botox and fillers.

The following chapters aim to provide practical information and advice, designed for potential patients as well as a range of health professionals, including nurses, doctors, psychologists, and medical students.