Handling Basics Helps Prevent Unhappy Patients

BY JEFF EVANS
Senior Writer

VAIL, COLO. — Efforts by cosmetic surgeons to filter out potentially troublesome patients and rein in their own desire to "fit the operation to the patient" during preoperative consultations can help to avoid unexpected postoperative quagmires, Dr. Jonathan M. Sykes said at a symposium sponsored by the American Academy of Facial Plastic and Reconstructive Surgery.

Media exploitation of cosmetic surgery on television shows such as "Extreme Makeover" tends to trivialize the healing process, bypass typical recovery issues, and create a tacit acceptance of the "megaprocedure" without showing the patients as being involved in the decision-making process, said Dr. Sykes, professor of otolaryngology and director of facial plastic surgery at the University of California, Davis.

"We even say at these meetings, 'The patient needed a chin implant.' I've never seen a person who'd die [without] a chin implant or a facelift," Dr. Sykes said. "But we get into that mentality of thinking they need something and in fact they don't. When we think that way, our staff thinks that way, and our patients can think that we think that way."

When it is difficult to judge a patient's nature and how he or she will react to the results of surgery during the preoperative consult, it may be best to only perform a single, reversible procedure or decline to operate on the patient, he advised.

"Our consultations are different from almost every other consultation in medicine. Most people who go into a surgeon's office want the surgeon to say, 'You don't need surgery.' Our patients want us to say, 'You need this.' They are all a little insecure or are insecure people to start with, in general," he said.

The Correct Patient

The criteria for a successful outcome include a carefully selected, highly motivated patient. Good candidates for cosmetic surgery are people with a positive self-image who are easy to communicate with, are friendly to staff, and have reasonable expectations. Unsuitable candidates may be overdemanding, uncooperative, narcissistic, or litigious.

Others may have a poor self-image, body dysmorphic disorder, or prior psychiatric disorders, or they may express criticism of other physicians.

Candidates who have body dysmorphic disorder often ask at the end of their procedure, "When can I have my next operation?" Dr. Sykes said. These patients may be embarrassed by their desires and hide their true wants.

Surgeons will rarely be disappointed that they did not operate on someone, Dr. Sykes said. At the end of the year, surgeons might have a few people that they wish they had not operated on, but they won't know if any great patients were missed.

The biggest factor that affects postoperative appearance is not the surgeon's work but the patient's preoperative appearance. Other influencing factors are the choice of procedure, the execution of the surgery, and patient healing. "The happy patients really aren't necessarily the people with the best results," he said. Some people have good results but aren't necessarily happy. The patients' own perceptions will determine how they view their postoperative appearance.

The Correct Procedure

It is important to discuss and document which things are most important to patients because they may come back to complain about one small thing out of many things that were done during a surgical session, claiming that the small thing was actually what they most wanted. Dr. Sykes sometimes leaves the room for a few minutes and lets patients think about a list of the things that they would like to change, but not how they would like to change them. They give him the list in order of importance, and he includes it in their records.

By helping to choose the procedure(s), patients will be more vested in their decision because they think it is theirs and will be less likely to become angry if complications arise or they are unhappy with the result.

While going through this process, use a procedure-oriented approach with patients instead of a problem-oriented approach to diagnose what they need. "Fit the patient to the operation and not the operation to the patient," he advised.

A machine that is bought initially for a particular procedure may end up being used on patients who don't necessarily need the procedure, even though another procedure may be more appropriate. This is similar to the tendency to suggest only certain procedures to patients because of the surgeon's familiarity or comfort level with them, Dr. Sykes said at the symposium, which also was sponsored by the American Society for Dermatologic Surgery and the American Society of Ophthalmic Plastic and Reconstructive Surgery.

Key Consultation Concepts

Dr. Sykes said that he has learned four key elements of a successful patient consultation:

► **Engage.** In an initial visit, patients want to talk about whatever cosmetic problem they came in for. But instead of letting them talk about that, Dr. Sykes asks a few personal questions about work and what they like to do. Then he asks questions about why they are there and what their expectations and goals are. Whenever they come in for another visit, he may ask follow-up questions.

► **Empathize.** Even if the patient is unhappy and critical in a follow-up visit, it is necessary to acknowledge the patient's concern and repeat it back to him or her because this makes the patient feel heard.

► **Educate.** If a surgeon shares the knowledge of why a certain diagnosis is made and why a certain treatment or procedure is recommended, this helps the patient to collaborate on the decision-making process.

► **Enlist.** The patient will feel much better if he or she can weigh all of the available options. Once the visit is nearing its end, the surgeon can summarize all things that are planned. ■

Conclusions Lacking on Botox-Depression Association

BY GREG MUIRHEAD
Contributing Writer

MAUI, HAWAII — A number of studies have examined the association of botulinum toxin type A treatment with reduced symptoms of depression, but the connection is still unexplained, Dr. Frederick C. Beddingfield III said at the annual Hawaii Dermatology Seminar sponsored by Skin Disease Education Foundation.

Depressive symptoms commonly occur in patients who have a negative perception about their appearance, and effective treatment often is accompanied by improved psychosocial function, but the limitations and mixed results of the studies that have been conducted leave open the question of how botulinum toxin type A (Botox) is associated with improved psychosocial function, said Dr. Beddingfield of the University of California, Los Angeles. He also is vice president and therapeutic area head of dermatology clinical research at Allergan, which manufactures Botox.

A study of botulinum toxin type A for the treatment of glabellar frown lines in 10 patients with major depressive disorder (MDD) found that 9 patients no longer had MDD after 2 months of treatment (Dermatol. Surg. 2006;32:645-50). But since the study had a small number of patients and was not randomized, blinded, or placebo controlled, the results are interesting but inconclusive, he said.

He also discussed a 4-week study of botulinum toxin type A for focal hyperhidrosis in 70 outpatients (43 female, 27 male). Reductions in depression, anxiety, and social phobia were statistically significant but clinically insignificant because patients were within normal limits at baseline. There was a statistically and clinically significant improvement in "social insecurity" scores (Br. J. Dermatol. 2005;152:342-5).

A study of 289 patients (101 men, 188 women) treated with botulinum toxin type A for cervical dystonia found that treatment was associated with less depression and anxiety, along with an improved quality of life (J. Neurol. Neurosurg. Psychiatry 2002;72:608-14).

A 4-week study of 89 patients with blepharospasm and 131 patients with cervical dystonia (CD) treated with botulinum toxin type A found improvements in clinical symptoms for both blepharospasm and CD patients, accompanied by reduced depression in CD patients (correlated with reduced neck pain) but not in blepharospasm patients, Dr. Beddingfield said.

The limitations and mixed results of the studies conducted so far leave open the question of how Botox is linked to improved psychosocial function.

Quality of life improved minimally for CD patients and not at all for blepharospasm patients (J. Neurol. 2002;249:842-6).

In a study of 51 outpatients (32 female, 19 male) treated for blepharospasm with botulinum toxin type A for 1-7 years, investigators found that all but 1 patient had a positive outcome from treatment (Acta Neurol. Scand. 2001;103:49-52). Twenty-nine patients felt depressed, 19 expressed fear of recurrence of blepharospasm symptoms, 27 expressed fear of increasing doses of botulinum toxin type A, 37 found widespread work improvements from therapy, and 34 said they felt more independent of other people, he said.

Of 32 patients treated for spasmodic dysphonia (SD) in another study, with follow-up for 22 patients after week 1 and 13 after 2 months, those who were depressed before treatment had significant improvements in depression and anxiety measures by 1 week following treatment. But depression and anxiety measures did not improve significantly between week 1 and month 2 after treatment (Arch. Otolaryngol. 1994;120:310-6).

There were statistically significant improvements in measures of depression, anxiety, quality of life, and somatization after 1 month in a different study of 10 patients treated with botulinum toxin type A for SD (Gen. Hosp. Psychiatry 1998;20:255-9).

A study of 26 patients (5 male, 21 female) treated for torticollis found improvements in torticollis symptoms accompanied by a statistically significant improvement in mood and reduced depression (J. Neurol. Neurosurg. Psychiatry 1992;55:229-31).

Investigators who treated 16 patients with botulinum toxin type A for idiopathic torticollis found no significant improvement in patients' or physicians' assessments of head position through five follow-up visits (Mov. Disord. 1995;10:398). There were, however, significant improvements in patients' symptoms of depression, perceived disfigurement, interference with daily activities, experience of pain, and overall impression of their torticollis, he said.

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