

# Examine Patient Motivation for Cosmetic Surgery

BY BETSY BATES  
Los Angeles Bureau

LAS VEGAS — Six simple words stop Rona Z. Silkiss, M.D., in her tracks after she greets a cosmetic surgery patient by asking, "What can I do for you?"

Those words are the response: "I don't know, you're the doctor."

Within this seemingly innocuous exchange lies a warning that the balance of power between doctor and patient is al-

ready skewed, setting the scene for an unhappy outcome. In cosmetic procedures, the doctor-patient relationship must be bilateral, with each person coming to the table with a defined role and measurable expectations, Dr. Silkiss said at a facial cosmetic surgery symposium.

Don't bite when a patient says, "Take a look at me and tell me what you can do," Dr. Silkiss advised. The patient is not taking responsibility for the initial objectives of his or her cosmetic surgery, she ex-

plained. "The environment is wide open and ill defined. As a result, it is impossible for the surgeon to meet the patient's expectations" because they have not been clearly established, she said.

Maintaining a balance of power was just one of a series of tips offered by Dr. Silkiss, chief of the division of ophthalmic plastic, reconstructive, and orbital surgery at California Pacific Medical Center in Oakland.

Another patient to watch out for is one who presents at a young age with a very

minor problem, saying she has read articles advocating early cosmetic surgery.

"This is what I call surgery in search of a problem," Dr. Silkiss said at the meeting, which was sponsored by the Multi-Specialty Foundation for Facial Aesthetic Surgical Excellence. Such a patient may be giving in to media pressure fueled by fashion magazines and reality TV shows such as "Nip and Tuck" and "Extreme Makeover."

Reassuring such a patient that she does not need surgery exemplifies surgical integrity that will be rewarded later, Dr. Silkiss said. She reminded her audience of the "Gucci Phenomenon": What is rare or withheld is valued more highly.

Patients who arrive in the traumatic aftermath of a divorce or job loss might be well advised to come back in a few months, when life has stabilized for them.

"The patient is at a stressful juncture in his or her life. What you do not want to do is give the patient the opportunity to transfer his or her unhappiness to the recent surgery and surgeon," she said.

Dr. Silkiss described a scenario in which a 50-year-old man, recently divorced, came to her because his new girlfriend told him he needed blepharoplasty. "Actually, he didn't notice he had a problem."

This patient, she said, had insufficient motivation to undergo an elective surgical procedure. "The patient is not personally committed to the surgery. This is his body and he has to want the surgery himself."

Such patients often come to a consultation hoping that the surgeon will agree that surgical correction for such an issue is purely optional. "They are trying to reestablish their self-esteem. Reassurance alone may be the best medicine," she said. ■

## Difficult Patients Are Easy to Spot

Dr. Silkiss provides the following warning signs for surgeons:

- ▶ The patient's chief complaint is one concerning prior surgeons.
- ▶ The patient has already received multiple procedures and is still not satisfied.
- ▶ The patient has unrealistic expectations concerning the surgical outcome.
- ▶ The patient displays an inappropriate level of familiarity or flattery.
- ▶ The patient is inappropriately aggressive and/or hostile during the consultation. Remember, the consultation is the honeymoon!
- ▶ The consultation takes an unusually lengthy period of time, making the surgeon uncomfortable with the degree of self-absorption and detail demanded.
- ▶ There is excessive "negotiating" about price, location, and insurance prior to surgery.
- ▶ The patient repeatedly postpones the surgical date.
- ▶ The patient insists that his or her friend's cosmetic surgery was covered by insurance.

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