

IF LOOKS COULD KILL

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Now that I have your attention, I'll explain the title of this article further. By no means am I implying that plastic surgery procedures carry a significant risk of mortality. However, this segment provides the opportunity to discuss current trends in aesthetic surgery and some of the dangers faced by our patients.

Since the late 1960s, the public's awareness of surgical options, capable of enhancing or changing one's appearance, has steadily increased. Once reserved only for the rich and famous, aesthetic plastic surgery has become more mainstream and is more popular and available today for individuals with average household incomes. Within our specialty, we have seen significant developments and advances in the techniques and products used to eliminate wrinkles, counteract the effects of gravity, restore a woman's shape to her nulliparous figure, and enhance body parts to a form not originally intended by our creator. As with any surgical procedure, plastic surgeons take pride in helping patients evaluate the potential risks and benefits of a prospective treatment option to verify their suitability for the chosen intervention. Often times we are responsible for dispelling myths that are propagated by the media, or for helping patients sort through "the latest and greatest" plastic surgery trends that may have been discussed during a recent trip to the hairdresser.



Thanks to rapper Sir Mix-A-Lot and dancer-turned-actress Jennifer Lopez, a trend towards a shapelier gluteal region began in the early 90s. This obsession has continued to gain momentum with the never-ending media coverage of Kim Kardashian in the last few years. What this individual lacks in talent, she more than makes up for in curves. Most of us would agree that far too much attention is paid to these individuals who offer few, if any, meaningful contributions to society. Nevertheless, this attention is the driving force behind droves of women, young and old, who seek options to enhance their gluteal region. Initial reports of gluteal augmentation with prosthetics can be found within our field's literature from as early as 1973, and we have seen an evolution since that time towards autologous methods of gluteal augmentation with fat grafting. Fat grafting involves the harvest of one's fat from another area of the body (usually the abdomen, hips, and thighs) using liposuction and depositing that fat into the recipient area. Although fat grafting is now commonly used as an adjunct to breast reconstruction and facial rejuvenation, we have seen a growing demand for gluteal fat grafting for buttocks augmentation. Using autologous fat has the advantage of vascularized tissue and avoids the risks associated with prosthetic devices. The downside, however, is the out-of-pocket cost associated with this lengthy and labor intensive surgical procedure. The relatively high cost of this surgery has caused some patients to seek a low-cost option for gluteal augmentation, which can have dangerous and even deadly outcomes.

Many of us turn to Lowe's or Home Depot for low-cost options in home improvement, but little do patients know that some individuals in our community are visiting these same retailers to purchase construction materials for use in "back alley" gluteal augmentations. Charges have been filed against unlicensed individuals in several states who performed gluteal augmentations on patients with a variety of materials - some of which include super glue, construction-grade silicone, and even concrete. The resultant injuries from these procedures include infections, lower extremity amputations, and even deaths. Although some of these individuals claim to inject medical grade injectable fillers, no commercially available filler has been approved by the FDA for this specific use, and no available filler has even been evaluated in the plastic surgery literature for off-label use in this manner. So what can we do? Obviously our hands are tied and it is difficult to intervene before potential patients locate these unlicensed individuals willing to inject "substance X" into their backside for a few hundred dollars. Most plastic surgeons in the area receive countless phone calls about this type of procedure, and we have an obligation to educate potential patients about the dangers they may face if they seek out one of these unlicensed individuals to perform their procedure. Hopefully this approach will help the patient realize that their life is much more valuable than the possibility of achieving a 36-24-36 figure. Common sense should keep someone from visiting a random hotel room or someone's living room to receive an invasive procedure and save money by not consulting with a licensed physician. Some would say: "If patients are that careless about choosing an individual to perform a surgical procedure, they get what they deserve," and others might agree. However, what should be done when these patients are actually educated members of society who are misled by a physician with whom they have had a relationship for many years?

Patients have an inherent trust in their physician - as they should, especially when the practitioner has successfully helped them navigate complicated health problems in the past. Although the above scenario of the "back alley" practitioner is obviously wrong, a physician who takes advantage of the medical relationship they have built with a patient in order to offer aesthetic procedures outside of that practitioner's scope of practice is even more sinister. A weekend course does not a plastic surgeon make. Unfortunately, unwitting patients do not realize that the extent of their practitioner's training is limited to this. Should a dentist or dermatologist perform liposuction? Should an OB/GYN perform breast augmentation? The answer for most rational medical professionals is: "No." However, this answer isn't so clear when the question is posed by the patient of a dermatologist or OB/GYN, who believes that "Dr. So-and-so has helped me in the past and wouldn't do anything to me that he hasn't been trained to do." Society, in general, has a baseline trust of medical professionals. Even patients who don't have a history with the practitioner often believe that if a physician advertises a procedure, he has the proper training to perform it. It is obviously wrong to take advantage of these sentiments just to increase practice revenue. The American College of Graduate Medical Education and the American Board of Medical Specialties have clearly identified the requisite training and board certification to perform aesthetic procedures. If "Dr. So-and-so" is so passionate about performing liposuction and breast augmentation, we should encourage him to apply for an accredited residency program so that the procedures can be performed safely.

Nearly all of us understand this and I, for the most part, am preaching to the choir. However, there are those among us to whom this sermon is directed. As a board-certified plastic surgeon, some of this speech from my soapbox will fall on deaf ears because certain individuals will believe this is a self-serving publication to protect my turf and the aesthetic part of my medical practice. Others will realize that this segment highlights the importance of our society's support of legislation to define scope of practice within our state, and eventually the nation. Most physicians agree that mid-level practitioners, optometrists, and psychologists (to name a few) cannot provide equivalent care for our patients, unsupervised. We have all completed years of education and rigorous training programs to ensure that our patients receive the most comprehensive care possible within our respective fields. We have a duty to protect our friends and family from certain practitioners, and to protect those practitioners from themselves. So I urge all of you to contact your representatives and make every effort possible to get involved with campaigns to improve legal definitions for scope of practice in our communities. Because looks, indeed, can kill, but legislation can save. 🙏

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