

Frequency of types of patients in a Plastic and Cosmetic surgery private practice

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Abstract

Introduction: The objective of this study was to find out

- the pattern of patient referral and
- frequency of types of patients in plastic surgery in a tertiary health care private hospital at Faisalabad.

Methods: This study includes all the patients seen between July 2014 and Dec 2017 in a private hospital in Faisalabad. The patient referral and the frequency of types of patients both were recorded by the researcher himself at Faisal Hospital, Peoples Colony, Faisalabad, Pakistan.

Results: The majority of the patients were referred by the relatives or friends through word of mouth. Patients frequency was as follows: Laser / IPL, Peeling, PRP, Scar, Face Fillers / wrinkles, Botox, Dermabrasion, and few more.

Conclusion: Our findings show that referral system in Faisalabad is different from those of the developed countries where the researcher spent quite a number of

years as Registrar and consultant Plastic Surgeon in the UK and Ireland for almost more than 10 years. The frequency of type of patients is also different when compared to Europe. During his private practice in Europe most of the patients were females and they wanted the removal of extra fat at the abdomen, thigh or buttock for which liposuction procedure is used. While some also opt for breast augmentation and dermabrasion. In our study we found that majority of the patient came for non-surgical Cosmetic Surgical Procedures such as LASER, Peeling, PRP for hair regrowth, Scar, Face Fillers, Botox, dermabrasion etc. Additionally there were other plastic surgery cases having less frequency.

Keywords: Clients, referral, cosmetic and plastic surgery, liposuction, hair transplant and hair growth.

Introduction

Faisalabad is the third largest industrial city of Pakistan. The demography includes a good proportion

of affluent class. Ladies of this affluent class constitute majority of the patients for cosmetic and plastic urgey in our hospital who belong to the major patient segment of our hospital. The current prevailing designed system in force includes three types of primary health care facilities in the Punjab as defined by "Punjab Health Facilities mangement company" (PHFMC). Type 1 is the basic health unit which is the level one health care which are considered necessary to maintain the adequate health system. Type 2 are mobile health units PHFMC, the aim of this facility is to utilize well-planned and extended network of Mobile Health Units (MHUs). Type 3 is the rural health centre (RHC), typically the RHC is a facility with 20 beds and in most of the circumstances the RHC serves a population of almost 100,000 (1). However, in current prevailing system patients are not bound to take referral for a consultation in a tertiary care unit either by general practitioner or primary health care facility. The minimum services delivery standards (MSDS) defined as, a facility which provides services of minimum level of essential medical services. These services are considered right of the patients which desire that a Healthcare Establishment (HCE) should try to achieve at its maximum level (2). In the hospital of our reference almost all the disciplines of medicine; health facilities are provided from the basic level to advanced tertiary care level. Category III HCEs includes basic health units, General practitioner (GP), family physicians, dentists, homeopath doctor, laboratories, imaging/radiological diagnostics etc. This background knowledge help us to review the available evidence on the initiatives affecting primary care referral to the specialist secondary and then tertiary care setting and comparison made for the referral of the patient at an early stage of V P K Nell compared with early onset of

disease (3,13,14). As a matter of fact, none of the client reffered by GP, probably due to the fact speciality of general practitioner is not a separate recognised speciality in Pakistan.

Methodology

This is a cross sectional observational study of three and half years from July 2014 to Dec 2017 conducted at Faisal Hospital, Faisalabad. The researcher had consultation of 455 patients during the specified period.

Results

Majority of the clients were referred by relatives and friend mainly by word of mouth. The minimum age client was 3 weeks and maximum age client 66 years, with the mean age 40.46 years +SD 16.16 (P < 0.02) using SPSS 16 (table 1).

Table 1: Age Group

Age	Frequency (N)	Percentage (%)
0 - 10 years	27	(5.9%)
11 - 20 Years	21	(4.6%)
21 - 30 Years	72	(15.8%)
31 - 40 Years	102	(22.4%)
41 - 50 Years	89	(19.6%)
51 - 60 Years	99	(21.8%)
61 - 70 Years	45	(9.9%)

The data was analized through appropriate statistical software. Citywise breakup of patients are as follows:

Table 2: Residential City Of Patients

City	Frequency (N)	Percentage
Faisalabad	293	64.4%
Lahore	23	5.1%
Islamabad / Rawalpindi	18	4.0%
Jhang	15	3.3%
Samundri	20	4.4%
Rabwa	29	6.4%
Jhumra	11	2.4%
Chiniot	23	5.1%
Other	24	5.3%

Referral sources were as follows:

Table 3: Referral Source

Referral Source	Frequency (N)	Percentage (%)
Word of Mouth	234	51.4%
Internet	102	22.4%
Interdepartmental	16	3.50%
Hospital Boards	43	9.5%
Reception	30	6.6%
Friends / Family	30	6.6%

Discussion

Pattern of patient referral: A good healthcare system ensures patients care on the bias of their expectations in a cost effective way.

Plastic and Cosmetic Surgery as a specialty is considered a tertiary care subspecialty of Surgery. This specialty is growing rapidly mainly because of the rising awareness of self-care and beauty enhancement. The services of well trained and qualified Plastic Surgeons initiatives in this area of surgical specialty/faculty need appreciation and supportim comparison to other specialties (3). The timing of referral to tertiary care is an important tool to improve the morbidity and quality of life of the patients (3,15). Pakistan is 7th most populous country in the world. Faisalabad is the third most populous city in Pakistan inhabiting 2.50 million people according to World Population Review 2019 (4). There are only three Consultant Plastic Surgeons in Faisalabad while there are total of 58 Consultant Plastic Surgeons in Pakistan (5,21).

The plastic surgery is included in the undergraduate surgical curriculum in the United Kingdom mainly by lectures, also by teaching rounds, tutorials and in-theatre teaching (6). Most of the undergraduate in Pakistan are less aware of the importance and rise of this specialty. As a result this specialty is not a preferable favorite option for the doctors while choosing their future medical career. (6,16).

In England, plastic surgery services are provided in the NHS in the same way as all other surgical and non-surgical clinical Specialities and are offered by the National Health System (NHS) of United Kingdom mainly in the tertiary care hospitals and trust links within thirty kilometer diameter of the tertiary care centers. In practice, NHS plastic surgeons receive

referrals mainly from consultant colleagues and GPs in areas where plastic surgery services have been commissioned (7), however, in Pakistan referral from GPs is almost nonexistent and same is observed in the clinical practice of this researcher (Table 3).

In private healthcare, the referral source are variable among plastic surgeon due to diversity of cultural difference. Although some NHS Trust hospital based private practice has private wings, the consultants get engaged in private hospital or clinic for private referrals. As for any other surgical specialty, the referral system in the UK prevails the same distribution system where British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) plays its pivotal role making patients to seek a referral from their GP for private plastic surgery consultation. However, this is not always essential. There are no restrictions on who can have a consultation on an individual basis. Furtherance, the medical insurance do not cover cosmetic surgery procedures and may not cover certain reconstructive plastic surgery procedures at all. In cosmetic surgery, when the patient is paying themselves there are no restrictions whatsoever on who can have a consultation (7, 18).Aesthetic surgery is the alteration of certain body parts to make an improvement in the appearance rather than to treat disease. These aesthetic procedures are not usually available in the government sector and the National Health Service (NHS), United Kingdom (8)or in any other parts of the world.

There are 482 Consultant Plastic Surgeons in the UK (9) with in the estimated population according of 67million (10), while there are 38 Consultant Plastic Surgeons (11) with in a population offive million in Ireland (12) based on the latest United Nations estimates.

Due to the diverse nature of plastic surgery specialty, plastic surgeons work as a team having close liaison with a wide range of other specialties. Much reconstructive work is required following major operations and it is the refinement of plastic surgical techniques that have made some other areas of surgery possible Surgical Oncologists, Orthopaedic, ENT and maxillofacial surgeons all rely on the reconstructive techniques conducted by plastic surgeons (8,19, 20).

Type of patient frequency

Types of the cosmetic and plastic surgery usually includes the following: rhinoplasty, lip augmentation, abdominoplasty, liposuction, rhinoplasty, rhytidectomy, mastopexy, augmentation mammoplasty, hair transplant, dermabrasion, blepharoplasty. According to Zhukhovitskaya et al (22) the nasal base shape has statistically significant differences in its shape. Chen et al (23) studied self-esteem and cosmetic surgery acceptance. They found that the use of social media and photo editing applications have increased the cosmetic surgery acceptance. Parsa et al (24) evaluated the perception of men before and after facial cosmetic surgery and found that there is a change in perceived attractiveness, masculinity and a number of other personality traits. This finding compliments the findings of other studies conducted on females. Maisel et al (25) studied self-motivation for seeking cosmetic procedure and found that psychological, emotional and practical motivation were behind their decision to go for cosmetic surgery. The patients believed that the surgical intervention would enhance their physical appearance. Richardson et al (26) did a long term analysis of lip augmentation with superficial musculoaponeurotic system tissue transfer following bipolar extended rhytidectomy. They found that lip augmentation may be good long lasting results with

minimum complication risks. However, they also found that the degree of augmentation may remain significant for up to five years but may fade slightly over time beyond five years. Dey et al (27) measured prevalence of body dysmorphic disorders. They found that body dysmorphic disorders is an under detected disorder in cosmetic surgery. They also found that relevant screening procedures results useful in identifying these patients. While discussing the gap in patient protection Morgan and Harris (28) found that sometime physician not certified by the Board in plastic surgery do the procedure without taking recommended protection and safety measurement. This may result in some infection leading morbidity and mortality of patients.

Table 4: Type of Patient Frequency

S. No	Description	Frequency	Percentage
1	Laser / IPL	157	35%
2	Peeling	92	20%
3	PRP	57	13%
4	Scar	26	6%
5	Face Fillers / Wrinkles Etc.	25	5%
6	Botox	23	5%
7	Dermabrasion	19	4%
8	Rhinoplasty	18	4%
9	Liposuction	17	4%
10	All Others	21	5%
	Total	455	100%

As also mentioned earlier there are a good number of affluent women in Faisalabad. Punjab is well known for beauty care of women. Faisalabad is no exception. The majority of the patients come from this affluent class for their cosmetic and plastic surgery procedures. Some of them do come from other cities but their number is proportionately less. Although liposuction cases have

been reported on 4% but many more came to us for taking our opinion and result following the consultation. These patients did not opt for procedure immediately but we have got an impression that they are open to this option and will come at their convenient time for elective surgery.

Conclusion

This study though in a small scale but corroborate evidence that organizational innovations in the structure of service provision need not increase total costs to the government or private sector. Established practice on the basis of acceptable level to the patient and doctor is necessary whether self-referral is the most prevailing current system. This review provides almost complete and unconditional support for current tertiary care-oriented private sector policy development in the Pakistan (18,20).

Through our study we conclude that consultation for plastic and cosmetic surgery in Faisalabad is increasing. This may be due to increase in the awareness of physical features including attractive look particularly for female patients. Patient's frequency was as follows: Laser / IPL, Peeling, PRP, Scar, Face Fillers / wrinkles, Botox, Dermabrasion, Rhinoplasty, Liposuction and few more.

Recommendation: The study has been conducted in Faisalabad. This gives an opportunity to other researchers practicing in other cities of Pakistan to do the same type of study comparing results from different cities.

References

1. Website: <http://phfmc.punjab.gov.pk/> ; Accessed on 18 june 2019.2.
2. Website: https://www.phc.org.pk/catI_HCE.aspx ; Accessed on 18june2019.
3. Faulkner A, Mills N, Bainton D et al; A systematic review of the effect of primary care-based service innovations on quality and patterns of referral to specialist secondary care. *Br J Gen Pract*2003; 53 (496): 878-884.
4. Website:<http://worldpopulationreview.com/countries/pakistan-population/cities/> ; Accessed on 13 June 2019.
5. Website: <http://plasticsurgery.org.pk/?s=&cat=3> ; Accessed on 13 June 2019.
6. Rowsell A R, The place of plastic surgery in the undergraduate surgical curriculum, *Br J Plast Surg.* 1986, 39(2), 241-243.
7. Website: <http://www.bapras.org.uk/public/about-plastic-surgery/plastic-surgery-in-the-uk/commissioning>; Accessed 13 June 2019.
8. <https://www.rcseng.ac.uk/news-and-events/media-centre/media-background-briefings-and-statistics/plastic-and-reconstructive/> ; Accessed 13 June 2019
9. <https://www.statista.com/statistics/594628/plastic-surgeons-in-the-united-kingdom-uk-by-staff-grade/> Accessed 13 June 2019.
10. <http://www.worldometers.info/worldpopulation/uk-population/> ; Accessed on 13 June 2019.
11. <https://www.plasticsurgery.ie/find-a-surgeon/> ; Accessed on 18 june 2019.
12. <http://www.worldometers.info/world-population/ireland-population/>;Accessed on 18june2019.
13. Rodriguez A, Calonge M, Pedroza-Seres M et al; Referral Patterns of Uveitis in a Tertiary Eye Care Center, *Arch Ophthalmol.* 1996;114(5):593-599.
14. Nell VPK, Machold KP, Eberl G , Stamm T A , Uffmann M; Benefit of very early referral and very early therapy with disease-modifying anti-

- rheumatic drugs in patients with early rheumatoid arthritis, *Rheumatology*, Vol 43 (7), 2004, 906–914.
15. Arora P, Obrador T G, Ruthazer R et al; Prevalence, Predictors, and Consequences of Late Nephrology Referral at a Tertiary Care Center; *JASN* June 1999, 10 (6), 1281-1286.
16. Abdulghani H M, Al-Shaikh G, Alhujayri A K et al; What determines the selection of undergraduate medical students to the specialty of their future careers? *Med Teach*. 2013;35 Suppl 1:S25-30. doi: 10.3109/0142159X.2013.765548.
17. Gabel J R, Fahlman C, Kang R et al; Where Do I Send Thee? Does Physician-Ownership Affect Referral Patterns To Ambulatory Surgery Centers? *Health Affairs* Vol 27, No 3.
18. Ashton T, Bolgiani I, Cheng T-M et al; Six countries, six reform models: The health care reform, edited by Okma KGH, Crivelli L, World scientific publishing co. pte Ltd 2010.
19. losken A, Thourani V H, Carlson G W et al; A reconstructive algorithm for plastic surgery following extensive chest wall resection, *British Journal of Plastic Surgery*, Volume 57, Issue 4, June 2004, 295-302.
20. Timothy A M. Min Z, Marc H H, Adipose-Derived Stem and Progenitor Cells as Fillers in Plastic and Reconstructive Surgery, *Plastic and Reconstructive Surgery*: Sep 2006, Volume 118, Issue 3, 121 -128.
21. <http://plasticsurgery.org.pk/find-a-plastic-surgeon/> ; Accessed on 13 June 2019.
22. Zhukhovitskaya Alisa, Cragun Dalan, Su Erica, et al, Categorization and Analysis of Nasal Base Shapes Using a Parametric Model, *JAMA*, July 25, 2019.
23. Chen et al, Association Between the Use of Social Media and Photograph Editing Applications, Self-esteem, and Cosmetic Surgery Acceptance, *JAMA Facial Plast Surg*. Published online June 27, 2019. doi:10.1001/jamafacial.2019.0328. <https://jamanetwork.com/journals/jamafacialplasticsurgery/article-abstract/2736534> Accessed on 11 August 2019.
24. Parsa et al, Evaluation of Personality Perception in Men Before and After Facial Cosmetic Surgery, *JAMA Facial Plast Surg*. Published online July 11, 2019. doi:10.1001/jamafacial.2019.0463 Accessed on 11 August 2019.
25. Maisel Amanda, Waldman Abigail, Furlan Karina, et al, Self-reported Patient Motivations for Seeking Cosmetic Procedures. *JAMA Dermatol*. 2018;154(10):1167-1174.
26. Richardson Matthew Allen, Rouso Daniel Elliott, Repleg William H., Long-term Analysis of Lip Augmentation With Superficial Musculoaponeurotic System (SMAS) Tissue Transfer Following Biplanar Extended SMAS Rhytidectomy, September 29, 2016. doi:10.1001/jamafacial.2016.1145 Accessed on 12 August 2019.
27. Dey Jacob K., Ishii Masaru, Phillis Maria, Byrne Patrick J., Boahene Kofi, Ishii Lisa E. Body Dysmorphic Disorder in a Facial Plastic and Reconstructive Surgery Clinic Measuring Prevalence, Assessing Comorbidities, and Validating a Feasible Screening Instrument. Accessed on 12 August 2019.