Risks and benefits associated with cosmetic procedures

AUTHOR Terry Hainsworth, BSc, RGN, is clinical editor, Nursing Times.
Cosmetic surgery is a rapidly growing area. This article examines what cosmetic surgery is, how prevalent the procedures are, risk management issues and how to ensure best practice.

Cosmetic surgery essentially involves improving an individual’s appearance and is a rapidly growing area of healthcare (Fig 1, p24). The majority of cosmetic surgery takes place in the private sector but some, such as breast augmentation, is performed in the NHS.

Definitions
There is often confusion over what should be included in a definition of ‘cosmetic surgery’. The Expert Group on the Regulation of Cosmetic Surgery uses the definition: ‘Operations and other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider otherwise to be within the broad range of “normal” for that person’ (Department of Health, 2005).

This definition means that as well as invasive cosmetic surgery, cosmetic procedures such as botulinum toxin (botox) injections, aesthetic fillers and laser treatment are also considered to be cosmetic surgery.

Plastic surgery deals with reconstruction of the face and body. Reconstructive and/or reconstructive plastic surgery are perceived as being different from cosmetic (plastic) surgery (DH, 2005).

Aesthetic surgery is often used interchangeably with the term cosmetic surgery and refers to surgery undertaken to improve appearance (DH, 2005).

Prevalence
Members of the British Association of Aesthetic Plastic Surgeons carried out 22,041 procedures in 2005 (BAAPS, 2006), an increase of 34.6% from 2004.

Although the majority of cosmetic surgery is still undertaken by women, men are now having more cosmetic procedures with an increase from 1,348 in 2004 to 2,440 in 2005 (BAAPS, 2006).

The most common procedure for women was breast augmentation, while rhinoplasty is the most popular procedure for men (BAAPS, 2006).

Anti-ageing procedures such as facelifts, eyelid surgery and brow lifts showed a considerable rise in popularity in the last year, increasing by 42.1%, 50.2% and 34.8% respectively (BAAPS, 2006).

Risks
There is no single piece of evidence to show that cosmetic surgery causes significant harm but analysis of evidence suggests that there are grounds for concern (Healthcare Commission, 2005).

The Healthcare Commission (2005) found no deaths were reported in relation to cosmetic procedures between January 2003 and January 2004. However, analysis of data from cosmetic surgery providers showed that readmission rates following surgery could be as high as 7.3% for some providers and complications rates could be as much as 3.7%. Post-procedure infection rates were on average 0.8% and an average of 0.9% of patients had to undergo a further operation.

This may be considered an unacceptable level of

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**REFERENCES**


**INCREASE IN PROCEDURES FROM 2004 TO 2005 (BAAPS, 2006)**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brow lifts</td>
<td>34.8%</td>
</tr>
<tr>
<td>Minor liposuction</td>
<td>9.6%</td>
</tr>
<tr>
<td>Otoplasty</td>
<td>28.1%</td>
</tr>
<tr>
<td>Major liposuction</td>
<td>24.9%</td>
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<tr>
<td>Abdominoplasty</td>
<td>24.4%</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>34.7%</td>
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<tr>
<td>Face/necklift</td>
<td>42.1%</td>
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<tr>
<td>Breast reduction</td>
<td>9.3%</td>
</tr>
<tr>
<td>Blepharoplasty (eyelids)</td>
<td>50.2%</td>
</tr>
<tr>
<td>Breast augmentation</td>
<td>51.4%</td>
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</tbody>
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risk as these operations are carried out on healthy individuals. However, under the right circumstances, aesthetic surgery can have a very positive psychological impact and improve a patient’s quality of life. It is therefore hard to apply the normal calculation of risk versus benefit to medical decisions regarding cosmetic surgery.

**Regulation**

Cosmetic surgery is regulated under the standards applied to acute care provision. The Healthcare Commission also regulates work by private healthcare providers (Community Health Standards Act, 2003).

The Healthcare Commission is developing standards for the safety and quality of cosmetic and aesthetic procedures in England. Some procedures, such as botox and dermal fillers, fall outside current regulation. The Commission has decided that those that present a safety risk need to be identified and regulated (Healthcare Commission, 2005). It is anticipated that regulation of these procedures will start from October 2006 with a public consultation period starting in spring next year (DH, 2006a).

In addition, the Healthcare Commission (2005) has identified that specialist training in cosmetic surgery needs to be established and made mandatory.

**Best practice**

Good practice guidelines have been developed to complement General Medical Council (GMC) guidance (Independent Healthcare Association, 2003):

- Prior to admission patients should be properly assessed, including a full assessment of concerns, medical history and appropriate physical examination;
- Current information, verbal and written, should be provided prior to surgery, setting out the criteria and risk factors for a cosmetic procedure;
- Patients should give formal consent for their GP to be given details of any treatment or medication;
- Patients should not be admitted for a procedure sooner than two weeks after the initial consultation to allow adequate time for reflection.

**Nursing implications**

The role of the nurse has evolved from simply working with plastic surgeons and dermatologists. Nurses now have new skills, such as carrying out skin resurfacing and dermal augmentation.

There are no specific qualification requirements for nurses advising on and/or carrying out aesthetic procedures. However, nurses should work within the NMC’s code of professional conduct (NMC, 2004).

Nurses are also often involved in advising patients who may be considering cosmetic surgery. The DH has introduced a new patient information resource outlining questions that these patients should be encouraged to ask (DH, 2006b). These form a useful basis for discussing cosmetic surgery and nurses should ask questions such as:

- Do you expect that this cosmetic procedure will change your life as well as your appearance?
- How do you think your life will be better?
- Is it reasonable or likely that a change in your appearance will radically change your life?
- Are you considering this surgery for yourself or is it to please someone else?
- Do you think that having surgery will improve your relationship or employment prospects?
- Is it reasonable to expect surgery to achieve the changes to your appearance that you are hoping for?

There have been concerns expressed regarding the increasing commoditisation of cosmetic procedures (BAAPS, 2006) and nurses can play an important part in enlightening patients about the risks and benefits and ensuring they are able to make informed decisions.