Preoperative Evaluation of the Aesthetic Patient

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Introduction

- Historical aspects
- The surgeon’s role
- Patient selection
- Psychological conditions
- Patient rejection
- Patient dissatisfaction
- Conclusion
Historical Aspects

1940’s to 1960’s:
- “all cosmetic surgical patients have underlying psychiatric disorders”
  - Jacobsen, et al

1998:
- “There are no poor candidates for facial aesthetic surgery”
  - Stambaugh
Introduction

• Goal:
  ▶ patient and surgeon satisfaction

• Theory:
  ▶ depends upon proper patient selection

• Premise:
  ▶ proper selection depends upon understanding patient motivation
The Surgeon’s Role

- Physician
- Psychiatrist
- Therapist
- Artist
- Scientist
Obstacles in understanding motivation:

- projection of values upon patient
  - manipulative personalities: histrionic disorders
- adequate H and P
  - include social and family histories
- not allowing patient to talk
  - goals of patient and surgeon may be different
The Surgeon, continued

- Successful patient selection:
  - recognizing surgeon’s role no longer sacrosanct
  - approach problems affirmatively and assertively
  - understand patient motivations (MOST IMPORTANT)
    - what is not said...
Patient Selection

- Surgeon’s responsibility
  - Poor selection vs. poor technique
- Begins with interview
  - H and P (family, social)
    - Hidden conditions
    - Desired outcome
      - Determined preop
    - Family members?
Psychological Conditions

The Neurotic Patient

- defense mechanisms:
  - worry, anxiety, somatic complaints
  - repetitive, detailed questions

- DO NOT:
  - be flippant - (will become defensive)
  - be impatient

- DO:
  - be patient, upbeat
Psychological Conditions

The psychotic patient

Schizophrenia
- disorganized thoughts, flight of ideas, selfish, delusions of grandeur, paranoid
- Dr. Anon and subsequent cases
- Meticulous, detailed postoperative care
Psychological Conditions

Personality Disorders

- masters of manipulation
  - do not project!
- Behavior problems, not psychotic/neurotic
- narcissistic personality:
  - grandeur, elegant, refined - “name droppers”
- histrionic personality
  - “splitter” - idealize, denigrate
  - dress inappropriately
Psychological Disorders

*Addicts*

▲surgical addicts

▼multiple procedures, including revisions
  • poor indications
  • absent/minimal findings
  • Michael Jackson?

▲Munchausen’s Disease

▼unnecessary procedures requested, particularly in family members
Psychological Conditions

- The Malingerer
  - findings not consistent with complaints
  - monetary motive
    - malpractice
    - injury insurance fraud
Psychological Conditions

- Depression
  - anhedonia
  - sleep disorders
  - poor motivation
  - 50% of all postop surgical patients - transient
  - treated - excellent patients
Psychological Conditions

- Mania/bipolar disorder
  - pressured speech, flight of ideas
  - infrequent candidates
  - remember association with depression
Patient Rejection

Elective Procedures!

Do not reject outright:

- reschedule for additional consultation
  - pt eventually becomes frustrated
  - “free consultation”
- refer!
The Dissatisfied Patient

- Listen!
  - Often therapeutic
- Do not be defensive
  - pt will feel abandoned, unappreciated
- Understand patient’s concerns
  - listening does not mean agreeing
- Express your concerns
- Reschedule!
Conclusion

- Lawsuits/patient dissatisfaction:
  - poor patient selection
  - poor technique

- Proper patient selection:
  - *shut up and listen*
  - underlying motives/pathology elicited
  - if uncomfortable reschedule, refer
  - surgeon’s responsibility!
Facial Analysis

- Face: General
  - Divided in 1/3’s
    - Trichion to NFA
    - NFA to subnasale
    - Subnasale to menton
Facial Analysis

- Vertical divisions
  - 1/5’s
  - Each equal to one eye width
Facial Analysis

- **Lips**
  - oral commissure at medial limbus

- **Nasal ala**
  - lateral aspect at medial canthus

\[
\frac{1}{2} \text{ IPD} = (A-A) \\
(OC - OC) = (ML - ML)
\]
Facial Analysis-The Nose

Nose

- **nasofrontal angle**
  - approximately 120 degrees

- **nasolabial angle**
  - 90-105 in men
  - 100-120 in women
Facial Analysis-The Nose

- Tip height
  - Goode’s Ratio:
    - \( \frac{\text{(alar groove to tip)}}{\text{(nasion to tip)}} = 0.55 - 0.60 \)
  - Baum’s Ratio:
    - \( \frac{\text{(nasion to tip)}}{\text{(subnasale to tip)}} = 2.8 \)
Facial Analysis - The Nose

- Submental vertex view:
  - equilateral triangle
  - lateral ala at medial canthus
    - may be wider in asian, african noses
Facial Analysis

- Chin projection
  - Burstone’s Angle
    - SN to pogonion to cervicomental angle is approximately 100 degrees
  - Vertical line from subnasale:
    - 3 mm for males
    - 5 mm for females

Jawline

The posterior border of the jaw is defined by the angle between Sn and C-M.
Facial Analysis-Occlusion

- Occlusion
  - Class I
  - Class II
  - Class III
- Retrognathia: poor chin projection plus Class II occlusion
- Micrognathia: poor projection Class I
Facial Analysis - The Neck

- Neck
  - Dedo classification
    - hyoid position
    - skin position
    - fat accumulation
    - muscular position
  - cervicomental angle
    90 to 110 degrees
Facial Analysis: Cheeks
Facial Analysis

- Hairline
  - Norwood Classification
    - Class I to VII
Facial Analysis-Forehead

- Brow position
  - males: at rim
  - females slightly above rim, maximum lateral limbus

- Eyes
  - lateral hooding