Preoperative Evaluation of the Aesthetic Patient

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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

- 2004:
  - Extreme Makeover
The Surgeon’s Role

- Physician
- Psychiatrist
- Therapist
- Artist
- Scientist
Patient Selection

- Surgeon’s responsibility
  - selection
  - good technique

- Begin with interview
  - History (family, social)
    - hidden conditions
    - desired outcome determined preop (mutual decision)
    - family members?
Obstacles in understanding motivation:

- Projection of values upon patient
- Manipulative personalities: histrionic disorders
- Obtaining inadequate history
- 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 does the patient want
      - Listen
      - Restate
    - Self-image
    - What is not said...
Psychological Conditions

The Neurotic Patient

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

- DO:
  - be patient, upbeat

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

The psychotic patient

- meticulous, detailed postoperative care
- Schizophrenia
  - disorganized thoughts, flight of ideas, selfish, delusions of grandeur, paranoid
  - can be violent when paranoid
- Needs preoperative psychiatric evaluation
  - may benefit from cosmetic surgery (Edgerton)
Psychological Conditions

- Personality Disorders
  - masters of manipulation
  - behavior problems, not psychotic/neurotic
  - Narcissistic personality:
    - grandeur, elegant, refined - “name droppers”
  - Borderline (histrionic) personality
    - “splitter” - idealize, denigrate
    - dress inappropriately
- Preoperative Psychiatric evaluation may be helpful
Psychological Conditions

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

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

“Body Dissatisfaction Disorder”
- 43%/56% of Americans

Body Dysmorphic Disorder
- Obsession with either slight or imagined defects in appearance
- Preoccupation causes significant distress and/or impairment in functioning
- Most common focus is skin, face, nose
- 0.2% incidence in normal population. 2-7% of patients presenting for cosmetic surgery
- Poor surgical candidates—surgery may exacerbate symptoms, low satisfaction rate

Eating disorders
Psychological Conditions

The Malingerer

- findings not consistent with complaints
- monetary motive
  - malpractice
  - injury insurance fraud
Patient Selection Criteria

↑

Patient Concern

Deformity →
Red flag patient type (M. Gorney)

- Single
- Immature
- Male
- Overly Expectant
- Narcissistic
Green flag patient type (M. Gorney)

- Secure
- Young
- Listen
- Verbal
- Intelligent
- Attractive
Dr. Goldwyn’s admonitions

Don’t operate if:
- You don’t like the patient
- The patient asks you to do something you can’t deliver
- The patient asks you to do something outside your aesthetic sense of what the result should be
- The patient is critical of previous surgeons or praises you excessively
- The patient is rude to you or your staff
- The patient lies to you or gives you a false history or information
- The patient refuses to be examined or photographed
- The patient is a perfectionist and wants a guarantee of results
- The patient is paranoid, delusional, or depressed
- The patient fails to communicate or is unable to understand what informed consent entails
Patient Rejection

- Elective Procedures
- Do not reject outright:
  - reschedule for additional consultation
    - allows for reevaluation of patient
  - 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**
Facial Analysis
Facial Beauty

“[You] can’t define it, but you know it when it walks into the room” -- Aaron Spelling

Greek Polycleitus 450-420 B.C. first to quantify symmetries and proportions – the Canon

Leonardo Da Vinci (1452-1519)

Durer (1471-1528)

Joseph (1865-1934) father of rhinoplasty

Broadbent (1894-1977) radiographic cephalometrics

Ricketts - the golden proportion (1:1.618)

Farkas - revised the classic cannon with hundreds of measurements on living subjects
Facial Beauty

- Few people, whether Caucasian or ethnic, fit the Neoclassical canon of fixed proportions and ratios (Farkas, Porter, Teck, Milgrim)
- Attractiveness consistent across cultural groups. (Cunningham, Thakerar, Buss, Perrett)
- Symmetry, “averageness” associated with beauty
- Extreme beauty seems to be associated with magnification or diminution of at least one feature (Perrett, Rhodes)
  - “there is no excellent beauty that hath not some strangeness in the proportion” – Francis Bacon
Beauty

- Life is easier when you’re beautiful
  - Higher grades (score equally on standardized tests)
  - More often judged kind, decent and honest
  - Given more personal space
  - More likely to marry
  - More likely to be promoted at work (rank in the armed forces)
  - Wait shorter amount of time for services
  - Bad behavior more likely to be forgiven
  - Less likely to be reported, caught, or punished for major or minor crime
  - Easier to procure help in times of need
Facial Analysis -- Terms

- **Trichion**: frontal hairline
- **Glabella**: most prominent point of midsagittal forehead
- **Radix**: root of nose
- **Nasion**: depression at root of nose
- **Rhinion**: junction of bony and cartilaginous nasal dorsum
- **Tip-defining point**: anteriormost projection of nasal tip
- **Alar crease**: lateral aspect of nasal ala
- **Subnasale**: junction of columella and upper lip at base of nose
- **Stomion**: where lips meet
- **Pogonion**: most anterior aspect of chin
- **Menton**: lower border of contour of chin
- **Gnathion**: point at junction of tangents to menton and pogonion
- **Cervical point**: point at junction of tangents to menton and anterior border of neck
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
- smaller mouth preferred in Asia (Chinese)

**Nasal ala**
- lateral aspect at medial canthus
- may be wider in Asian and African-American patients
Facial Analysis-The Nose

- Nose
  - Nasofrontal angle: approximately 120 degrees
  - Nasolabial angle: 90-105 in men, 100-120 in women
  - Columnellar show: 2-4mm
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
Facial Analysis - The Neck

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

- Hairline
- Brow position
  - males: at rim
  - females slightly above rim, maximum arch at lateral limbus
Facial Analysis--Eyes

- Brow Position
- Dermatochalasia
- Lid Fullness/Fat herniation
- Lid crease position/symmetry
- Lid laxity
Formal Analysis

I. Profile
A. Nasal-Angle
   * Approx. ____ degrees (should be about 120°)
   * Is deepest point in supranasal crease? YES NO
B. Tip Projection
   * Distance from nasion to tip-defining point: ____ A
   * Draw line perpendicular to this line to tip-defining point. Distance: ____ B (should equal 55 to 60% the length of A)
C. Tip Rotation
   * Approx. naso-labial angle: ____ degrees (90-100° in men, 95-110° in women)
D. Dorsal Contour
   * Hump? BONY CART * Saddle? NO BONY CART Tip Support? NO YES
   * Supra-tip Clip?
E. Columella Show
   * ____ mm (should be 2-4 mm)
F. Smile
   * Is tip droop accentuated by smile? YES NO
   * Does chin advance with smile? YES NO
   * (If so, caution with mentoplasty)

II. Septum
A. Good almost: ____
B. Structural deviation? Sport

III. Frontal
A. Symmetry? YES BONY ASYM CART ASYM
B. Bone Contour
   * Smooth continuation of bone line? YES NO
   * Bony pyramid broader than intercanthal distance? YES NO (If yes, consider double lateral osteotomies)
C. Alar Width
   * Greater than 2 mm longer than intercanthal distance? YES NO (If yes, consider alar base narrowing)

IV. Basal
A. Tip Projection
   * Columella 2/3, lobule 1/3? YES NO
   * Equilateral triangle? YES NO
B. Nostril Size and Shape
   * Symmetric? YES NO (should be Pear-shaped, length: 35° to 41°)
   * About 3/5 basal width each? YES NO
C. Columella Width
   * About 1/3 basal width? YES NO
D. Alar Lobule Width
   * About 1/3 basal width each? YES NO
E. Tip Width and Shape
   * Symmetric? YES NO
   * Bony? YES NO Poised? YES NO

V. Overview
A. Where is chin WBT line through alar crease perp to Frankfort Horizontal?
B. Patients 3 greatest desired changes:
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Bibliography


Cunningham M.R. Their ideals of beauty are, on the whole, the same as ours: consistency and variability in the cross-cultural perception of female physical attractiveness. *J Pers Soc Psychol.* 68:261-279, 1995


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