Psychosocial Aspects of Patiënt Counseling and Selection: A Surgeon's Perspective

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Facial plastic surgery aims to improve appearance. Especially in a youth-oriented competitive society, appearance is of importance. For some, facial plastic surgery can have a key role in enhancement of psychologie well-being and social interactions. Today, it is considered to be the only rationale for plastic surgery. Until now, surgical training in facial plastic surgery focused mainly on nonpsychologic aspects of preoperative assessment, such as physical examination of the defect, surgical planning, and techniques. Ho wever, since the last decade, the awareness of the importance of psychosocial aspects in this field of surgery has increased, recognizing patiënt selection as one of the most difficult elements. However, success or failure may also depend on evaluation of a patiënt's motivation, expectations, psyche, and sometimes existing psychopathology, coping capacity, and strategies as well as the supporting social framework. Integration of both surgical and psychosocial aspects in preoperative assessment may lead to proper patiënt selection and, ultimately, the patiënt's satisfaction.

The goal of this article is to review psychosocial aspects of patiënt selection. Central to these aspects is the patiënt-doctor relationship. Optimal patiënt-doctor relationship enhances the value of patiënt selection and may even determine the success of the operation.[1,2] With respect to optimal patiënt-doctor relationship, suggestions for counseling are made. The two most important issues of counseling, patiënt motivation and expectation, will be discussed in depth. A list of open-ended questions is included for practical purposes. The importance of approval of relatives is stressed. Some signals may imply possible difficulties, including psychopathology; these should not be ignored. The possible role of a knowledgeable psychiatrist is highlighted. To summarize this article, a description is presented, in broad terms, of the rare ideal facial plastic surgery patiënt.

PATIENT-DOCTOR RELATIONSHIP

An optimal patiënt-doctor relationship is characterized by honesty, trust, and mutual respect.

These three basic characteristics create an atmosphere for open and direct communication, yielding honest and exact information from both the patiënt and the doctor. This will diminish the chance of misunderstanding, leading to possible patiënt dissatisfaction and litigation.

In addition to improved patiënt selection, a good patiënt-doctor relationship creates the atmosphere for an approach to patiënt management that enhances emotional reactions to the surgical process and its final result.[1] If one gains the patient's confidence before treatment starts, patients will be more inclined to accept problems arising during or after

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treatment.[3] However, even with the best efforts, it must be realized that instinctive liking or disliking can occur between patiënt and surgeon. This may be an early reason for disengaging the patiënt. Before facial plastic surgery is performed, there should be consensus between doctor and patiënt. A joint decision made by the patiënt and physician based on good medical ethics conforms to the medicolegal issue of informed consent (see Olde Kalter et al elsewhere in this issue of *Facial Plastic Surgery).*

The Patiënt

Although patients may seem composed and mature, most likely they may be frightened, embarrassed, uncertain, and self-conscious.[4] To deal with these patients appropriately, the doctor should try to establish a rapport by showing honest empathy, understanding, and concern. One should give the patiënt a chance to talk, while listening with your utmost attention. Make the patiënt aware that his or her concerns are important to you and that hè or she will not be condemned for it. In this first stage eye contact, body attitude, and approving sounds may give positive reinforcement and help the patiënt to "open *up"* at his or her own pace. You may try to put into your own words the patient's feelings to show him or her that you onderstand. Only then will the prospective patiënt be willing to speak freely of his inner hopes and fears, Ventilating your own thoughts and ideas prematurely may stop the patient's stream of information. All in all, one should fully realize the psychologie delicacy of the interview.

The Young Surgeon

Young surgeons understandably want to operate,. to obtain experience, and recruit patients, but they should consciously differentiate between desire and need to cure and their ability to do so.[5] It is obvious that the pressure to accept patients for surgery are pronounced for a young surgeon beginning practice. The young surgeon may even see a difficult problem (possibly beyond his capacity) as a challenging deformity He may, indeed, be more susceptible to lowering his standards of patiënt selection. Still, the decision to operate should be based on sound medical reasoning. In addition, pride, sympathy, or money should not enter into the matter. Moreover, the young surgeons may need more time and experience for additional persistent observation before reaching surgical maturity and obtaining the ability to screen facial plastic surgery patients adequately.

COUNSELING

The ultimate goal of facial plastic surgery is psychosocial: "Improvement of the patient's well-being." Therefore the most important criterion for the success of facial plastic surgery is that the patiënt be satisfied.

In essence, preoperative counseling is the key to predict whether the patiënt can be satisfied, but prediction preoperatively of what will happen after surgery is only valuable if based on thorough bilateral information and evaluation. To optimize preoperative counseling, it should be conducted according to each surgeon's individual style and according to each patient's individual needs. From the initial contact with the patiënt, it is important that the physician shows that hè or she cares about the person as an individual and is interested in helping to satisfy the patient's expectations.

Ideally, counseling should be conducted in quiet surroundings, the patiënt sitting and relaxed. All attention should be focused on the patiënt; the doctor should not be interrupted by telephone calls, his office personnel, or trivial matters that may break the train of thought with respect to this most important initial visit The door should be closed, allowing the patiënt complete privacy. The history should be taken unhurriedly. Open-ended questions are recommended to solicit direct and complete answers (Table 1). Open-ended questions begin with the words "how, what, when, who" and cannot be answered with a "yes" or "no" statement, The patients should be asked to elaborate further, if indicated. Listen to the patiënt sensitively as well as intellectually and try to understand the patient's perception of his problems and desires. Only if these are clear should the surgeon offer his perception and possible solution of the case. Do use simple, understandable language and tailor your explanation to your impression of the patient's capacity to understand. Ha ving a family member or close friend present at these

Table 1. Open Endecl Questions

How can I help you?
What specific feature do you want corrected?
What view (of your nose) bothers you most?
When you look in the mirror, what is it you clon't like?
If you can have only one thing changed, what would it be?
How long have you been thinking about having surgery?
What caused you to begin thinking about it?
What do you think this operation will do for you?
Why do you want the operation at this particular time?
What other cosmetic operations have you had?
Were you happy with the results of these previous operations?
What is the attitude of your family and friends to the proposed operation?
Whose idea is it to have this surgery? Is there anything else you would like me to teil you?

*The reader is urged to study the article by Anderson and Johnson.[J]

interviews further strengthens a good relationship and provides a well-informed support person for the patiënt. The presence of the family member or friend also allows the surgeon to gain insight into the functioning of the family, relative family history, and family coping strategies.

The time spent in the initial interview is of ten well spent and rewarding. We routinely schedule a patiënt for second consultation before agreeing to perform surgery. A single consultation is usually not an adequate surgeon-patient contact on which to base the decision to carry out elective surgery, with its psychologie implications. Remember that the patient's cognitive functioning will be lowered because of anxiety. During the second consultation, Information for surgery should be repeated carefully. Scheduling a second consultation gives the patiënt an opportunity to reconsider the procedure and thereby strengthen his motivation. Information sheets have been shown to improve the patient's understanding of treatment.[6] An information booklet that outlines facts along with the description of various facial plastic and reconstructive procedures, the usual morbidity and risk involved, and the limitations of the procedure, has proved to be very helpful.

To determine whether the patiënt can be satisfied, the surgeon must understand what the patient's concern, motivations, and expectations are, determine if they are reasonable or unrealistic, and decide if hè has the ability to fulfill the patient's expectations. The best answers to these questions must ad-dress the following issues:

1. Defect
2. Motivation
3. Expectations
4. Patient's ego strength

Defect

What is the defect that brings the patiënt to the surgeon? Is it an objective, subjective, or imaginary body defect? The surgeon must not fall into a trap and solicit his perception of the patient's probable defect. It is of utmost importance that the surgeon should be aware of the defect that prompted the patiënt to seek consultation. This is most easily accomplished by handing the patiënt a hand mirror and ask him or her to point out with a cotton-tip applicator in detail the defects that are found most objectionable. If more than one defect is outlined, the patiënt is asked which is the most bothersome. Clear, straightforward indications are easiest to deal with. Responses dealing with feelings and vagueness indicate a possible other reason for patiënt discontent, which hè may be ascribing to the deformity. In general, the surgeon cannot fix the problem if the patiënt cannot clearly define it. Obviously, the surgeon will weary of the patiënt who can list 10 or more problems.

The degree of physical deformity is not necessarily equated with the patient's posioperative satisfaction.[7,8] The best candidate for aesthetic surgery is the patiënt who has a major deformity and demonstrates minimal concern. It is also generally agreed that the patiënt with minimal defect represents a risk, especially if that minimal defect causes extreme concern.[9] Most of our patients can be placed between these two extremes. Lewis et al[2] and Baker[10] have stressed that the defect should also be assessed relative to the patient's overall attractiveness. How does the patiënt perceive himself or herself in terms of degree of attractiveness? If the patiënt is not basically attractive, the cosmetic procedures available may obviously be out of the question as far as improving the appearances is concerned.

Motivation

What is the patiënt seeking consciously and unconsciously from surgery? It becomes absolutely essential to develop a sixth sense regarding motivation, because a substantial number of poor results are based on emotional dissatisfaction rather than technical failures. In other words, strength in motivation is important and has a close relationship with patiënt satisfaction.[9] The correct patiënt motivation for an aesthetic operation is an interna! one—to make the patiënt feel bet ter about himself or herself.[11] External factors are determined by the need to please another (partner), to decrease stress factors (life crisis), and career planning. These factors can be understandable and frequently legiti-mate arguments in the individual case. However, the surgeon has to be alert for a dangerous hidden drive behind the motivation. Good motivation in-volves a long-time consideration of the possibility of surgery. Decisions made in a rush are to be post-poned or even rejected.

A strongly motivated and well-informed patiënt has been able to make a balanced weight of concern, effort, and possible result. The patiënt has the willingness to undergo the temporary hardship, discomfort, and pain of the procedure. A deliberate decision and good motivation will induce a significant degree of satisfaction, even regardless of the result.

Expectations

Realistic expectations are a prerequisite for patiënt satisfaction. Surgeons should be able to determine what the patiënt is seeking consciously and

unconsciously from surgery and decide if hè has the ability to fulfill these expectations. Not surprisingly, hè also must estimate the amount of realism in the patiënt's expectations. Today, many patients have become sophisticated with respect to facial plastic surgery. Still, every patiënt should be educated with respect to his or her particular problem and its related likelihood of success, as well as of the potential problems related to the operation. When counselled preoperatively, the patiënt listens, but often does not hear.[12] He has his own ideas of what hè needs and what the operation will do for him, but these ideas may be in the area of fantasy.

To evaluate patiënt expectations, good rapport between patiënt and doctor supplemented with open-ended questions are key. To gain further insight into the patiënt's expectations as well as to educate the patiënt in this respect, the surgeon may use various helpful adjuncts, such as questionnaire, an album depicting previous facial plastic surgery results, preoperative photographs, and computer imaging. The use of a questionnaire is not better than spending time taking the history from the patiënt. Therefore, a questionnaire should always be supplemented by conventional open-ended questions. However, a completed form may enable the surgeon to focus more quickly on problem areas.[13] Pictures from magazines brought by the patiënt may give insight into the patient's aesthetic goals. It may give the patiënt the chance to express his or her feelings. A few patients will bring pictures clearly demonstrating that surgery could never achieve their aesthetic goals.[14]

Since reality is seldom perceived beforehand, an album depicting previous facial plastic surgery results of the surgeon may be shown to the patiënt,. To educate the patiënt in realistic terms, pictures of excellent results only, will not be in the best interest of patiënt or surgeon. On the contrary, it may be that the greatest value of showing pictures to the patiënt is pointing out various irregularities, asymmetries that may occur in the surgeon[7]s hands. The surgeon should not be timid in this respect; it has been shown that in general these less than perfect results are far better accepted by the patiënt than by the surgeon himself.[15] Furtherinore, a photograph album certainly has a place in showing the patiënt previous realistic scars from incisions and hopefully diminish the understandable anxiety in this respect.

Traditionally, preoperative photographs of the patiënt have been used as the basis for discussion with patients concerning surgical goals and realistic expectations. Even when adjustments have been "drawn on" by the surgeon, it is difficult for most patients to imagine what they will look like postoperatively.[16] This causes added anxiety for some patients and can frustrate the surgeon who wishes to convey adequately to a patiënt what is and is not a realistic goal.

In recent years, facial editing through the use of computer graphics has provided the facial plastic surgeon with an additional mode of communication. The goal is to create on the television screen a result that you can reasonably expect to achieve in the operating room. Not only can you demonstrate what can be achieved, but even a certain range of possible surgical variation in outcome may be presented along with a demonstration of what cannot be achieved. Computer imaging enhances the ability of the patiënt to visualize what changes may occur in the face. As such, it may increase the patient's confidence in surgery.

Computer imaging also gives an opportunity, while discussing and drawing, to observe and discuss the patient's reactions to the various changes. By enhancing communication and understanding, the patient-physician relationship may be improved.[16] However, a novice surgeon may not have a good idea of what hè can achieve with surgery and may tend to overdraw in an unrealistic fashion. This may also occur when using sketches on photographs. In general, it is wise to underestimate the possible surgical outcome. The patiënt may be given a copy of the imaging session before and after pictures- This will help the patiënt to study the changes and make a better decision. However, it should be stressed to the patiënt that it is only an estimate of a probable outcome for a particular surgical procedure. The key to successful use of computer imaging is to be honest and ethical in what you produce on the screen.

In clear terms the patiënt must be told what the operation can be expected to do for his particular problem. After ha ving evaluated the defect and patiënt motivations and expectations, the patiënt should be provided with precise, honest, and understandable explanation of what the procedure can be expected to do for his particular problem. Both a functional and aesthetic, and possibly a psychosocial, perspective on the outcome of surgery should be given by the surgeon. The patiënt may be forewarned that other people may not even notice the change. To maintain and enhance realism in the patient's expectations, the patiënt should never be told the correction is minor. Do not promise, but anticipate results. Try to make the patiënt understand that perfection can never be achieved. The goal is improvement. The patiënt should be told that what can be achieved may not reach his expectation and that hè should be prepared to face this eventually Guarantee only that you will do your utmost to correct the deformity in the expectation that hè or she will look and feel better.[10] Possible complications should be discussed openly. The patiënt should know what percentage of noses you do over. Teil the patiënt 6 to 12 months may be needed before the final result is known. If the patiënt maintains enthusiasm follow-

ing explanation of anticipated realistic results as well as the pitfalls, including complications, related to function as well as aesthetic dissatisfaction, the surgeon can be reasonably assured of the patiënt's commitment to surgery.

Patient's Ego Strength

Although each individuars personality is in a state of constant flux, it possesses a significant degree of internal balance; this balance may be called ego strength. In practical terms ego strength is the pa tien t's ability to adjust to all of the forces impinging on his ego, 11 is the surgeon's task to assess the patiënt's ability to undergo the operative procedure and sustain the temporary hardships of postoperative period, including possible depression and risk of complications. Most people can take a successful operation, but without "emotional reserves" a complicafcion can become a disaster.[12] Sufficient ego strength will also help to absorb the disappointment that is inevitable if the surgery does not fulfill his hopes, including the ability to accept less than perfection.

APPROVAL OF RELATIVES

Approval of the proposed operation of mates and other close relatives is a minimal prerequisite for surgery Approving, well-informed persons, close to the patiënt, usually provide helpful support in the postoperative phase. Disapproving feedback in this critical phase may intensify the patients' feeling of guilt and undemiine the patiënt's sense of security, with subsequent anxiety and dissatisfaction. These difficulties may sorely tax the doctor-patiënt relationship. The patiënt's postoperative need for approval is significant; it acts as a confirmation of the success of the operation. It does help the patiënt to cope with the unavoidable distortion due to tissue reaction and the confusion due to the invalidation of the previous body image. However, even approving close persons may need time to cope with the temporary distortion and to become accustomed to the actual change before realizing the beneficial effect for the patiënt. It stresses the importance of involving a close person in the preoperative phase and educating the patiënt and the relative in terms of what to expect.

DANGER SIGNALS: ROLE OF THE PSYCHIATRIST

A patiënt may be rejected because of anatomie unsuitability or emotional inadequacy Emotional inadequacy is by far the most important.[9] Selection criteria are predominantly subjective and are totally different from patiënt to patiënt. However, a list of caution signals should heighten the surgeon's alertness for potential problems (Table 2). All of these signals, but especially the last 7, may be evidence of psychopathology

The surgeon does not have to practice psychiatry, but hè should be able to recognize psychopathology. Remember, motivation rather than specific psychodynamics should be the surgeon's overriding concern. Is there a pragmatic desire to improve appearance, or is there a pathologie projection of subconscious problems onto a physical fault? In general, psychopathologie patients often do induce an uneasy feeling in the doctor. This ill-at-ease gut feeling may be the most reliable sign of presence of psychopathology and should be explored and used in the selection process. Af ter recognizing possible psychopathology, the problem for the surgeon is to determine the magnitude and significance of aberration. In this respect one should realize that psychologie symptoms, per se, do not necessarily predict poor prognosis.[4]

Therefore, the goal of psychiatrie screening is not meant to eliminate the patiënt from ha ving surgery: it is to eliminate only those who are likely to have an unhappy result.[17] It is obvious that the psychiatrist to which the patiënt is referred should be familiar with the psychosocial aspects of facial plastic surgery in order to be of any help. We stress the importance of a structured interaction between surgeon and psychiatrist on a continuing basis for optimal facial plastic surgery counseling and treatment. Of

Table II. Caution Signals

Vagueness
Rash decision
Great urgency
Poor motivation
Surgery to piease others
Unrealistic expectations
Multiple aesthetic procedures
Dissatisfaction with previous aesthetic operations
Previous litigation
Disapproval of relatives
Perfectionistic attitude.
Excessive secrecy
Indecisiveness
"Very important person" attitude
Failure to establish rapport
Unsympathetic to you and staff
Excessively demanding
Midden infantile motives
Multiple aesthetic procedures
Depression (past or present)
Emotional crisis (past or present)
Psychiatrie therapy (past or present)
Minor or virtually nonexistent defect
Manipulative behavior

After Anderson and Reis.[19]

course, psychiatrie referral needs a touch of tact and diplomacy. Remember patients seeking plastic surgery believe they are trying to do something positive about the problem. If they are not asked tactfully to see a psychiatrist, they might consider themselves failures.

THE IDEAL PATIËNT

The ideal patiënt is rare. However, the personality factors that will enhance the physical improvement can be described in general terms. An intelligent, preferably educated. patiënt who listens (rather than merely hearing), makes eye contact, and understands the pros and cons of what is sought is a good candidate. A good candidate chooses surgery as a treatment, not as a cure. He knows what hè wants and speaks in specific terms. He has a clearly discernable physical problem with understandable concern. He considers himself as reasonably attractive. He is realistic, not idealistic, and is able to separate wishes and wants from expectations. He also may be expected to have a positive realistic outlook toward life and the anticipated surgery. He exhibits a low level of anxiety about the upcoming surgery His nearest relative supports his wish for aesthetic surgery. Chances are that the ideal facial plastic surgery patiënt is a woman. Women wish themselves to feel more attractive, whereas men seem more interested in changing other's attitude toward them,[18] making them a less than ideal candidate.

CONCLUSION

The psychosocial aspects of preoperative assessment are of utmost importance with respect to successful facial plastic surgery A good patiënt-doctor relationship is a prerequisite for optimal counseling. The two most important psychosocial factors determining success are realistic patiënt motivation and expectation. Therefore, patiënt's evaluation and education should focus on these two issues. Knowledgeable and informed patients are likely to be happy patients. Relatives are important in supporting the patiënt. Although one should be alert for possible psychopathology, with common sense, psychiatrie referral is seldom indicated. The decision for facial plastic surgery should be based on honest factual information and proper motivation and selection.

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