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# Preoperative Evaluation of the Cosmetic Patient

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Jemshed A. Khan

First and foremost, the surgeon should elicit from the patient those specific topographic facial features that the patient wants to have improved. Patients often express concern that their periocular facial features are communicating unintended signals such as disapproval (glabellar frown lines), tiredness (lower eyelid fat pad herniation or upper eyelid ptosis), worry or ageing (crow's feet). The face, as an organ of communication, is malfunctioning (Khan 2001).

After eliciting and documenting the patient's concerns and taking photographs, the surgeon can evaluate the facial features for the anatomic basis of the patient's concerns. Patient's concerns

are often related to familial, gravitational, or age-related facial changes.

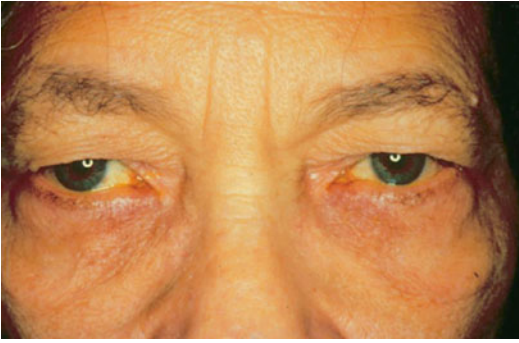
Patients who cannot accept a "marked definite and noticeable improvement" as opposed to a "perfect result" may be considered poor candidates for aesthetic surgery. Informed consent includes discussing with the patient the risks, consequences, benefits, and alternatives of surgery as well as a signed document.

Finally, keep in mind that properly informed patients will not and should not always choose the surgical option that most effectively addresses their physical concerns. Other considerations factor in, including cost, invasiveness, surgical risk, location and visibility of surgical incisions, recovery times, postoperative morbidity, and procedure length. The goal is not to invariably create the best aesthetic improvement, but rather to educate the patient to the point where the patient can select the procedures which best meet their aesthetic goals while at the same time considering financial and psychological constraints, tolerance for surgical risk, and desires regarding rapidity of recovery (Figs. 1.1, 1.2, 1.3 and 1.4).

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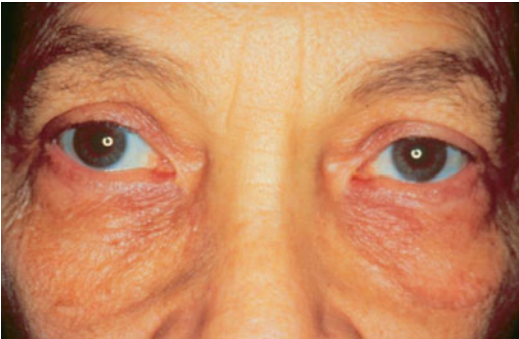
J.A. Khan, MD  
Department of Ophthalmology,  
Kansas University School of Medicine,  
Kansas University Medical Center,  
Kansas City, MO, USA



**Fig. 1.1** Preoperative appearance of upper eyelid dermatochalasis communicates unintended facial signals of anger, skepticism, or disapproval



**Fig. 1.4** Note the improvement of facial appearance and signaling following upper eyelid blepharoplasty



**Fig. 1.2** Postoperative appearance communicates a more neutral and friendly appearance



**Fig. 1.3** Note the tired unfriendly facial expression due to upper eyelid dermatochalasis

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## Reference

Khan JA. Aesthetic surgery: diagnosing and healing the miscues of human facial expression. *Ophthal Plast Reconstr Surg.* 2001;17(1):4–6.