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The Eightfold Path to Patient Happiness

1. Manage the balance of power.
2. Listen to the patient.
3. Ensure appropriate patient motivation.
4. Determine realistic surgical goals.
5. Screen out the difficult patient.
6. Conduct thorough informed consent.
7. Avoid surgical overcorrection.
8. Create an aesthetic environment.

Manage the Balance of Power Between Doctor and Patient

The relationship between the doctor and patient must be bilateral and balanced. Both the patient and surgeon must be willing to walk away from the “contract” that exists prior to surgery if signs of imbalance exist. If the balance of power lies too heavily with either the patient or the surgeon, the potential for an unhappy patient is high.

The patient must take responsibility for the initial objectives of the cosmetic surgery. In order for the surgeon to meet the patient’s expectations, they must be established by the patient to himself

or herself preoperatively. There must be an established metric for surgical success. If there is no defined endpoint, vague dissatisfaction or even litigation is a possible outcome.

Additionally, the decision to recommend surgery by the surgeon should not be based on whether you “can” perform surgery, but whether you “should.” Patients may be asking for reassurance and may not be ready for surgery either physically or emotionally. A patient may be reacting to the increasing pressure of early surgery perpetuated by the media. Cosmetic surgery procedures may change the patient’s perception of self and lead to an unhappy patient. A patient may already be unhappy and be sublimating this into a “surgical fix.”

In general, surgeons may advertise but should avoid “selling” their services. A patient will appreciate honesty. Surgical integrity will be rewarded many times over. What is rare and withheld is valued more highly.

Listen to Your Patient Before Surgery (or You Will Surely Have to Listen to Them After)

In the course of a consultation with a patient, surgeons should specifically ask patients what they wish to achieve. Ask to see old photographs and remind the patient of his or her youthful configuration. Allow the patient to bring in photos of the desired or anticipated outcome.

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The contrast between target and actual configuration serves as the basis of a discussion about what surgery can and cannot provide. This defines the “envelope of the possible” for the patient. Remind the patient that “perfection is not part of the equation” for results no matter how perfect the surgery or procedure.

Document and Demonstrate

Photograph the patient during the consultation and demonstrate preoperative asymmetry. Patients may not be aware of their own preoperative asymmetry. In contrast, with certainty, they will be aware of any postoperative asymmetry. Preoperative awareness and documentation may prevent the patient from ascribing their underlying preoperative asymmetry to the surgery or surgeon.

Ensure Appropriate Patient Motivation

Often patients will be motivated to seek cosmetic surgery in the event of a recent job loss, divorce, or life crisis. It is critical that the surgeon assess the patients’ motivation for surgery to decide if they are appropriate surgical candidates. Do not give the patient the opportunity to transfer his or her unhappiness to the recent surgery or surgeon. It may be useful to advise the patient to return after an interval of time when life circumstances have become more stable.

A patient’s surgical goals should be appropriate and self-generated. The patient must be personally committed to the surgery and accept the risks of surgery and the physical alteration. Patients may be seeking reassurance from a consultant that surgery is optional at a particular point in time. Reassurance alone may be the best medicine. A patient trying to reestablish his or her own self-esteem, advised to postpone surgical intervention, may be your most grateful and happy patient.

Determine Realistic Surgical Goals

Both the surgeon and patient must be realistic. The surgeon needs a clear understanding of what a technique can optimally and usually provides. He or she needs to communicate this knowledge to patients so that their expectations can be adjusted to an informed reality. In advising patients, do not assume that the patient shares your personal aesthetic or style. Be aware of misguided surgical goals such as:

1. An attempt by the patient to match a distant image ideal (celebrity)
2. An attempt by the patient to achieve arbitrary standards of perfection through more surgery
3. An attempt by the patient to heal psychological pain by body alteration or wounding

Misguided surgical goals may lead the patient “driving to imperfection.” This is a situation where the patient’s fervent desire to achieve an impossible ideal may lead to surgical outcomes that are quite the opposite of beauty.

Screen Out the Difficult Patient

Learn to recognize the warning signs of a difficult patient. This is a limited list of signs of the potentially difficult patient:

1. The patient’s chief complaint is one concerning prior surgeons.
2. The patient has already received multiple procedures and is still not satisfied.
3. The patient manifests an obsessive/compulsive approach to small or invisible suboptimalities. This may be demonstrated by overt self-intolerance or disdain or overly detailed, lengthy questions or email prior to considering the procedure.
4. The patient complains of pain or an abnormal feeling related to the cosmetic concern.
5. The patient continues to critically self-evaluate and primp in the mirror, despite your initiation of a conversation.
6. The patient appears to have an unrealistic expectation for the surgical outcome.

7. The patient refuses to “hear” the limitations of surgery and reiterates a desired outcome despite your explanation regarding the improbability or impossibility of same.
8. The patient displays an inappropriate level of familiarity or flattery, especially during the initial consultation.
9. The patient is inappropriately aggressive or hostile during the consultation or is inappropriately demanding or demeaning to the office staff.
10. The patient consultation takes an unusually lengthy period of time, making the surgeon uncomfortable with the degree of self-absorption and detail demanded.
11. There is excessive “negotiating” about price, location, or insurance prior to surgery.
12. Repeated cancelation of the surgical date.
13. Insistence by the cosmetic patient that “their friend’s surgery was covered by insurance.”
14. The patient seeks urgent or emergent cosmetic surgery unrealistically close to an important social event such as a wedding or reunion.
15. Your intuition informs you that this patient is likely to be difficult, yet your ego struggles with your desire to “fix the problem” other surgeons have been unable to correct, leading to your own internal tension and turmoil.

Determine whether a potentially difficult patient is someone for whom you wish to care in the event of a problem. The consultation is the honeymoon phase. The relationship is unlikely to get easier. Ask whether the patient will later insist, should there be a suboptimal outcome in his mind, that he or she was not given alternatives and appropriate time to make an informed decision or that the surgeon “rushed” to operate.

There are several psychiatric syndromes associated with difficult patients. The two most common are narcissism and body dysmorphic syndrome.

Narcissism is a condition in which the individual expresses an extreme need to be the center of attention. They make an inappropriate attempt to control the social environment. The etiology of

narcissism is an underlying deep insecurity. Patients that are narcissistic may have a strong negative reaction to a surgeon’s unwillingness to operate on them. They may view this as a personal rejection and may be inappropriately harsh in their response to the surgeon.

Body dysmorphic syndrome is manifested by an inaccurate or inappropriate assessment of body appearance. Patients manifest severe distress regarding their physical appearance despite numerous cosmetic procedures, irrespective of their actual appearance.

Surgery does not cure either of these psychiatric conditions. The experiment has been done again and again and again. There is no need to repeat the experiment.

As a surgeon, you are not obligated to care for a cosmetic patient whom you view as litigious, threatening, or difficult or for whom you believe the surgery is unlikely to satisfy—independent of result.

Conduct a Thorough Informed Consent

It is critical that the operative surgeon obtain a thorough informed consent prior to surgery. In addition to the specifics of the procedure, the consent discussion must emphasize that “function trumps form” every time. The potential risks and suboptimalities of surgery should be discussed openly. The most common risk is “expectation risk,” and this should be discussed explicitly. Patients need to be reminded that “perfection is not part of the equation” for surgery, and if they will be satisfied with improvement, they will likely be happy. If they are seeking perfection, they will not be happy.

During the patient consultation and consent, the patient should be educated regarding the aesthetic surgeon’s understanding of rejuvenation. In years past, more surgery, more excavation, and more hollowness or tautness were considered the standard of care and sometimes even proof of getting “one’s money’s worth” in surgery. This

provided patients with an unnatural, obvious, surgical alteration leading one to look “lost in time.” In contrast, the current understanding of rejuvenation emphasizes that fullness is a sign of youth and that youthful individuals are not taut, hollow, or skeletonized. Additionally, youthful individuals are not overly frozen, plump, or exaggerated in configuration.

It is important to remind patients that form follows function and that a maximally aesthetic result will follow from the appropriate management of the target tissue. These tissues should not be overcorrected. Aesthetic results are always relative to age and native configuration. Patients and surgeons need to keep the correction in context to the patient’s age, ethnicity, and natural appearance and physiognomy in youth.

Create an Aesthetic Environment

As an aesthetic surgeon, it is beneficial to create an environment in the office which expresses your ability to understand the nature of aesthetics. One should develop a clean, comfortable space with current décor. There should be health and fashion magazines in the patient lounge. Although the medical profession may receive its

cosmetic information from peer-reviewed scientific journals, your patients are receiving their information and misinformation from mass media. The surgeon should be somewhat familiar with the current “lore or buzz” in the media.

The aesthetic environment should extend to the operating room. Here, the surgeon should provide for a calm, controlled, relaxing experience. “Handesthesia” goes a long way to reassuring an anxious patient during a procedure.

Patients always like to receive something more than expected. Send your patients home with sunglasses, gel packs, ointment, etc. Make the postoperative period easy. Send patients home with their postoperative medication or prescriptions, a postoperative appointment, and easy-to-read, explicit instructions. Ensure comfortable suture removal.

Be explicit about your revision policy in advance. Make certain this policy is well known to your staff to avoid unnecessary confusion or conflict. Finally, and above all, be available, affable, and able to follow through in resolving patient issues before and after a procedure.

The ultimate secret to a happy patient is communication, expectation management, and informed surgical and procedural judgment. Perhaps “The Eightfold Path to Patient Happiness” can help guide your way.