

# The routine psychological screening of cosmetic surgery patients

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## ABSTRACT

In order to improve outcomes, the process of patient selection within the cosmetic industry has received considerable attention from surgeons, psychologists and policy makers. Indeed, as increasing numbers of people are seeking cosmetic procedures it is crucial to ensure that patients are appropriately assessed for their suitability for surgery. Pre-operative screening to identify patients at risk of poor post-operative outcomes is now considered a crucial part of the surgeon's role in providing appropriate care and treatment. In recognition of the importance of patient selection, we have developed a brief, user-friendly screening tool designed for routine use with cosmetic surgery patients. The tool has been designed to identify psychological factors which are likely to increase the risk of a poor psychological outcome. The tool should be used in addition to a thorough pre-operative consultation and as part of a pathway which includes onward referral where necessary.

## BACKGROUND

The demand for cosmetic procedures continues to grow. The British Association of Aesthetic Plastic Surgeons (BAAPS)<sup>1</sup> reported over 50,000 cosmetic procedures in 2013, while 13.4 million minimally invasive procedures and over 1.6 million surgical procedures were conducted in the United States.<sup>2</sup> The demographics of individuals interested in cosmetic procedures have become increasingly diverse,<sup>3</sup> increased interest in cosmetic surgery has been found in single women, high achievers aged 45-55 years who want to look younger, and full time mothers.<sup>3</sup> There is also evidence of a growing interest in cosmetic surgery among younger females.<sup>4</sup>

The popularity of cosmetic procedures is thought to have resulted from numerous factors, including cheaper, quicker and less invasive cosmetic procedures coupled with widespread advertising and marketing. Levels of appearance dissatisfaction, described as "normative discontent",<sup>5</sup> increasingly prevalent in the general population and the widespread media coverage of cosmetic procedures (e.g., television shows, magazine

articles) are also contributory factors.<sup>6</sup> Psychological factors have a significant influence through the entire cosmetic surgery journey. Indeed, motivations to undergo cosmetic surgery typically include the desire to enhance appearance, increase self-confidence and improve self-esteem.<sup>7,9</sup> Research has shown that, with a technically satisfactory outcome, the majority of patients undergoing cosmetic procedures are satisfied. However, there is a substantial subgroup of patients who do not derive any benefit following cosmetic procedures.<sup>10,11</sup> It is therefore important to identify who is at risk for a poor post-operative outcome and examine the reasons why this is the case. In addition, since the vast majority of cosmetic procedures are conducted in the private sector, prospective patients are rarely referred on by their general practitioner, placing the onus for minimising risk wholly on the provider. There are a number of reasons why patients may be at an increased risk for a poor outcome:

### 1. Unrealistic expectations (e.g., undergoing surgery to get a job promotion)

Most patients seek a cosmetic procedure for the anticipated psychosocial benefits,<sup>12</sup> but can have unrealistic expectations of what surgery can achieve. Indeed, despite a technically satisfactory result, patients can experience postoperative distress and dissatisfaction if anticipated psychosocial benefits are not forthcoming. Systematic reviews have shown that unrealistic expectations are associated with poor psychological outcomes.<sup>13,14</sup> The clarification of patients' expectations and goals for surgery preoperatively is associated with a successful outcome,<sup>14</sup> therefore a key objective for any aesthetic provider should be to manage and understand patients' psychosocial goals in addition to their procedural/ surgical goals. One way to reduce the

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likelihood of introducing unrealistic expectations is to avoid value terms such as 'prettier' and 'nicer' and instead use objective terms such as 'straighter' or 'smaller' when discussing the feature for which a patient has requested surgery.<sup>15</sup> In many cases it is worth challenging a patient's expectations; for example, if they hope cosmetic surgery will help them get a new job. In addition to clarifying patients' psychosocial goals and expectations, it is essential to ensure that patients have a clear understanding of the potential side effects of undergoing a procedure, for example short-term swelling and permanent scarring.

## 2. Inappropriate motivations

Motivations for undergoing cosmetic procedures are often categorised as 'intrinsic/internal' (e.g., to improve self-confidence) or 'extrinsic/external' (e.g., to please a partner). Early studies found that patients motivated by intrinsic factors are more likely to be satisfied following surgery than patients motivated by extrinsic factors and this view is still supported today.<sup>16,18</sup>

One way of assessing a patient's motivation for undergoing a cosmetic procedure, is exploring why the patient is interested in a cosmetic procedure now/at this particular time in their life.<sup>19</sup>

## 3. Underlying psychological disorders

Research has shown that there is a higher prevalence of psychiatric disorders in the cosmetic surgery population.<sup>20,21</sup> Patients with underlying psychological disorders, particularly disorders with a body image element, are more likely to seek cosmetic procedures.<sup>6</sup> To an extent, elevated body dissatisfaction is to be expected in the population presenting for cosmetic surgery. However, certain behaviours (e.g., social avoidance), emotions (e.g., excessive worry), cognitions (e.g., fear of negative evaluation) and beliefs (e.g., "to be happy and successful I must be attractive") can be maladaptive and may be symptomatic of an underlying psychological disorder.<sup>19</sup> For example, Body Dysmorphic Disorder (BDD) is a psychiatric disorder characterised by a preoccupation with an imagined or slight defect in appearance (DSM –IV-TR).<sup>22</sup> People with BDD often seek cosmetic surgery as a way of reducing their concern about a particular feature.<sup>19</sup> The prevalence of BDD in the cosmetic surgery population (5-15%) is significantly higher than in the general population (1-3%). Furthermore, studies have found no improvement or worsening of BDD symptoms following cosmetic procedures.<sup>23,25</sup> It is now widely acknowledged that cosmetic surgery should be contraindicated for persons with BDD.<sup>26</sup> Alternative psychological and pharmacological treatments have been shown to be effective at reducing BDD symptoms and are consequently considered more appropriate forms of treatment.<sup>27,29</sup> The National Institute for Health and Care Excellence (NICE) guidelines,<sup>30</sup> which endorse a brief screen for all patients presenting for cosmetic procedures, recommend that the aesthetic provider should ask five basic questions to help determine and assess whether the patient has a disproportionate preoccupation with their appearance (i.e., BDD):

1. Do you worry a lot about the way you look and wish you could think about it less?
2. What specific concerns do you have about your appearance?
3. On a typical day, how many hours a day is your appearance on your mind? (More than 1 hour a day is considered excessive).
4. What effect does it have on your life?
5. Does it make it hard to do your work or be with friends?

These questions emphasize the importance NICE place on psychological screening. However, they provide little information regarding what level of distress is considered to be abnormal.<sup>15</sup>

## 4. Wider risk factors – psychological vulnerability

Understandably, the focus of psychological screening is typically on screening for BDD.<sup>13</sup> However, there are other psychological factors<sup>13</sup> that play an important role in the outcome of cosmetic surgery. Indeed, psychological vulnerability is likely to be determined by a host of factors. For example, elevated levels of worry, noticeability regarding a particular feature, can have an impact on a patient's post-operative outcome.<sup>15</sup>

## PSYCHOLOGICAL SCREENING IN COSMETIC SURGERY

To minimise the risks to patients for post-operative dissatisfaction, it is important that aesthetic providers carefully assess each patient prior to a cosmetic treatment to identify those with unrealistic expectations, extrinsic motivations, and psychological disorders or vulnerabilities. Psychological screening to assess the needs of each patient increases the probability that the patient receives the most appropriate treatment and care. Furthermore, pre-procedural screening may reduce the stress, time and expense placed on aesthetic providers who must deal with patients who are dissatisfied and distressed following a cosmetic procedure.<sup>31</sup> Providers should have pathways in place for onward referral of patients for whom screening highlights risk. The importance of psychological screening and patient selection has been emphasised in a number of reports, including the National Confidential Enquiry into Patient Outcome and Death (NCEPOD; 2010),<sup>32</sup> the All Party Parliamentary Group Report on Body Image (2012)<sup>33</sup> and The Professional Standards for Cosmetic Practice published by the Royal College of Surgeons (2013).<sup>34</sup>

## THE RoFCAR; A PSYCHOLOGICAL SCREENING AND AUDITING TOOL

To date, only a handful of psychological screening tools have been developed for cosmetic surgery patients.<sup>35</sup> Current screening tools have been criticised for being too long, expensive, and difficult to administer and score.<sup>13,35</sup> Indeed, some screening tools require the assistance of an expert for administration (e.g., psychiatrist) while the majority of screening measures focus exclusively on screening for BDD rather than wider risk factors.<sup>13</sup> Consequently, they are not always practical for routine practice.<sup>13,35</sup> In response to the need to develop a suitable tool for the routine screening and audit of patients seeking and undergoing cosmetic procedures, we have developed a brief (single page), user-friendly tool which is currently being trialled in a feasibility and acceptability study.<sup>36</sup> The tool 'RoFCAR' (developed by researchers and

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clinicians at the Royal Free Hospital London 'RoF' and the Centre for Appearance Research 'CAR') is intended to be used preoperatively in addition to an extensive consultation, and postoperatively to collect outcome data. The RoFCAR was specifically designed to identify psychological factors which are likely to increase the risk of a poor psychological outcome. There are a total of nine questions on the RoFCAR pre-surgical screening tool and a scoring profile. Questions on the screen ask patients about a range of psychological factors associated with the feature for which they requested cosmetic surgery. They include questions on noticeability, worry, self-consciousness, avoidance of activities and self-confidence. These questions all require patients to circle a single response along a Likert scale where higher scores indicate higher levels of that psychological factor (i.e., higher levels of self-consciousness). In line with screening for BDD, patients are also asked to write down the number of times they check their appearance and the length of time they spend looking in the mirror. The RoFCAR also contains a single open-ended question which asks patients to write down their expectations about the outcomes of the procedure. This question is intended to prompt patients to think carefully about how they expect their life to be different following surgery. Some clinicians have found this particular question helpful in triggering a discussion concerning patient expectations and motivations for undertaking the procedure. The RoFCAR is intended to be administered to all prospective patients presenting for any cosmetic procedure. It is a generic tool (not procedure specific) and contains numerous psychological concepts which are applicable to many different patients. Furthermore, the

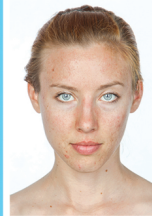
RoFCAR is a self-report questionnaire which patients complete independently. Studies have shown that patients are more likely to disclose adverse states when completing a measure themselves than when a measure is administered verbally.<sup>37</sup> Ideally, the RoFCAR should be administered during a patient's initial consultation or before the consultation, while they are waiting to be seen. This is because the responses to the questions are relevant to the following consultation and progressing the patient's request for the treatment. In terms of patient selection, it is important to gather information from a range of sources. This may include collecting information provided from the brief screen (RoFCAR), the in-depth consultation and drawing on the aesthetic provider's own knowledge and expertise. Furthermore, information gathered from a patient's behaviour, communications and interactions with office and surgical staff is important when assessing a patient's suitability for procedures.<sup>26</sup>

### ONWARD REFERRAL PATHWAY

It is important that aesthetic providers develop and implement a clear, structured referral pathway for all prospective patients identified as likely to benefit from additional assessment and, if appropriate, intervention. This should be designed to enhance the care, treatment and support they receive. The first step may involve giving all patients the RoFCAR in addition to having a thorough preoperative consultation. For the majority of patients this will be sufficient provision prior to the procedure. However, if there are concerns regarding the patient (e.g., high scores on the RoFCAR) this could trigger an additional, more exhaustive,

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practice-based consultation to establish, for example, whether it is the optimal time for the patient to undergo a cosmetic procedure. If the aesthetic provider remains concerned and/or there is evidence of severe psychological vulnerability, then a more thorough psychological assessment should be recommended and a referral to a specialist (e.g., clinical psychologist) may be the most appropriate action.<sup>15</sup> Discussing a referral can be difficult and challenging for some aesthetic surgery providers. Certainly, an angry response or outright refusal from a patient may be a further indication that they are not suitable to undergo a cosmetic procedure.<sup>26</sup> Patients may be surprised and puzzled by a referral, it is therefore important to emphasise that a referral is an opportunity to clarify their expectations and goals for surgery.<sup>15</sup> For a list of clinical psychologists working locally, see the British Psychological Society. It is also important to check that they are registered with the Health & Care Professions Council which is the regulatory body for practitioner psychologists: [www.hpc-uk.org](http://www.hpc-uk.org)

## AUDITING PATIENT OUTCOMES

The post-operative version of the RoFCAR should be administered to patients at their follow up appointment. The post-operative RoFCAR is almost identical to the pre-operative version to allow for pre/post comparisons. There are three additional

open-ended questions to examine the impact of undergoing a cosmetic procedure on the patient's life. The routine collection of post-procedural psychological data is an important part of clinical audit, and data can also be used to inform the current limited understanding of the benefits of cosmetic procedures.

## CONCLUSION

The aim of a psychological assessment is not primarily to prevent a cosmetic procedure from taking place but to increase the likelihood of a patient (and aesthetic provider) achieving a positive outcome. The RoFCAR is a brief, easy-to-use tool designed to help aesthetic providers identify patients who may be at risk for a poor post-operative result. It is designed to be used in addition to an in-depth consultation. The RoFCAR is also designed to facilitate audit in line with professional guidelines and to provide a clearer understanding of post-procedural psychosocial gains.

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