# Managing expectations associated with cosmetic interventions

| Seriousness of complication | | Frequency of complication | |
|---|---|---|---|
| Worrying complication | x | Occasional | x |

| | |
|---|---|
| **Title** | Managing expectations associated with cosmetic interventions |
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# Managing expectations associated with cosmetic interventions

## Introduction:

This brief paper will stress the importance of managing expectations. Some of the factors impacting on this process will be discussed, as will the adverse effects of not managing expectations effectively.

In an age when a large majority of the population are dissatisfied with their appearance[1], rates of cosmetic interventions continue to increase, with non-surgical treatments being more than five times more common than surgical treatments[2]. The expectations of many patients have risen concomitantly, with successful treatment outcomes deemed to be the norm and "success" for patients being fairly synonymous with their level of expectation following a procedure[3]. Almost self-evidently, a satisfied patient is one whose expectations have been met.

## Definition:

The Oxford English Dictionary[4] defines the management of expectations as "seeking to prevent disappointment by establishing in advance what can realistically be achieved". Identifying expectations, in advance of treatment, therefore, is a clear pre-requisite if that intervention is to give rise to a satisfied patient.

## When expectations are not met:

Clinics providing cosmetic treatments will usually hear from their dissatisfied patient. At the mild end of the spectrum, clinicians will hear negative feedback, directly or indirectly. Bad publicity, notably these days through social media, may damage the reputation of the clinic. The worst outcome is a formal complaint and/or a claim for damages.

From negative feedback through to a formal complaint, the dissatisfaction that generates these responses almost always derives from failing to manage or meet the patient's expectations. This underlines the vital importance of identifying expectations at the first consultation and documenting this discussion[5]; not least since this could prove vital should a subsequent complaint arise.

## Minimising the risk:

## a) Patient factors

It is important to appreciate that patients' expectations and motives for seeking treatment are thoroughly complex and diverse. Some relevant factors will be mentioned below:

**Age:** Younger patients can be particularly sensitive to the opinions of their peers and to images on social media. Especially in this group, however, correction of a truly unattractive feature can prove enormously therapeutic[6].

**Media**: Television, magazines, films and the internet can all give rise to unrealistic expectations of an idealized appearance[7]. Social media such as Instagram which encourages users to take the perfect "selfie" has led to high levels of dissatisfaction with body image and appearance. Not only has this negativity impacted on inter-personal relationships[8]

but also has a dramatically increased demand for cosmetic treatments[9].

**Partners, Families and Friends**: May exert strong influences and it may be helpful to tease out and differentiate the patient's expectations from those of others[10].

**Indirect Effects**: Expectations of secondary effects the physical changes may have on a patient's life should be considered. Unrealistic expectations (e.g. that their partner will love them more) require discussion[3].

**Psychopathology**: Low self-esteem may lead to unrealistic goals and expectations. High neuroticism and/or anxiety may influence expectations, and outcomes tend to be poorer. Body dysmorphic disorder may be a contraindication to treatment and can be associated with "doctor-shopping". Appropriate onward referral may be required when psychopathology is severe[11].

**Educational level**: Expectations tend to be higher among more educated patients[12].

**Knowledge level**: Education about the details of the treatment may modify expectations, and good information is associated with better outcomes. Sometimes hearing these details may lead to the patient preferring a different course of treatment than that proposed. Providing the patient is aware of the limitations imposed by her disinclination to follow the practitioner's advice, proceeding with an agreed alternative plan may be more likely to achieve a satisfactory result in that expectations have been matched[13,14].

**Cost**: It is essential to clarify the cost of the intervention and that of other treatment modalities which may be required in addition to achieve the desired outcome.

## b) Practitioner factors

All practitioners have a duty to work within the limits of their competence and experience and, by so doing, should have appropriate expectations as to what can be achieved for each patient[15].

With some patients, there will be a considerable range of treatment options, especially when several different aspects of the patient's appearance could be addressed. The practitioner will then need to know what is realistic and feasible to expect, and prioritise accordingly. Particularly in this context, expectations of timescale may be important, especially when desired effects are a requirement before an important event (e.g. a family wedding).

On occasion, it will be appropriate to turn down a patient's request for a particular treatment. It is essential to explain the reasons why (to avoid them being treated unnecessarily by a less scrupulous practitioner through "doctor shopping"). This discussion would also provide the opportunity to advise on which other treatment options may be appropriate.

The practitioner needs a thorough knowledge base on each product she/he uses in order to know what outcome to expect. This knowledge should not derive solely from the manufacturer, and this emphasizes the need for regular educational updating in a variety of settings[16]. A full range of treatment options should be presented to each patient.

Practitioners need to know, and need to explain to their patients, the likely "downtime" or potential adverse effects of any treatments undertaken. Forewarning

of patients is likely to reduce dissatisfaction; for example, a patient knowing that sagging abdominal skin is likely after bariatric surgery[17].

Ongoing advice and support can be important in modifying a patient's unfulfilled expectations. Ideally, all patients would have a follow up appointment to determine whether expectations have been met and this will also be educational for the practitioner.

## Informed consent:

Informed consent is an essential pre-requisite to any treatment. As may clearly be evident, informed consent cannot be acquired without an exploration of the factors mentioned above. An understanding of what the patient wants and expects, along with an educated understanding of the patient's condition and an explanation of what the practitioner hopes to achieve, are central to the principles of informed consent. The process of eliciting consent should be recorded as should the explanation of possible adverse effects. Providing written information to the patient may augment the process of consent to treatment[18].

Recent GMC guidelines on cosmetic interventions stress the importance of giving patients time to reflect on all the information that they have been given. The duration of this "cooling off" period has not been specified[19].

## Discussion and Conclusion:

More people consider cosmetic intervention than actually proceed with treatment. Trust in one's practitioner can be vital to the decision to proceed. A full discussion of the expectations of the patient and the practitioner can help to generate this trust and may help to ensure a successful outcome. Successful outcomes lead to successful clinics.

Reviewing patients after treatment is very important. If expectations have not been met then, depending on the reasons for this, further treatment could be contemplated. This consultation also provides essential feedback for the practitioner.

There are screening instruments that investigate patients' expectations of cosmetic treatments (e.g. how they expect their appearance and quality of life to change following treatment)[20]. There is also now patient-reported outcome measures (PROMs) that can be used with patients before and after treatments to measure change, for example, in facial lines[21]. Such tools are being increasingly used to improve quality in clinical practice. For example, the FACE-Q[22] PROM is now being used nationally in the UK to evaluate outcomes of patients undergoing facelifts, blepharoplasty and rhinoplasty as part of the Royal College of Surgeons cosmetic surgery PROM initiative[23]. Perhaps in due course, such scales will be used routinely to evaluate outcomes of cosmetic treatments as way to augment, but not replace, patient-practitioner discussions of all the various factors that influence expectations of cosmetic treatments.

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The ACE Group have produced a series of evidence based and peer reviewed guidelines to help practitioners prevent and manage complications that can occur in aesthetic practice. These guidelines are not intended to replace clinical judgement and it is important the practitioner makes the correct diagnosis and works within their scope of competency. Some complications may require prescription medicines to help in their management and if the practitioner is not familiar with the medication, the patient should be appropriately referred. Informing the patient's General Practitioner is considered good medical practice and patient consent should be sought. It may be appropriate to involve the General Practitioner or other Specialist for shared care management when the treating practitioner is not able or lacks experience to manage the complication themselves. Practitioners have a duty of care and are accountable to their professional bodies and must act honestly, ethically and professionally.


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