reconstruction vs elective cosmetic surgery: the debate

SYDNEY COSMETIC AND MAXILLOFACIAL SURGEON **DR JOHN MCHUGH** TALKS ABOUT THE DELICATE INTERPLAY BETWEEN RECONSTRUCTIVE AND COSMETIC SURGERY. GEMMA GARKUT REPORTS.

For cosmetic and maxillofacial surgeon Dr John McHugh, one of the most interesting aspects of treating his patients is the interplay between cosmetic enhancement and surgical rehabilitation.

With a background in military and facial reconstructive surgery, Dr McHugh's experience lies in reconstructing facial defects following resection of cancers, trauma or removal of facial deformities. 'The delineation between what is cosmetic elective surgery and necessary surgery required to correct deformity can sometimes be a matter of opinion, and is often the subject of much debate,' says Dr McHugh.

'I find the relationship between cosmetic surgery and reconstructive treatments are extremely complementary,' he says. 'I recently, as a reserve military surgeon, had a discussion with the chief OMFS surgeon of the US Army and was amazed at how cosmetic technologies were being used to reconstruct the faces of injured soldiers.'

Dr McHugh notes he often experiences a blurred line between necessary and elective surgery in his breast and body surgical cases. 'In some of these cases it is not a case of excessive vanity but a serious negative sense of body image that can induce unhappiness and indeed psychiatric illnesses such as depression,' he says.

'The difference here is that the patient's perceived deformity is often easily appreciated by other people and therefore it is not completely a symptom of a body dysmorphic disorder exhibited by the patient.'

'In some cases I feel the psychosocial impact of the body's appearance can be every bit as devastating as a physical deformity, and I find it difficult to deny treatment in such cases,' he continues. 'I also see this in transgender patients who wish to feminise their face to complete their transition where, although largely cosmetic and despite any ethical or religious concerns that one may have, the right to surgical treatment cannot be denied.'

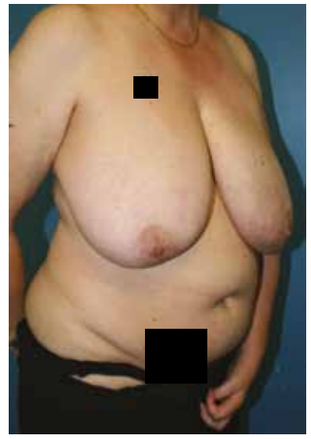
Dr McHugh says this is especially true in cases where gender identity, especially in the early stages of treatment, can be a confusing and traumatic time for the patient. 'Personally, I believe patients deserve intervention in a manner consistent with the best ideals and values of both the medical profession and spiritual faith,' he says.

'When thinking about this – and believe me, I have thought about these issues long and hard – the line between what is commonly perceived to be frivolous cosmetic surgery and life-changing medical intervention is no longer so clear,' he says. 'I have learnt not to judge people for what in the past I might have considered "vanity",' he continues. 'Today, I still treat cancer and deformity patients as well as cosmetic patients. I also continue to carry out humanitarian work with the ADF where I see great need.'

However, Dr McHugh says for him the question of 'who deserves what' and 'who has the right to judge whom' is an increasingly blurred issue. 'I sometimes see that the improvement that occurs on several levels in a patient receiving cosmetic surgery is as dramatic and as valid a result as a patient I am treating for trauma or disfigurement,' he concludes. **acsm**

Case study 1

A female in her mid 30s who suffered hemiplegia following stroke during childbirth. She was unable to clean under her large, pendulous breasts because of her paralysis, leading to severe excoriation under the breast. I had performed skull surgery for her and she subsequently requested breast reduction, but still wanted to feel feminine. She is very happy with her result as it enables good hygiene as well as attractive, feminine-looking breasts.



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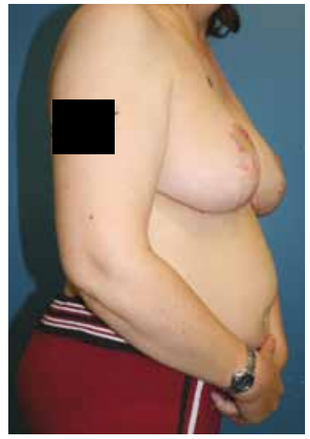

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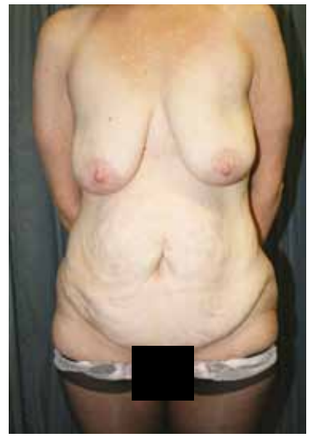
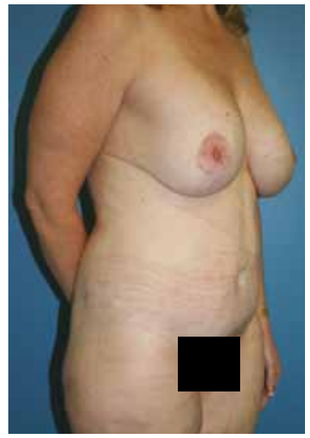
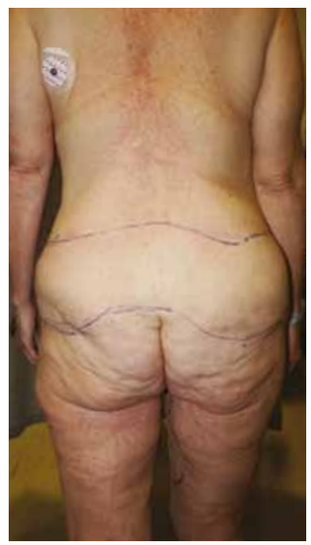
Case study 2

This patient in her early 40s has three adult children and experienced massive weight loss without surgery. She felt physically deformed, depressed and uncomfortable in her new relationship. Following a circumferential body lift, thigh and buttock lift with breast implant and mastopexy (breast lift), she now feels much more sociable and dresses in figure-hugging clothes and attractive dresses. She feels that it has been a life-changing experience and certainly the psychological benefits to this patient are indisputable.







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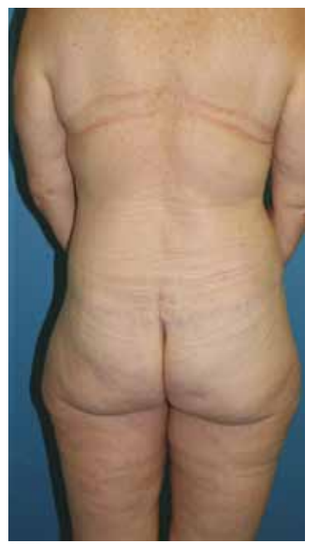

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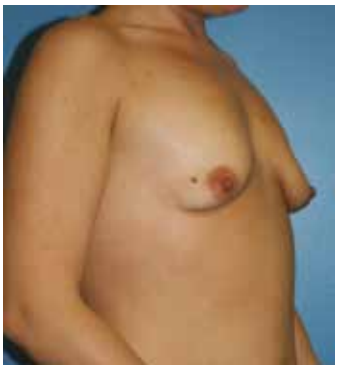
Case study 3

This young professional with young children is happily married but with a severe social phobia because of her lack of breast development. Following breast augmentation, the dramatic difference in her social interaction and mood was markedly improved.



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Case study 4

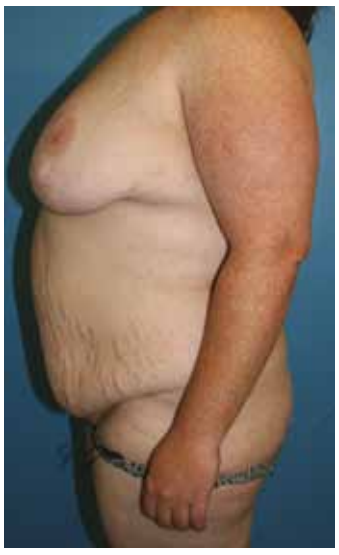
A female academic in her early 30s had a hemifacial congenital deformity. I would normally approach this problem with bimaxillary surgery, but in this case she wanted a more conservative option. I placed a mandibular implant to camouflage the asymmetry and the improvement in her self-esteem post-procedure was dramatic.

BEFORE

AFTER

Case study 5

Radical abdominoplasty and rectus muscle plication in a female, early 30s, following three children. She was advised to have gastric bypass/laparoscopic banding but when I looked at her I saw a patient who was extremely unhappy with abdominal pannus and as you can see in the post-op picture she actually looks fairly well balanced. She is now much more motivated to exercise to achieve a healthy weight, is more comfortable in her new relationship and is extremely happy with her result.



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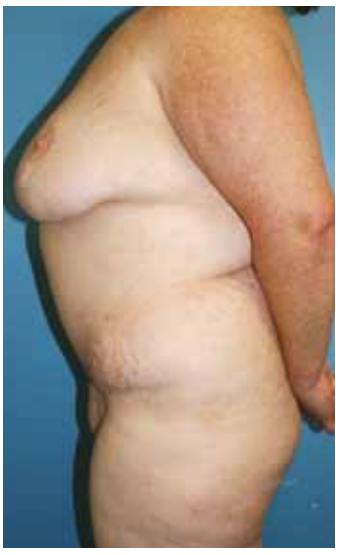

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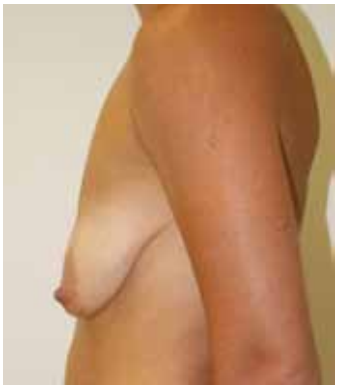
Case study 6

This patient in her early 30s has two children and has just entered into a new relationship. She presented with severe breast ptosis. A breast augmentation and mastopexy was performed. The after image shows her results just two weeks following surgery.



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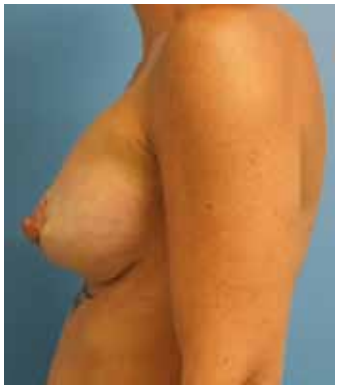

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