

Surgical Aesthetics

The business of cosmetic plastic surgery

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**To Midface
Rejuvenation**

How to Say No
To Patients

Surgical Tables



How to Say **No**

It's never easy, but sometimes you have to refuse a prospective patient's request.

By Charlotte LoBuono

Surgeons who offer cosmetic procedures spend a large amount of time and money attracting and converting prospective patients. A less-often discussed—yet vitally important—skill is knowing when and how to turn patients away. Individuals with pre-existing health concerns, unrealistic expectations, underlying psychiatric problems, and those who do not truly understand the risks and implications of surgery are poor candidates for aesthetic procedures. While most surgeons understand this, the act of saying no to an unhappy individual who has come to you for help can be challenging and uncomfortable.

healthy enough to undergo the desired procedure. “There is almost always something that we can offer, even if it’s not exactly what they were originally looking for,” says Lyle Back, MD, a board-certified plastic surgeon in private practice in Cherry Hill, New Jersey (lovelyback.com). “If the medical risk precludes an invasive procedure, we can offer a noninvasive procedure. It might not give the patient the result they want, but you may be able to get most of it or part of it. There are really great situations where we have something that is less risky that will actually work better for such patients’ concerns.”

In the case of an overweight patient who needs to lose weight to reduce the surgery risk, Dr. Stevens refers the patient to a trainer and a dietician. “They can help the patient lose the 60 pounds or so they need to lose before we can do surgery,” he says. “So I’m not saying no, I’m saying not now, because they are not currently a physical candidate for this procedure.”

Bad Chemistry

In some cases, a prospective patient is a good candidate physically for surgery, but something about their behavior raises a red flag. “For whatever reason, the chemistry is not there, there is something in their attitude,” says Dr. Stevens. “I just don’t feel I’m the right person. It’s not about the skill set, it’s about the relationship.” In these cases, he tells the patient that he doesn’t

feel he is the best person to perform their surgery and gives them the names of three skilled aesthetic surgeons in the area.

Dr. Stevens admits that he arrived at this strategy after years of trial and error. “Experience is a great teacher, and bad experiences teach best,” he says. “Follow your gut. For the most part, you will know within five minutes whether or not you should be working with a patient.”

When faced with a patient who seems overeager or blasé about the risks of their desired procedure, Dr. Back reminds physicians that they can always apply the brakes. “Be honest and tell the patient, ‘I think this needs a little more discussion. I’d like you to sleep on some of the things we talked about.’ You can refer them to online resources and suggest meeting again in



It can be challenging to trust your instincts when you feel a patient is a poor fit for your practice or a desired procedure.

Key to handling these cases is learning to recognize potentially problematic patients and preparing a script that will allow you to refuse their requests tactfully. “The whole subject of patient selection is complex,” says Grant Stevens, MD, a board-certified plastic surgeon and medical director of Marina Plastic Surgery (marinaplasticsurgery.com). “How I say no has to do with why I say no. Often I am not saying no to the patient, per se, but I am saying not now or not me.”

Pre-Existing Medical Conditions

The most important situation in which you must decline surgery involves patients who have medical risk factors that make them poor candidates for invasive procedures. In these cases, the best strategy is to offer safer alternatives or counsel patients to wait until they are

another week or two to revisit the issue," he says.

In many cases, the patient is grateful. "They will come back and say, 'At first I was a little upset, but now I am glad you did that. I've thought it through, and now I am thinking about doing something different,'" says Dr. Back. "Even an average, reasonable person can experience clouded judgment under emotional circumstances. But if you slow things down, they realize that you're a good person trying to do the right thing."

If the patient becomes upset and insists on going ahead with the procedure, that is a red flag. "If someone doesn't listen to what you are telling them, you are learning something very valuable: This is someone you

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should not operate on," says Dr. Back. "We have had unhappy patients utter that terrible phrase: 'You rushed me into it.' Typically, this is a patient who requested to get something as quickly as possible or asked for the next available spot, so those words really hurt. This can be avoided by putting on the brakes."

Psychiatric Concerns

In some cases, surgeons are faced with patients who will never be happy with their results—body dysmorphic disorder (BDD) is well known to the aesthetic community. These patients often identify themselves during the consult when they are unable to offer any definitive concerns.

"I had a girl come in and say, 'I don't like my nose, it makes me look ugly. Fix it,'" says David Ellis, MD, medical director of the Art of Facial Plastic Surgery in Toronto (ellisplasticsurgery.ca). "People usually come in with a very specific request like, the tip of my nose is too wide or I have a bump, but she couldn't point to an exact issue."

In a similar scenario, Kevin Tehrani, MD, director of Aristocrat Plastic Surgery (aristocratps.com), consulted with a male patient seeking a facelift. "He said, 'Doc, make me look better,' so I talked to him in front of the mirror and asked exactly what he'd like to improve," says Dr. Tehrani. "I pulled up the skin on his neck and the side of his face, but he couldn't tell me yes or no as to whether he liked the results. He struck me as someone who was unhappy about something that I could not improve. With these patients, even if they have an

aesthetically good outcome, they can't see it."

Dr. Tehrani turned the patient away, but he went to another surgeon to have the facelift and returned a few months later. "He's telling me that he's still not happy because of his nose. When he walks down the street he feels like people are looking at him weird because of his nose," says Dr. Tehrani. "I did refer him to a psychiatrist. Regrettably, I should have done that the first time I saw him."

Handling psychiatric referrals can be tricky, as patients will often become angry. A mental health colleague of Dr. Tehrani's advised him not to mention psychiatry or mental health and instead say, "Would

you like to talk to someone to discern exactly what you would like to accomplish from this procedure, and then we can meet again after you've had that meeting?"

Although BDD is the most frequently discussed psychiatric concern relating to cosmetic procedures, Dr. Stevens also raises concerns about individuals with borderline personality disorder, which is characterized by impulsive behavior and a high risk of self-harm. "Borderline personality disorders are the toughest to spot, and they are very frequent in a plastic surgeon's office," says Dr. Stevens. "If a borderline personality disorder is coupled with BDD or an addiction to plastic surgery, it's the worst combination you could have because these patients will turn on you. Typically, they are very attractive people and very magnetic."

If he feels that a patient has underlying psychiatric problems that will prevent them from giving consent or achieving satisfaction from surgery, Dr. Stevens tells them, "I don't think I am the best candidate to do your surgery, and I don't think you are a great candidate to get surgery. Here's why." He then has the patient stand in front of a mirror, and points out why their chance of being happy with the surgical results is minimal.

Unrealistic Expectations

The marketing hype surrounding cosmetic treatments can lead many patients to enter a surgeon's office with unrealistic expectations. As Dr. Stevens puts it, "I cannot make every guy look like Brad Pitt."

If a patient is unable to accept or understand the realistic outcome of the procedures you recommend,

often the best way to handle the situation is to take the blame on yourself. "Rather than make the patient feel badly, I will say something like, 'I know this is very important to you, but I do not know if I have the skills to deliver what you are truly looking for. I feel uncomfortable and I'm sharing this with you because I might not be able to give you what you're expecting,'" says Dr. Back. He notes that patients are often upset, initially, but ultimately, they are grateful that you were honest with them.

If the patient insists on going forward, he recommends that they seek a second opinion. "This is a test," he says. "If the person says they don't need another opinion, that is a red flag. If the patient does seek out a second opinion and the other surgeon is of a similar opinion, that often gets through to the patient."

Unnatural Enhancements

Though the trend in aesthetic surgery is to create natural-looking results, there are patients who seek enhancements to emphasize their features in an unnatural way. They may want overfilled lips or breast implants that are way too big for their frame. This is a challenge for practitioners who have to balance their desire to make patients happy while also showcasing their skills. "I tell patients this is a partnership, and they are a reflection of my skills and abilities," says Dr. Stevens.

Dr. Ellis emphasizes that the results the patient is seeking will make them look "funny" or "unnatural." In the case of fillers, he counsels patients to start with a little and then return in two or three weeks to see if they are happy. He can administer more at that time if they are not satisfied.

It can also help to paint a picture of potential complications by showing the patient photos. "I have been in practice almost 12 years, so I have a lot of pictures that can demonstrate the awful complications, such as losing their nipples, that these procedures can cause," says Dr. Tehrani.

Dr. Back emphasizes his philosophy of providing results that look natural and pleasing. "I also try to delve into it a bit to understand what they are asking for and why they are asking for it," he says. "Many times, I realize that they do want a natural result, they just didn't know how to express it and were using examples that weren't exactly what they wanted."

If he determines that the patient indeed wants an outcome with which he is not comfortable, "I tell the patient, 'I am not the doctor you want, because this is not my style and not what I do.'"

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Patients Under Duress

In some cases, you may suspect that a patient is only in your office at the urging of a parent or significant other. In these cases, try to speak with the patient alone, says Dr. Back.

"I've actually said to a patient, right in front of the other person, 'If there is something you would like to discuss with me personally or privately and, for whatever reason, it feels awkward discussing it here in the office, here is my private number. Call me anytime,'" he says. "I have offered that and people have taken me up on it. Sometimes it's just a concern they are uncomfortable discussing in front of their spouse, parent or sibling."

Overall, Dr. Back recommends, again, applying the brakes and giving everyone a little time and space. "If you get the feeling that something is amiss, you really have to stay your hand and maybe be the bad guy," he says. "But, in the interest of the patient, tell them that you are uncomfortable proceeding and think the surgery should be put on hold."

In all of these cases, the greatest challenge for surgeons is to trust their instincts and understand that one lost patient will not undermine their practice. "The biggest trap for surgeons is that they know better, but they drop their guard because they want to make money," says Dr. Stevens. "Another major error is thinking you can get rid of a patient by pricing them out of the market by doubling or tripling the cost of the procedure. Some of these people have plenty of money to pay you. Then what do you do?"

He emphasizes that, no matter how careful you are in patient selection, a case you should not have taken will occasionally slip through the cracks. "As I tell the residents, I am in the practice of medicine," says Dr. Stevens. "I practice and practice, and I still get it wrong sometimes. My hope is that I am always improving and that I will be better next year than I am this year." ❖

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