The discrepancy between patient expectations and realistic outcomes in aesthetic plastic surgery: A comparative analysis

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ABSTRACT

Cosmetic plastic surgery has become increasingly popular in recent years, with individuals seeking various procedures to improve their physical appearance. However, an important issue that arises in this field is the discrepancy between patient expectations and the realistic outcomes of these surgeries. In addition, strategies to improve communication between patients and surgeons and manage patient expectations will be discussed. To begin with, it is essential to understand the fundamentals of cosmetic plastic surgery. This overview will cover the definition of cosmetic plastic surgery, the different types of procedures available, and the common motivations for individuals to undergo such surgeries.

1 INTRODUCTION

Cosmetic plastic surgery has become increasingly popular in recent years, with individuals seeking various procedures to improve their physical appearance. However, an important issue that arises in this field is the discrepancy between patient expectations and the realistic outcomes of these surgeries. In addition, strategies to improve communication between patients and surgeons and manage patient expectations will be discussed. To begin with, it is essential to understand the fundamentals of cosmetic plastic surgery. This overview will cover the definition of cosmetic plastic surgery, the different types of procedures available, and the common motivations for individuals to undergo such surgeries. By establishing this foundation, we can delve into the expectations of patients who choose to undergo cosmetic plastic surgery and how these expectations compare to actual outcomes. Factors that contribute to the discrepancy between patient expectations and realistic outcomes will also be explored. To quantify and compare this discrepancy, several methods can be employed. This research will examine the advantages and disadvantages of different comparison methods and provide insight into how the discrepancy between patient expectations and realistic outcomes can be measured effectively. Understanding the impact of this discrepancy is crucial, as it can significantly affect patient satisfaction and overall outcomes. Therefore, an analysis of the consequences of this discrepancy will be carried out. To mitigate the impact of the discrepancy between patient expectations and realistic outcomes, strategies to improve communication between patients and surgeons will be discussed. This includes exploring effective communication techniques, avoiding misunderstandings, and managing patient expectations. In addition, the responsibilities of surgeons in ensuring that patients have realistic expectations will be highlighted. In conclusion, this research paper aims to clarify the discrepancy between patient expectations and realistic results in aesthetic plastic surgery. By examining the factors that influence this discrepancy, quantifying and comparing the differences, and understanding their impact, this study seeks to contribute to improving patient satisfaction and outcomes in this area. Ultimately, the results of this research will provide valuable information and recommendations for patients and surgeons to ensure a more accurate understanding of the possible outcomes of cosmetic plastic surgery procedures.

2 OBJECTIVE

This research paper aims to explore the comparative analysis of patient expectations and realistic outcomes in cosmetic plastic surgery, examining the factors that influence this discrepancy and its impact on patient satisfaction and outcomes.

3 METHODOLOGY

3.1 DISCUSSION

3.1.1 Overview of aesthetic plastic surgery

3.1.1.1 What is cosmetic plastic surgery?

Aesthetic plastic surgery is a clinical specialty within facial plastic surgery, which has significant overlap with general plastic surgery, maxillofacial surgery, ophthalmology and dermatology [1]. This field of surgery focuses on procedures and operations that involve the anatomy from the neck up, with examples such as rhinoplasty, eyebrow lifts, blepharoplasty, and facelifts [1]. Facial plastic surgeons in the United States focus primarily on cosmetic procedures, while utilizing injectable fillers, neural modulators, lasers, and other devices for skin rejuvenation [1]. Surgeons specialized in facial plastic surgery complete residency training in otorhinolaryngology and a facial plastic surgery fellowship, since facial plastic surgery is a subspecialty of otorhinolaryngological head and neck surgery [1]. Several preoperative screening techniques are discussed, and different types of psychopathology are considered in relation to cosmetic surgery, with the typical candidate for cosmetic surgery considered psychologically stable [2]. The psychological impact of cosmetic surgery and the patient's motivations and expectations for surgery in the context of self-image are discussed [2]. The perception of psychopathology in the plastic surgery population has evolved over time, and screening for psychopathology during the preoperative interview is essential [2]. In addition, the relevance of psychological issues in plastic surgery has been established in the literature, and the article reviews the current literature on the psychology of plastic surgery [2]. Jacques Joseph is considered the founding father of modern facial plastic surgery, while Sir Harold Gillies standardized rhinoplasty, skin grafts and facial reconstruction and is often considered the founding father of plastic surgery [1]. Facial plastic surgery societies have expanded globally and modern facial plastic surgery began more than 100 years ago as a subspecialty of otolaryngology [1]. The endoscopic approach produces less dramatic results and is preferred by younger patients seeking more natural and subtle changes, while the midbrowlift is an option for men, where an incision is made in a deep furrow of the eyebrow and a fusiform ellipse of skin is resected [1]. The classic approach to forehead lifting involves resecting excess skin and repositioning the forehead skin superiorly, while different types of incisions are used based on the patient's hairline [1]. Middle and direct frontal lifts can leave visible scars and are most commonly used for functional eyebrow surgery in patients with eyebrow ptosis, while direct frontal lifting, performed on the upper margin of the eyebrows, is rarely done [1]. Endoscopic surgery is a newer approach to forehead lifts, involving small incisions behind the hairline and the use of an endoscope for visualization [1]. The motivation for surgery can be external or internal [3], and psychological complications may arise

What are the different types of cosmetic plastic surgery available? appearance. Some of the most popular plastic surgery procedures include rhinoplasty, blepharoplasty, breast augmentation, and facelifts [4]. These surgeries can help individuals achieve a more aesthetically pleasing appearance and boost their confidence. In addition, there are many other types of cosmetic plastic surgery available, such as liposuction, tummy tuck, Botox injections, and forehead lifting [4]. To gain a better understanding of the various types of plastic surgery available, researchers conducted a study where they collected data from YouTube videos related to plastic surgery [4]. The videos were classified according to the type of content, authorship, number of views and number of likes [4]. Through the analysis of the 20 most viewed videos, the researchers were able to know the different types of plastic surgeries available and how they are perceived by the public. Ultimately, this research provides valuable information about the various types of plastic surgery available to individuals who wish to improve their physical appearance.

What are the common motivations for undergoing cosmetic plastic surgery? they can be external or internal [5]. External motivations may include the desire to please a romantic partner or the perception that the procedure will save a relationship [5][6]. Internal motivations may include the desire to improve self-esteem, correct perceived flaws, or address body image dissatisfaction [6][5]. Unrealistic expectations of the outcome can also be a motivation to undergo cosmetic plastic surgery [6]. Studies have shown that individuals motivated to please a romantic partner are more likely to have a poor outcome after surgery [5]. In contrast, internally motivated patients are more likely to achieve their goals for surgery [5]. In addition, individuals with a history of depression, anxiety, or personality disorder may also be more likely to undergo cosmetic plastic surgery [6]. Overall, plastic and cosmetic surgeons report high satisfaction rates among their patients [6]. It is assumed that a successful cosmetic procedure will result in improved self-confidence, self-esteem and psychosocial functioning [6]. However, more research is needed to determine if this is indeed the case [6]. In addition, patients may be dissatisfied with plastic surgery even when the result is objectively successful, which may indicate a possible body dysmorphic disorder [6]. Thus, it is important to evaluate the motivations for surgery during the initial consultation [5], as this can help identify patients who may have a poor outcome in terms of psychological adjustment and psychosocial functioning [6].

3.2 PATIENT EXPECTATIONS AND REALISTIC OUTCOMES

3.2.1 What are the expectations of patients undergoing cosmetic plastic surgery?

Patients undergoing cosmetic plastic surgery have some expectations that should be addressed preoperatively, such as improved health-related quality of life, self-confidence and body image. One team developed an expectation scale specifically for cosmetic plastic surgery patients [7] that asks about the changes they expect to see in their appearance and life after the procedure. In addition, a

PRO scale can be used to measure patient expectations [7]. Surgeons must ensure that they accurately inform patients about the risks, benefits, limitations, and expected outcomes of the procedure, as well as the psychological and social problems they can expect to overcome [8]. It is also important to assess the patient's motivation for surgery and their understanding of the procedure [9] to determine if they are able to be satisfied with the results. Many patients feel that the level of information they receive before surgery is inadequate [8], while others are surprised to find that they have achieved a new body shape and size [7]. However, some participants expressed disappointment at seeing their scars for the first time, or had unmet expectations [7]. Surgeons have a responsibility to legally protect themselves from medical malpractice lawsuits by providing accurate and informative information to their patients [8]. They should also ensure that patients have realistic and appropriate expectations about the outcomes of cosmetic plastic surgery, as well as expectations about the recovery process [7].

How do patient expectations compare to realistic outcomes? procedure are often not complied with [10]. This is especially true for minimally invasive surgery (MIS), which has a high expectation rate among patients [11]. There is a clear discrepancy between patient expectations and actual outcomes, and this may play a greater role in patient satisfaction after MIS compared to open surgeries [11]. It is important to understand the patient's expectations before surgery, so that they can be aligned with the realistic results of a given procedure [12]. To this end, the EXPECT intervention was developed, which focuses on developing realistic expectations and providing guidance on how to positively influence the course of the disease after surgery [13]. The patient's expectations of control are enhanced by discussing ways in which they can cope with unpleasant symptoms or sensations [13]. In addition, the importance of meeting previous expectations is fundamental [14], because higher preoperative expectations of the patient are associated with greater satisfaction [15], better quality of life (QoL) and decreased disability [16]. However, some studies suggest that it is the actual improvement in symptom status that governs the outcome, regardless of previous expectations [14]. This is evident by the fact that higher preoperative patient expectations are not associated with greater satisfaction, but are associated with greater improvement in patient-reported outcomes (PROs) [15]. In addition, the impact of patient expectations on outcomes and satisfaction may vary depending on the specific disease process and interventions being studied [16]. It is observed that unrealistically high expectations can have a negative impact on the results reported by the patient in orthopedic surgery [12], because the actual result itself may be the most important indicator of patient satisfaction after surgery [11]. Additional studies are needed to determine the impact of preoperative expectations on patient satisfaction after lumbar fusion surgery MIS of the spine, since the expectation-reality discrepancy and postoperative improvement do not show strong correlations for all outcome measures reported by the patient [11].

3.2.2 What factors influence the discrepancy between patient expectations and realistic outcomes?

The discrepancy between patient expectations and realistic outcomes is an important factor influencing patient satisfaction. A systematic review of the literature was performed to understand the patient's expectations and identify the main factors that determine these expectations [17]. It was found that patients' expectations regarding orthodontic treatments were generally overly optimistic [18]. This discrepancy can be influenced by a number of factors, such as personal experiences, other people's information, and social media [17]. In addition, the degree of improvement of symptoms and function, as well as the presence of other joint problems, can affect patient satisfaction with the result [18]. For example, one study [18] examined the importance of expectations in predicting outcomes after total joint arthroplasty. It was found that the unique variation represented by expectations in predicting outcomes was relatively low and that expectations about pain had a significant predictive value in relation to pain and functional outcomes [18]. However, the study did not investigate whether the discrepancy between patient expectations and realistic outcomes influenced their satisfaction with treatment [18]. It also did not examine how well the reality of the outcome met patients' previous expectations or expectations about overall success and the likelihood of complications [18]. On the other hand, another study [18] found that patients underestimated total recovery time and were overly optimistic about the likelihood of not feeling pain. This discrepancy between patient expectations and realistic outcomes was considered an important factor influencing patient satisfaction. Therefore, it is important for surgeons to combine education programs and discussions with orthopedic surgeons preoperatively to develop realistic and achievable expectations [19]. This will help reduce the discrepancy between patient expectations and actual outcomes and improve patient satisfaction.

3.3 COMPARATIVE DISCREPANCY ANALYSIS

3.3.1 How to quantify the discrepancy between patient expectations and realistic outcomes?

Quantifying the discrepancy between patient expectations and realistic outcomes has been an ongoing task of concern in the orthopedic field. Comprehensive patient data, including information on lifestyle activities, can help accurately assess this discrepancy [20]. Predictive models based on objective data can also be used to measure the gap between patient expectations and realistic outcomes [20]. In addition, informing patients about the outcome of orthopedic procedures can lead to greater alignment of expectations and greater patient satisfaction [20]. This process of informing patients can also contribute to quantifying the mismatch between patient expectations and realistic outcomes [20]. The gap of understanding between patients and surgeons about the limitations of orthopedic procedures is one of the main sources of discrepancies in patient expectations and dissatisfaction [20]. Generally, patients are less satisfied than surgeons with the results of orthopedic procedures [20]. In addition,

patients may not always be aware that some of their expectations cannot be met by current orthopedic procedures [20]. Surgeons wish to fulfill the goals of their patients, but are aware that this cannot always be achieved [20]. Lastly, patients have expectations of long-term symptom-free functioning, particularly in activities that are personally important to them [20].

3.3.2 What methods can be used to compare the discrepancy between patient expectations and realistic outcomes?

One of the most important issues in facial plastic surgery is the comparison between patient expectations and realistic outcomes [21]. A retrospective study suggested that patient expectations about the outcome after a medical intervention may influence the outcome of the intervention [21]. In the study, pre-transplant expectations were described based on patients' memories [21]. There are longitudinal studies on the evolution of quality of life before and after the intervention, however, there is limited prospective longitudinal evidence on patients' expectations regarding future quality of life before the intervention and their actual quality of life after the intervention [21]. The study also showed that liver transplant patients with unmet optimistic expectations after transplantation had lower quality of life scores compared to patients with less optimistic expectations [21]. This discrepancy between patient expectations and realistic outcomes can have important clinical and economic consequences for the healthcare sector [21]. Therefore, the clinical importance of high pre-transplant expectations needs to be examined to understand the discrepancy between patient expectations and realistic outcomes [21]. To obtain more information about this phenomenon, it is necessary the long-term follow-up of renal transplant patients [21]. In addition, if expectations are not met, patients may change their behavior, such as failing to comply with their therapeutic regimen [21]. In addition, there is a discrepancy between the quality of life judgments of health professionals and the quality of life reported by patients [21]. A study was conducted to evaluate this discrepancy in the kidney transplant population, however, no relevant evidence was found [21]. It was also found that nurses tend to overestimate patients' feelings of anxiety, depression and distress [21]. However, aspects of life beyond the physical dimension are more important to patients than physicians anticipate, and physicians tend to underestimate the intensity of patients' pain [21]. In addition, health professionals tend to underestimate the quality of life of patients, although some researchers have found close correspondences between the quality of life judgments of health professionals and the quality of life reported by patients [21]. The agreement between health professionals and patients is higher for the most visible, concrete and objective dimensions of health-related quality of life [21]. Inconsistencies in patients' assessments of expected and actual health status after transplantation may contribute to discrepancies between patient expectations and realistic outcomes [21]. In the study, the inconsistency in the answers was not a reason for exclusion and all the patients' answers were accepted as a valid

reflection of their personal feelings at that moment [21]. Some patients gave inconsistent assessments for expected and actual quality of life after transplantation, classifying a state that was logically better or worse than another inferior or superior, respectively [21]. In three patients, consistency could not be established because there was no logical classification between the two states [21]. 4 transplant patients felt better than expected 14 days after discharge, 2 patients felt better than expected 12 months after transplantation, 7 patients felt worse than expected 12 months after transplantation [21], 16 transplant patients experienced un

3.3.3 What are the advantages and disadvantages of different comparison methods?

The analysis was performed according to the STROBE criteria to evaluate the quality of non-randomized studies [22]. The objective of the analysis was to determine the strengths and weaknesses of different comparison methods based on the results obtained. The study used three broad groups of methods: analytical, empirical quality, and empirical discrepancy [23]. Each group of methods was described in detail and comparative discussions were held to compare them [23]. The study also discussed special methods in addition to the three main groups [23]. The authors aim to provide guidelines for the proper use of existing evaluation methods and improve their performance [23]. An experimental comparison was performed for some empirical methods of quality and discrepancy commonly used to determine their assessment abilities [23]. However, the study presented some limitations, such as the lack of evaluation and three-dimensional analysis [24], which may have resulted in the loss of information during the evaluation. Despite these limitations, the authors still consider the evaluation of accuracy using different printing techniques as a simple and perceptual means [24]. The authors also mentioned the ongoing data analysis of a clinical trial, suggesting that future research may provide more information about the advantages and disadvantages of different comparison methods [24]. Finally, the authors highlighted the need to carefully evaluate potential treatment effect modifiers, even in high-quality non-randomized trials, and the use of the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework to assess the quality of evidence from non-randomized trials in the context of network meta-analysis [22].

3.4 IMPACT OF THE DISCREPANCY

3.4.1 What is the impact of the discrepancy between patient expectations and realistic outcomes?

The discrepancy between patient expectations and realistic outcomes is an important factor to consider when assessing patient satisfaction. Studies have revealed that preoperative expectations are associated with greater satisfaction and better results after surgery [25]. However, the discrepancy between expectations and actual outcomes can lead to dissatisfaction, as patients may have unrealistic expectations of outcomes [25]. One study found that preoperative expectations, improvements in

disability and pain, and meeting expectations are positively associated with greater satisfaction with surgery [25]. The expectation-reality discrepancy measure (E-AD) can be used to measure the impact of the discrepancy between patient expectations and realistic outcomes [25]. This measure categorizes the fulfillment of expectations in different levels [25], being especially important in the first 6 months after surgery [19]. Other studies have found that actual preoperative functional status is more predictive of satisfaction than outcome expectations [25]. In addition, patients with higher preoperative expectations were more likely to report improvements in disability and pain, and also less likely to have their expectations met [25]. Of course, the discrepancy between patient expectations and realistic outcomes can have a significant impact on patient satisfaction after surgery [19]. To improve patient satisfaction, it is important for surgeons to provide education programs and have discussions with patients preoperatively to develop realistic and achievable expectations [19].

3.4.2 How does the discrepancy affect patient satisfaction and outcomes?

The discrepancy between patient satisfaction and outcomes has been extensively studied in the literature, particularly in the area of low back pain rehabilitation (LBP) [26]. In one study, patients with acute low back pain were given a questionnaire assessing their satisfaction with symptoms, which was compared with symptom reduction [26]. This was different from previous studies that focused on inpatient or chronic pain patient populations [26]. Interestingly, the item that assesses patient satisfaction with symptoms showed no discrepancy between satisfaction assessments and symptom reduction [26]. However, patient satisfaction with symptoms was considerably lower than other patient satisfaction items, such as satisfaction with treatment [26]. This suggests that patients are able to differentiate between satisfaction with the effect of treatment and satisfaction with treatment administration [26]. In addition, it was found that the degree of discomfort caused by the symptoms significantly influences patient satisfaction [26]. In addition, patient satisfaction with symptoms was considered responsive to measures of treatment effect [26]. Despite this, it has been found that the discrepancy between the effect of treatment and treatment administration does not affect patient satisfaction [26]. In addition, the overall improvement in pain and function may explain only part of the variation in patient satisfaction [26]. This highlights the need to further explore the factors that influence patient satisfaction, such as expectations and attitudes [26]. That said, the relevance of patient satisfaction as an outcome assessment has been questioned due to the existence of this discrepancy [26].

3.4.3 How can the impact of the discrepancy be minimized?

The impact of the discrepancy can be reduced in several ways. For example, effective self-regulation can help control biased responses, thereby minimizing the impact of the discrepancy [27].

Individuals with low bias are better able to inhibit prejudiced responses when discrepancies are activated [27]. This is further exacerbated by the compunction and self-reflective thoughts that prejudice-related discrepancies can lead to [27]. This cycle of self-regulation is activated in individuals with low prejudice when confronted with bias-related discrepancies [27]. They tend to pay more attention to information relevant to discrepancies than those with greater bias [27]. In addition, the extent of the discrepancy between the opinions of a communicator and a recipient is an important factor in determining the conformity of the opinion [28]. Thus, minimizing the impact of the discrepancy can help reduce the level of compliance [28]. Involving the recipient more in the process can also lead to a greater change of mind [28]. In addition, longer read times are associated with greater scrutiny of post-event information, resulting in a greater likelihood that discrepancies will be detected and misinformation will be resisted [29]. Subjects who naturally read a post-event narrative more slowly are also more likely to detect a discrepancy between what they were reading and what was stored in their memory, and those who were instructed to read slowly were also more likely to detect a discrepancy than those who were instructed to read quickly [29]. In addition, studies have shown that low-income women who preferred lean-bodied silhouettes had an increased risk of inadequate weight gain, while women with less education who preferred lean-bodied silhouettes were at risk for excessive weight gain [30]. Identifying factors that affect whether certain women are at higher risk of gaining weight outside of guidelines can improve our ability to decrease pregnancy-related health problems [30]. Women who preferred to be thinner had a reduced risk of excessive weight gain if they were overweight or obese, and an increased risk of excessive weight gain if they began pregnancy with a BMI ≤26 kg/m2 [30].

3.5 STRATEGIES TO IMPROVE COMMUNICATION

3.5.1 What strategies can be used to improve communication between patients and surgeons?

Effective communication between physicians and patients is an important factor in achieving successful treatment outcomes. Communication failures are common in the operating room, leading to increased complications [31]. To address this problem, the World Health Organization created the Surgical Safety Checklist, which has been shown to reduce morbidity and mortality [31]. Compliance with the checklist is essential to improve patient safety [31]. The checklist serves as a scaffold to improve attitudes toward teamwork and communication and can help prevent miscommunication and decrease complications [31]. To identify strategies to improve communication between patients and surgeons, the researchers conducted a literature search using specific keywords, including the Cochrane Database of Abstracts of Reviews of Effectiveness (DARE) for relevant information [32]. The research included databases such as Embase, PsycINFO and Medline, covering the last 10 years of research [32]. Original research studies have been used to explore the relationship between key

consultation skills and the performance of specific tasks in doctor-patient communication [32]. The aim of the research was to identify methods that can be used to improve communication between patients and surgeons [32]. Key findings included the fact that patients are more likely to adhere to treatment when there is effective communication with their doctors [32]. Improving communication skills can also benefit the well-being of physicians [32]. Effective communication between physicians and patients can decrease patients' distress and lead to greater patient satisfaction and better understanding of their problems, investigations, and treatment options [32]. In addition, physicians who use effective communication skills can identify their patients' problems more accurately [32].

How to avoid misunderstandings and manage expectations? of communication strategies [33]. Reflective listening is an effective tool for managing expectations and avoiding misunderstandings [34]. It involves summarizing what another person says and checking the understanding [34]. In the veterinary setting, this is especially important when discussing complicated diagnoses and treatment plans [34]. Price transparency is also important for building customer trust [34]. Openly discussing the costs of different treatment plans and offering inclusive packages with fixed prices can help manage expectations and simplify the estimation of rates [34]. In addition, it is important to discuss the family's goals when caring for your pet [34]. Asking questions about concerns, tolerance, ability to return for reappraisal exams, and budgeting for care can help manage expectations and avoid misunderstandings [34]. Using a conversation guide can provide structure for difficult conversations [34]. Checking with owners to ensure they are ready to continue a difficult conversation and allowing them to process the information are sensitive tactics for managing expectations [34]. In addition, being transparent about the cost of basic services, such as the initial exam fee, can help set expectations and alleviate anxiety [34]. In addition, involving owners in the decision-making process and considering the individual characteristics of their pets can help avoid misunderstandings and manage expectations [34]. Ultimately, incorporating basic communication skills into veterinary school curricula and continuing education can help veterinarians learn how to avoid misunderstandings and manage client expectations [34].

3.5.2 How can surgeons ensure that patients have realistic expectations?

Surgeons must take responsibility for ensuring that patients have realistic expectations before surgery [35]. This is particularly important for elderly patients and their surrogates, as communication between surgeons, patients, and surrogates plays a key role in determining the interventions that elderly patients receive for severe illness and acute surgical conditions [36]. Surgeons should be aware of the pitfalls and communication challenges that may arise during discussions about treatment goals with elderly patients and their surrogates [36]. In addition, surgeons should recognize reduced capabilities and options after surgery and prepare patients appropriately to go home within hours of surgery [37].

This can help protect the safety of your patients and avoid unrealistic expectations. In addition, surgeons need to ensure that patients have realistic expectations about the ongoing need for supervised physical therapy and achievable outcomes [35]. To that end, surgeons should focus on ensuring clear and realistic patient expectations before surgery [35]. Inconsistent counseling can lead to premature discontinuation of therapy and suboptimal outcomes [35]. It is also beneficial to involve other health professionals, such as physical therapists, in the follow-up [35]. This can contribute to realistic expectations and play a complementary role in assessing patient outcomes. In conclusion, surgeons must ensure that patient expectations are clearly communicated and realistic before surgery [35].

4 CONCLUSION

The discussion section of this research paper focuses on the discrepancy between patient expectations and realistic outcomes in aesthetic plastic surgery. He highlights the importance of surgeons ensuring that patients have clear and realistic expectations before undergoing surgery. Unrealistic expectations can lead to dissatisfaction and disappointment with the outcome of the procedure. The article emphasizes the need for effective communication between surgeons and patients to manage expectations and avoid misunderstandings. It also suggests that the use of patient-reported outcome scales can help measure and meet patient expectations. The discussion recognizes that the field of aesthetic plastic surgery has evolved over time, with advances in techniques and procedures. However, it also recognizes the psychological impact of plastic surgery and the role of the patient's motivations and expectations in the context of self-image. The paper suggests that more research is needed to better understand the factors that influence patient satisfaction and develop strategies to reduce the discrepancy between patient expectations and actual outcomes. In addition, the discussion highlights the importance of considering the psychological well-being of patients before undergoing cosmetic surgery and the need for preoperative screening for psychopathology. Overall, this research paper underscores the importance of managing patient expectations in cosmetic plastic surgery to ensure the best outcomes and patient satisfaction.

REFERENCES

Chuang, J., Barnes, C., Wong, B. Overview of Facial Plastic Surgery and Current Developments. (n.d.) Recuperado July 4, 2023, de www.thieme-connect.com

Hasan, J. Psychological Issues in Cosmetic Surgery: A Functional Overview : Annals of Plastic Surgery. (n.d.) Recuperado July 4, 2023, de journals.lww.com

Wengle, H. The Psychology of Cosmetic Surgery: A Critical Overview of the Literature 1960–1982—Part I : Annals of Plastic Surgery. (n.d.) Recuperado July 4, 2023, de journals.lww.com

Almarghoub, M., Alghareeb, M. Plastic Surgery on YouTube. (n.d.) Recuperado July 4, 2023, de www.ncbi.nlm.nih.gov/pmc/articles/PMC7015617/

Sarwer, D., Spitzer, J. Body Image Dysmorphic Disorder in Persons Who Undergo Aesthetic Medical Treatments | Aesthetic Surgery Journal | Oxford Academic. (n.d.) Recuperado July 4, 2023, de academic.oup.com/asj/article-abstract/32/8/999/319288

Honigman, R., Phillips, K., Castle, D. A Review of Psychosocial Outcomes for Patients Seeking Cosmetic Surgery. (n.d.) Recuperado July 4, 2023, de www.ncbi.nlm.nih.gov/pmc/articles/PMC1762095/

Poulsen, L., Klassen, A., Jhanwar, S., Pusic, A. Patient Expectations of Bariatric and Body Contouring Surgery. (n.d.) Recuperado July 4, 2023, de www.ncbi.nlm.nih.gov/pmc/articles/PMC4859253/

Barone, M., Cogliandro, A., La Monaca, G. Cognitive Investigation Study of Patients Admitted for Cosmetic Surgery: Information, Expectations, and Consent for Treatment. (n.d.) Recuperado July 4, 2023, de www.thieme-connect.com

Ericksen, W., Billick, S. Psychiatric Issues in Cosmetic Plastic Surgery. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.1007/s11126-012-9204-8

McGregor, A., Hughes, S. The Evaluation of the Surgical Management of Nerve Root Compression in Patients with Low Back Pain: Part 2: Patient Expectations and Satisfaction : Spine. (n.d.) Recuperado July 4, 2023, de journals.lww.com

Yoo, J., Mayo, B., Massel, D., Karmarkar, S. Postoperative satisfaction following lumbar spinal fusion surgery: patient expectation versus actuality in: Journal of Neurosurgery: Spine Volume 31 Issue 5 (2019) Journals. (n.d.) Recuperado July 4, 2023, de thejns.org

Feucht, M., Cotic, M., Saier, T., Minzlaff, P., Plath, J. Patient expectations of primary and revision anterior cruciate ligament reconstruction. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.1007/s00167-014-3364-z

Rief, W., Shedden-Mora, M. Preoperative optimization of patient expectations improves long-term outcome in heart surgery patients: results of the randomized controlled PSY-HEART trial. (n.d.) Recuperado July 4, 2023, de bmcmedicine.biomedcentral.com

Mannion, A., Junge, A., Elfering, A., Dvorak, J., Porchet, F. Great Expectations: Really the Novel Predictor of Outcome After Spinal Surgery? : Spine. (n.d.) Recuperado July 4, 2023, de journals.lww.com

Jain, D., Nguyen, L., Bendich, I., Nguyen, L. Primary Arthroplasty Higher Patient Expectations Predict Higher Patient-Reported Outcomes, But Not Satisfaction, in Total Knee Arthroplasty Patients: A Prospective Multicenter Study. (n.d.) Recuperado July 4, 2023, de www.sciencedirect.com/science/article/pii/S0883540317300104

McRackan, T., Reddy, P., Costello, M. Role of Pre-Operative Patient Expectations in Adult Cochlear Implant Outcomes. (n.d.) Recuperado July 4, 2023, de www.ncbi.nlm.nih.gov/pmc/articles/PMC8316998/

Yao, J., Li, D., Yang, Y., McGrath, C., Mattheos, N. What are patients' expectations of orthodontic treatment: a systematic review. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.1186/s12903-016-0182-3

Mannion, A., Kämpfen, S. The role of patient expectations in predicting outcome after total knee arthroplasty. (n.d.) Recuperado July 4, 2023, de arthritis-research.biomedcentral.com/articles/10.1186/ar2811

Levinger, P., Bartlett, J., Bergman, N. The discrepancy between patient expectations and actual outcome reduces at the first 6 months following total knee replacement surgery. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.1007/s00167-018-5210-1

Noble, P., Fuller-Lafreniere, S., Meftah, M. Challenges in Outcome Measurement: Discrepancies Between Patient and Provider Definitions of Success. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.1007/s11999-013-3198-x

Cleemput, I., Kesteloot, K., De Geest, S., Dobbels, F. HEALTH PROFESSIONALS' PERCEPTIONS OF HEALTH STATUS AFTER RENAL TRANSPLANTATION: A COMPARISON WITH TRANSPLANTATION CANDIDATES' EXPECTATIONS: 1 : Transplantation. (n.d.) Recuperado July 4, 2023, de journals.lww.com

Cameron, C., Fireman, B., Hutton, B. Network meta-analysis incorporating randomized controlled trials and non-randomized comparative cohort studies for assessing the safety and effectiveness of medical treatments: challenges and opportunities. (n.d.) Recuperado July 4, 2023, de systematicreviewsjournal.biomedcentral.com

Zhang, Y. A survey on evaluation methods for image segmentation ☆. (n.d.) Recuperado July 4, 2023, de www.sciencedirect.com/science/article/pii/0031320395001697

Osman, M., Ziada, H., Abubakr, N. Implant impression accuracy of parallel and non-parallel implants: a comparative in-vitro analysis of open and closed tray techniques. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.1186/s40729-019-0159-5

Rampersaud, Y., Canizares, M., Perruccio, A. Fulfillment of Patient Expectations After Spine Surgery is Critical to Patient Satisfaction: A Cohort Study of Spine Surgery Patients. (n.d.) Recuperado July 4, 2023, de www.ncbi.nlm.nih.gov/pmc/articles/PMC9165646/

George, S., Hirsh, A. Original article Distinguishing Patient Satisfaction With Treatment Delivery From Treatment Effect: A Preliminary Investigation of Patient Satisfaction With Symptoms After Physical Therapy Treatment of Low Back Pain. (n.d.) Recuperado July 4, 2023, de www.sciencedirect.com/science/article/pii/S0003999305000912

Monteith, M. APA PsycNET. (n.d.) Recuperado July 4, 2023, de psycnet.apa.org/journals/psp/65/3/469/

Zimbardo, P. APA PsycNET. (n.d.) Recuperado July 4, 2023, de psycnet.apa.org/record/1960-07619-001

Tousignant, J., Hall, D., Loftus, E. Discrepancy detection and vulnerability to misleading postevent information. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.3758/BF03202511

Mehta, U., Siega-Riz, A., Herring, A. Effect of Body Image on Pregnancy Weight Gain. (n.d.) Recuperado July 4, 2023, de link.springer.com/article/10.1007/s10995-010-0578-7

Pugel, A., Simianu, V., Flum, D. Use of the surgical safety checklist to improve communication and reduce complications. (n.d.) Recuperado July 4, 2023, de www.sciencedirect.com/science/article/pii/S1876034115000076

Maguire, P., Pitceathly, C. Key communication skills and how to acquire them. (n.d.) Recuperado July 4, 2023, de www.bmj.com/content/325/7366/697.short

Klein, S. A management communication strategy for change. (n.d.) Recuperado July 4, 2023, de www.emerald.com

Brown, C., Garrett, L., Gilles, W. Spectrum of care: more than treatment options in: Journal of the American Veterinary Medical Association Volume 259 Issue 7 (2021). (n.d.) Recuperado July 4, 2023, de avmajournals.avma.org

Westby, M., Backman, C. Patient and health professional views on rehabilitation practices and outcomes following total hip and knee arthroplasty for osteoarthritis:a focus group study. (n.d.) Recuperado July 4, 2023, de bmchealthservres.biomedcentral.com

Cooper, Z., Courtwright, A., Karlage, A., Gawande, A. Pitfalls in Communication That Lead to Nonbeneficial Emergency Surgery in Elderly Patients With Serious Illness: Description of the Problem and Elements of a Solution : Annals of Surgery. (n.d.) Recuperado July 4, 2023, de journals.lww.com

DeCook, C. 2018 AAHKS Annual Meeting Symposium Outpatient Joint Arthroplasty: Transitioning to the Ambulatory Surgery Center. (n.d.) Recuperado July 4, 2023, de www.sciencedirect.com/science/article/pii/S0883540319300336