

AUSTRALIAN SOCIETY OF PLASTIC SURGEONS MEDIA RESOURCE FOLDER

What is the Australian Society of Plastic Surgeons (ASPS)?

Founded in 1970, the Australian Society of Plastic Surgeons Inc (ASPS) is the peak body for Specialist Plastic Surgeons (both reconstructive and cosmetic). Our main role is to protect the integrity of plastic surgery as a specialty. Our mission is to provide the highest quality plastic surgery care to all Australians by:

- Facilitating government accredited surgical education and training for all Specialist Plastic Surgeons
- Upholding ethical and professional standards
- Promoting public education about reconstructive and cosmetic plastic surgery procedures

Membership criteria are stringent. All ASPS members hold a specialist qualification from the Royal Australasian College of Surgeons (RACS) which is the only College for specialist surgical training accredited by both Australian and New Zealand Governments through the Australian Medical Council (AMC) and New Zealand Medical Council (NZMC), respectively. Members of ASPS have undertaken a minimum of 12 years medical and surgical education, including at least 5 years of specialist postgraduate training, and are Fellows of the Royal Australasian College of Surgeons (FRACS).

The purpose of this resource folder

The purpose of this resource folder is to provide you with:

- Help with identifying what is fact and what is fiction when it comes to cosmetic and reconstructive surgery
- Some handy hints on how to use titles correctly when referring to different types of practitioners practising in the field of cosmetic and reconstructive surgery
- Ready access to the answers of some of the most common questions directed to ASPS
- Reliable factually correct information on individual procedures

These materials are designed to be used in conjunction with the resources available on the ASPS website at www.plasticsurgery.org.au

COSMETIC AND RECONSTRUCTIVE SURGERY – FACTS AND MYTHS

FACT: In Australia it is not illegal for a doctor without formal surgical training to conduct cosmetic or plastic surgery if the patient agrees to the operation

Currently it is not illegal for a medical practitioner (e.g. a GP) to perform surgery. Doctors with only a MBBS (Bachelor of Medicine and Bachelor of Surgery) degree are not trained for invasive surgical procedures. ASPS members are Specialist Plastic Surgeons with extensive specialist training in all aspects of cosmetic and reconstructive surgery (12 years total medical and surgical education). Surgeons are also Fellows of the Royal Australasian College of Surgeons (FRACS) and have undergone extensive training to perform invasive surgical procedures. FRACS is the Australian Medical Council (AMC) accredited qualification to perform surgery in private and public hospitals. The best way for prospective patients to reduce their risk is to make sure they consult a Specialist

Plastic Surgeon that has received AMC accreditation to perform cosmetic and reconstructive surgery. This can be done by calling ASPS on 1300 367 446 or www.plasticsurgery.org.au

MYTH: All plastic surgery procedures are performed in accredited facilities

In Australia it is not illegal to conduct surgical procedures in an unaccredited facility such as an office space or day procedure centre. In these settings there is often no quality assurance and no way for authorities to monitor that the surgery is being performed safely and expertly. ASPS believes that Australian consumers need to be protected making it mandatory for all facilities undertaking invasive cosmetic surgery procedures to meet the practice standards of the Australian Day Surgery Council and have compulsory registrations and accreditation to ensure:

- Anaesthesia used is safe
- Infection control, sterile supply and clinical waste management
- Minimum quality and audit requirements (e.g. medicines checked they have not reached their used by dates and are kept at the right temperatures)
- Credentialing of clinical staff
- Building and facility issues (e.g. the resuscitation equipment works)

ASPS member Specialist Plastic Surgeons perform surgeries only in accredited facilities.

FACT: All surgery, cosmetic and reconstructive, whether performed under local or general anaesthetic, in day surgery or in hospitals, can carry serious risk

With a substantial rise in the number of Australians undergoing cosmetic procedures in the last 10 years, cosmetic surgery has become 'normalised' and accepted as common place. It can't be underestimated that cosmetic surgery is not unlike any other kind of surgery in that it carries serious risk and therefore needs to be seriously considered. A patient can have an adverse reaction to the anaesthetic or be affected by postoperative complications. These problems can occur even when the surgery has been performed with the utmost skill. In addition results cannot be guaranteed. The best way to reduce risk is to consult a Specialist Plastic Surgeon that is fully trained and qualified.

MYTH: Plastic surgeons only perform reconstructive surgery

Plastic surgery encompasses both cosmetic and reconstructive surgery. ASPS members are Specialist Plastic Surgeons trained, experienced, and qualified to perform both cosmetic and reconstructive procedures. Because many cosmetic procedures are rooted in reconstructive plastic surgery, ASPS member Specialist Plastic Surgeons are uniquely qualified to handle the demands and risks attached to various cosmetic surgery procedures.

FACT: In Australia there is limited regulation or standardisation when it comes to the use of titles to describe qualifications in the area of cosmetic surgery

As a result, prospective patients can become confused, and given the high level of trust Australians put in the medical profession, they are vulnerable and at risk from those operating outside of their skill and training level. Just because someone promotes themselves as an expert or a "cosmetic surgeon" does not mean they are a qualified Specialist Plastic Surgeon. ASPS supports the Australian Health Practitioner Regulation Agency (AHPRA) registration and use of titles. The Society promotes transparency of information for consumers about education, qualification and accreditation of premises.

MYTH: That cosmetic surgery advertising is highly regulated

While the ACCC has developed advertising guidelines for doctors, very little is being done to enforce them. As a result there is an increase in irresponsible advertising by medical practitioners who describe themselves as surgeons or imply that they have formal surgical qualifications when they do not. Unethical advertising is often driven by commercial factors. There's a danger that unethical advertising inflates patient expectations while ignoring or trivialising the risks of surgical procedures. ASPS promotes transparency of information for consumers about education, qualification and accreditation of premises so that consumers are able to give informed consent. ASPS advocates the Medical Board of Australia's Guidelines for Advertising of Regulated Health Services, which is outlined in the Society's Code of Practice.

COMMONLY ASKED QUESTIONS AND ANSWERS

What are the most popular cosmetic surgery procedures undertaken in Australia?

No-one knows exactly how much cosmetic surgery is being performed in Australia, as national statistics for the industry are not collected at this time. This is partly due to the fact that most cosmetic surgery is elective and not covered by Medicare. The other contributing factor is that so many different practitioners perform cosmetic surgery, ranging from plastic surgeons to cosmetic doctors and dermatologists. For this reason statistics on individual procedures are also not available. However it is generally accepted that there has been a big rise in the past 10 years.

How many breast augmentation procedures are performed in Australia every year?

While some doctors may collect statistics for their individual practices, there are no national statistics for plastic surgery available at this time.

How many men are undertaking plastic surgery and what are the most common procedures?

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Is cosmetic surgery for brides currently on the rise?

While figures are not officially collected, anecdotally from our members we know that all types of cosmetic surgery, including those sought out prior to weddings are on the rise.

It is not advisable to have any major procedure conducted prior to a big event, as every now and then complications arise from which there is insufficient time to recover. Surgical procedures should only be done many months before a wedding to ensure complete recovery, but injectable treatments can be done closer to time, although you've never had anything done before, be cautious.

What's the difference between cosmetic and reconstructive surgery?

Plastic surgery has two branches, cosmetic surgery and reconstructive plastic surgery. Cosmetic surgery is a subspecialty of the broader field of plastic surgery and one which many plastic surgeons choose to specialise in. Cosmetic surgery is designed to improve a person's aesthetic appearance by altering or reshaping a bodily feature whereas plastic surgery encompasses both cosmetic surgery and reconstructive surgery. Reconstructive surgery is concerned with improving bodily function and performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumours or disease.

What is the difference between a cosmetic doctor and a plastic surgeon?

In Australia Specialist Plastic Surgeons have studied specialist surgery for a minimum of five years and have at least 12 years of total medical and surgical education. Surgeons are also Fellows of the Royal Australasian College of Surgeons (FRACS) and have undergone extensive training to perform invasive surgical procedures. Doctors with only a MBBS (Bachelor of Medicine and Bachelor of Surgery) degree are not AMC accredited surgeons as they are not trained for invasive surgical procedures. However in Australia it is not illegal for a medical practitioner (e.g. GP) to perform surgery. ASPS members are Specialist Plastic Surgeons with extensive specialist training in all aspects of cosmetic and reconstructive surgery (12 years total medical and surgical education).

Can you breastfeed after breast augmentation?

Individual cases may vary but generally, mothers can breastfeed after having a breast augmentation. There is no evidence to suggest that the ability to breastfeed is adversely affected by the presence of breast implants, however, some women do experience reduced nipple sensation following breast augmentation surgery, and nipple sensation is an important part of the milk let down reflex.

Will a woman who's had breast reduction surgery be able to breastfeed?

When conducting breast surgery reduction, the surgeon is always concerned with the preservation of breastfeeding potential in young women. Successful breastfeeding requires that part of the gland remains connected to the ducts and nipple after surgery and certainly some of these ducts are removed as part of the reduction. Many patients with macromastia (large breasts) are also overweight. It is known that the lowest rates of initiation and shortest duration of breastfeeding are associated with being overweight. However, research shows that when compared to a group of women of similar weight, breastfeeding rates are about the same (around 65%), either with breast reduction surgery or without it.

Is it safe to have Botox injections during pregnancy or while breastfeeding?

There is a lack of controlled studies into the effects of Botox on pregnant and breastfeeding women, therefore, it is impossible to conclusively say either way whether it is safe. For caution, ASPS recommends avoiding the use of Botox in pregnant women or having treatments while breastfeeding.

Which procedures are most popular with Australians travelling overseas for cosmetic surgery and which countries do they travel to for these procedures?

We don't know which procedures are most popular with Australians overseas as statistics are not collected at this time. However, we can assume a substantial number of breast surgeries are being performed as a recent survey of ASPS members found that breast surgery was the most common kind of surgery conducted overseas requiring corrective treatment. Some of the countries to which Australians commonly travel for cosmetic surgery include Thailand, Malaysia and South America.

Are all surgeons in other countries inferior to Australian surgeons?

No, many surgeons operating in other countries are highly skilled, so not everyone who travels to another country for a procedure will experience complications. But to reduce the risk, ensure the post-operative care period is taken seriously and have a back-up plan in case things go wrong.

What advice do you have for Australians thinking about travelling overseas for cosmetic surgery?

It's of the utmost importance that Australians who plan to undertake a form of cosmetic surgery overseas know who their surgeon is and research their qualifications. One of the best ways is to see if the surgeon is a member of the International Society of Aesthetic Plastic Surgery.

Conducting research into the medical standards of care and quality control requirements and comparing them to those in Australia is another important way. You should also investigate the standard of devices and / or products to be used in your surgery and compare this with Australian standards, for example, an impact used in Australia must meet strict standards of safety and effectiveness, a process regulated by the TGA. Other countries may not have similar regulations. Lastly research the person promoting the surgery to see if they're medically trained and accept liability or provide any help if problems arise. If they're simply a travel agent or broker you should view this as high-risk and ask questions about how will be conducting the surgery once you're overseas.

Can cosmetic surgery be carried out on children?

There are many situations where surgery for children is beneficial and clinically indicated for physical and psychological health reasons. A blanket ban on all cosmetic surgery for all children would be a blunt instrument and would not be in the best interests of some children.

In Queensland there are restrictions in place when it comes to cosmetic surgery and children, requiring the surgeon to have regard to the best interests of the child, after balancing the risks with potential benefits. This includes a signed parental consent, at least two consultations and a three month cooling off period. In NSW, a 10 day cooling off period and parental approval apply.

For any surgeon, the considerations include the best interests of the child, whether the parental consent is rational and informed, whether the child is sufficiently mature, the health of the child and the timing of the procedure – and whether it would be better to wait until adulthood.

ASPS encourages member surgeons to be conservative in their approach when considering surgery in children.

What is the Breast Implant Registry?

The Breast Implant Registry is administered by ASPS and is a major public health initiative and a declared quality assurance activity under the auspices of the Commonwealth Department of Health and Ageing's Qualified Privilege Scheme. The Breast Implant Registry is a centralised and secure body of data linking patient, procedure and prosthesis and thus enabling the collection, documentation and analysis of scientific data relating to breast implants. Registration is currently voluntary. ASPS encourages all doctors, surgeons and patients to continue to register their implant details with the existing "opt-in" system while we pilot our new Breast Device Registry which is designed to be "opt-out" and will capture more comprehensive data. ASPS has sought a meeting with the Federal Minister for Health to discuss the funding of a more accessible, 'opt-out' Breast Device Registry to improve patient safety and health outcomes.

COMMON COSMETIC SURGERY PROCEDURES

Arm Lift

Also known as brachioplasty, an arm lift reshapes the under portion of the upper arm, from the underarm region to the elbow.

An arm lift:

- Reduces excess skin and fat between the underarm and the elbow
- Reshapes the arm to result in smoother skin and contours
- Results in a more toned and proportionate appearance

An arm lift will result in a scar on the inside of the upper arm.

Body Contouring

Following weight reduction surgery, or any substantial amount of weight loss, the skin and tissues often lack elasticity and cannot conform to the reduced body size. As a result, skin that has been severely stretched now is unsupported:

- Upper arms may sag and appear loose and full
- Breasts may flatten and hang with nipples pointed downward
- Abdominal area may extend around the sides and into the lower back area, resulting in an apron-like overhang
- Buttocks, groin and thighs can sag and cause hanging pockets of skin

Surgical body contouring following major weight loss improves the shape and tone of the underlying tissue that supports fat and skin, and removes excess sagging fat and skin.

- Before undergoing body contouring following major weight loss, weight loss must be stabilized.
- If weight loss continues, sagging pockets will redevelop.
- If weight is regained, already weakened and thinned skin will be additionally traumatised, causing further stress to the skin, visible stretch marks and wide scars.

Body Lift

A body lift improves the shape and tone of the underlying tissue that supports fat and skin. Excess sagging fat and skin are removed to treat conditions caused in part by poor tissue elasticity.

- A body lift may include these areas:
- Abdominal area, locally or extending around the sides and into the lower back area
- Buttocks, that may be low, flat or shaped unevenly
- Groin that may sag into the inner thigh
- Thigh, including the inner, outer, or posterior thigh, or circumferentially

Body lifts are not intended strictly for the removal of excess fat. Liposuction alone can remove excess fat deposits where skin has good elasticity and is able to naturally conform to new body contours. In cases where skin elasticity is poor, a combination of liposuction and body lift techniques may be recommended.

Breast Augmentation

Also known as augmentation mammoplasty, breast augmentation involves using implants to create fuller breasts or to restore breast volume lost after weight reduction or pregnancy. Implants also may be used to reconstruct a breast after mastectomy or injury.

Breast Lift

Also known as mastopexy, a breast lift raises and firms the breasts by removing excess skin and tightening the surrounding tissue to reshape and support the new breast contour.

Brow Lift

Also known as a forehead lift, a brow lift minimizes the creases that develop across the forehead, or those that occur high on the bridge of the nose; improves what are commonly referred to as frown lines; and repositions a low or sagging brow.

Chin Surgery

Chin surgery, also known as mentoplasty, is a surgical procedure to reshape the chin either by enhancement with an implant or reduction surgery on the bone. Many times a plastic surgeon may recommend chin surgery to a patient having nose surgery in order to achieve facial proportion, as the size of the chin may magnify or minimize the perceived size of the nose.

Ear Surgery

Ear surgery, or otoplasty, is usually done to set prominent ears back closer to the head or to reduce the size of large ears.

For the most part, the operation is done on children between the ages of four and 14. Ears are almost fully grown by age four, and the earlier the surgery, the less teasing and ridicule the child will have to endure. Ear surgery on adults is also possible, and there are generally no additional risks associated with ear surgery on an older patient.

Eyelid Surgery

Cosmetic eyelid surgery, called blepharoplasty, is a surgical procedure to improve the appearance of the upper eyelids, lower eyelids, or both, and give a rejuvenated appearance to the surrounding area of the eyes, creating a more rested and alert look.

Specifically, eyelid surgery can treat:

- Loose or sagging skin that creates folds or disturbs the natural contour of the upper eyelid, sometimes impairing vision
- Excess fatty deposits that appear as puffiness in the upper eyelids
- Bags under the eyes
- Droopiness of the lower eyelids, showing white below the iris (coloured portion of the eye)
- Excess skin and fine wrinkles of the lower eyelid

Eyelid surgery is usually performed on adult men and women who have healthy facial tissue and muscles and have realistic goals for improvement of the upper and/or lower eyelids and surrounding area.

Face Lift

Technically known as rhytidectomy, a facelift is a surgical procedure to improve visible signs of aging in the face and neck, such as:

- Sagging in the mid-face
- Deep creases below the lower eyelids
- Deep creases along the nose extending to the corner of the mouth
- Fat that has fallen or is displaced
- Loss of muscle tone in the lower face may create jowls
- Loose skin and excess fatty deposits under the chin and jaw can make even a person of normal weight appear to have a double chin

Liposuction

Despite good health and a reasonable level of fitness, some people may still have a body with disproportionate contours due to localised fat deposits. These areas may be due to family traits rather than a lack of weight control or fitness.

Liposuction slims and reshapes specific areas of the body by removing excess fat deposits, improving body contours and proportion.

Liposuction techniques may be used to reduce localized fat deposits of the:

- Thighs
- Hips and buttocks
- Abdomen and waist
- Upper arms
- Back
- Inner knee
- Chest area
- Cheeks, chin and neck
- Calves and ankles

In some cases, liposuction is performed alone, in other cases it is used with plastic surgery procedures such as a facelift, breast reduction or a tummy tuck.

Liposuction is not a treatment for obesity or a substitute for proper diet and exercise. It is also not an effective treatment for cellulite, the dimpled skin that typically appears on the thighs, hips and buttocks, or loose saggy skin.

Nose surgery

Also known as rhinoplasty, nose surgery improves the appearance and proportion of the nose, enhancing facial harmony and self confidence. Surgery of the nose may also correct impaired breathing caused by structural abnormalities in the nose.

Thigh lift

This surgery reshapes the thighs by reducing excess skin, and in some cases fat, resulting in smoother skin and better-proportioned contours of the thighs and lower body.

Thigh lifts are not intended strictly for the removal of excess fat. Liposuction alone can remove excess fat deposits where skin has good elasticity and is able to naturally conform to new body contours. In cases where skin elasticity is poor, a combination of liposuction and thigh lift techniques may be recommended.

Tummy tuck

Also known as abdominoplasty, a tummy tuck removes excess fat and skin, and in most cases restores weakened or separated muscles creating an abdominal profile that is smoother and firmer. The most common causes of an abdomen that protrudes or is loose and sagging include:

- Pregnancy
- Ageing
- Significant fluctuations in weight
- Heredity
- Prior surgery

A tummy tuck is not a substitute for weight loss or an appropriate exercise program. Although the results of a tummy tuck are technically permanent, the positive outcome can be greatly diminished by significant fluctuations in weight. For this reason, individuals who are planning substantial weight loss or women who may be considering future pregnancies may be advised to postpone a tummy tuck.

Also, a tummy tuck cannot correct stretch marks, although these may be removed or somewhat improved if they are located on the areas of excess skin that will be excised, generally those treated areas below the belly button.

RISKS ASSOCIATED WITH COSMETIC SURGERY

- Unfavourable scarring
- Bleeding (hematoma)
- Infection
- Fluid accumulation
- Poor wound healing
- Skin loss
- Blood clots
- Numbness or other changes in skin sensation
- Anaesthesia risks
- Skin discoloration and/or prolonged swelling
- Fatty tissue found deep in the skin might die (fat necrosis)
- Major wound separation
- Asymmetry
- Pain, which may persist
- Deep vein thrombosis, cardiac and pulmonary complications
- Possibility of revisional surgery
- Suboptimal aesthetic result

For more information on cosmetic and reconstructive surgery, visit consumer information portal on the ASPS website.

