ROLE OF PRE OPERATIVE ASESSMENT ON THE RESULTS OF RHINOPLASTY IN TERMS OF PATIENT SATISFACTION

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ABSTRACT

Objectives: The objectives of the study was to find out the importance of preoperative psychological assessment of patients in rhinoplasty and significance of excluding patIients with psychiatric disorders, particularly Body dysmorphic disorder (BDD), on the overall results of surgery in terms of patient satisfaction.

Study Design: Randomized control trails (RCT)

Place and Duration of study: This study was carried out at ENT out patients department (OPD), PNS Shifa and CMH Okara from January 2004 to Dec 2007.

Patients and methods: Patients complaining of nasal deformity with or without nasal obstruction were included in the study. A total of 85 (47 females and 38 males) patients were selected. After detailed history, examination and counseling 45 patients were selected by simple random method for psychological assessment and 40 patients not to have psychological assessment. The psychiatrist used DSM-IV TR criteria for psychological assessment and diagnosed 08 patients to be suffering from BDD and did not clear them for cosmetic surgery. Thirty seven patients being cleared for rhinoplasty (group A) and 40 patients (group B) not having psychological assessment, a total of 77 patients (42 females and 35 males) were offered cosmetic rhinoplasty. Patients were followed up for 01 year to check whether they were satisfied or not with postoperative results. The statistical data in the two groups was separately analyzed. Then by applying chi-square test the association in both the groups was calculated.

Results: Postoperatively 36/37 patients in group A were satisfied with their postoperative appearance and 32/40 patients in group B were satisfied. Chi-square test revealed the probability of <0.05, which is significant.

Conclusion: Preoperative psychological assessment of patients has a significant role in patients undergoing cosmetic rhinoplasty as far as postoperative appearance is concerned.

Keywords: Rhinoplasty, Body dysmorphic disorder (BDD),

INTRODUCTION

Rhinoplasty (Greek: Rhinos, "Nose" + Plassein, "to shape") is a cosmetic surgical procedure first developed by Sushruta[1]. It is usually performed by either an Otolaryngologist, Maxillofacial Surgeon, or general Plastic Surgeon in order to improve the function (reconstructive surgery) and/or the appearance (cosmetic surgery) of a person's nose. Rhinoplasty is also commonly called a "nose job". Cosmetic plastic surgeons perform rhinoplasty (cosmetic nose surgery) in one of two ways: open rhinoplasty (also called external rhinoplasty) and closed rhinoplasty (also called endonasal or internal rhinoplasty)[2].

Patients approach the otolaryngologists and cosmetic surgeons for nasal obstruction alone or nasal obstruction with deformity or nasal deformity alone. Some times, there is presumed deformity of nose, not clinically correlating with the patient's preoccupation. There is a particular subgroup of people who appear to respond poorly to cosmetic procedures. These are people with the psychiatric disorder known as "body dysmorphic disorder" (BDD). BDD is characterized by a preoccupation with an objectively absent or minimal deformity that causes clinically significant distress or impairment in social, occupational or other areas of functioning. Plastic and cosmetic surgeons regularly report high satisfaction rates among their patients, and they have provided clinical and empirical evidence supporting positive outcomes in terms of patient satisfaction with cosmetic surgery procedures,

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but there are a percentage of patients who are not satisfied with the results of surgery[3-6] what could be the reason for this? Is the selection of patients wrong? Is the surgery performed not up to the mark or the doctor and the patient are not on the same grid? The objectives of the study were, to know the importance of preoperative psychological assessment of patients in rhinoplasty and to find the significance of excluding patients with psychiatric disorders, particularly BDD, on the overall results of surgery in terms of patient satisfaction.

PATIENTS AND METHODS

Randomized control trail (RCT) was carried out at ENT OPD, PNS Shifa and CMH Okara from January 2004 to Dec 2007. Patients reporting to ENT OPD and complaining of nasal deformity to be corrected were included in the study. Age limit was 19 years to 35years. Both males and females were included in the study. Inclusion criteria were nasal deformity or presumed nasal deformity with or without nasal obstruction. Patients having nasal allergy were not included in the study. Based on the inclusion and exclusion criteria, 85 patients were selected. A detailed history, examination and investigations were carried out. Full informed consent, explaining the stage of deformity and results that could be achieved were explained, preoperative photography was carried out. Limitation of surgery and postoperative complications were explained. By simple random method 45 patients were selected for psychological assessment. Psychiatrist assessed them in the light of DSM-IV-TR criteria for diagnosis and diagnosed 08 patients to be suffering from body dysmorphic disorder (BDD) and did not clear them for cosmetic surgery. However 37 patients were recommended for cosmetic surgery. These 37 patients were placed in group A and operated upon. 40 remaining patients who did not undergo psychiatric assessment were named group B and were offered cosmetic surgery. Post operatively pats were followed up at 04 weeks, 03 months, 06 months and one year. The degree of satisfaction with the outcome of each surgery was scaled between zero and ten, where zero represented extreme dissatisfaction, score between five and seven represented fair satisfaction and ten extreme satisfactions (DAS59).

The data was analyzed on computer using SPSS (statistical package for social sciences) version 10. Proportions of satisfied to those of unsatisfied patients in both the groups was separately calculated. Then by applying chi-square test association of both the groups was calculated.

RESULTS

Eighty five patients were included in the study. The percentage of the females reporting for cosmetic surgery was 55.2% and males were 47.7%. eight patients were diagnosed as BDD syndrome and not offered surgery. So a total of 77 patients, 37 ib Group A which included 54% females and 46% males and 40 in Group B having 55% females and 45% males. Underwent surgery. Type of surgery performed were, hump nose 26, saddle nose 12, tip plasty 17 and deviated nose 22 (Table-1). The final follow up relived that in group A 36 pats were satisfied with their cosmetic appearance, satisfaction ranged from fairly satisfied to extremely satisfied post operatively (Satisfaction rate 97.3%). In group B 32 patients were satisfied with their postoperative appearance (satisfaction rate 80 %) (Table-2)

It was observed that proportion of males amongst unsatisfied patients was more, in Group A the only unsatisfied patient was a male and in Group B 5 out of 8 unsatisfied patients were males.

Table-1: Types of Rhinoplasties performed

Rhinoplasty	Total	Group A	Group B	Unsatisfied
Hump Nose	25	12	14	2
Saddle Nose	12	6	6	1
Tip deformity	17	9	8	2
Deviated Nose	22	10	12	4

Table-2: Description of Satisfaction of Patients at the end of 01 Year

Groups	Satisfied	Unsatisfied
Group A (n=37)	36 (97.3%)	1 (2.7%)
Group B	32 (80%)	8 (20%)

DISCUSSION

Cosmetic enhancement is on the rise. More and more people report being unhappy with their appearance. In a 1997 US survey, 56% of women and 43% of men reported dissatisfaction with their overall appearance[7]. In our study 55.2% women and 47.7% men were not satisfied with the shape of their nose. Paralleling this trend, an increasing number of both men and women are resorting to cosmetic procedures. Figures provided by the American Society for Aesthetic Plastic Surgery reveal that cosmetic procedures (surgical and non-surgical) performed by plastic surgeons, dermatologists and otolaryngologists increased 119% between 1997 and 1999[8]. Preoperative assessment of patients for rhinoplasty makes an important component of surgery. Once the patient is analyzed with complete history, problem of disfigurement, social conditions and attitude towards the cosmetic problem then his distress and disability associated with it should be assessed. Preoperative photography should always be done for patient satisfaction and medico legal purposes. A full informed consent including level of deformity and appearance that can be achieved should be explained to the pat, as 20% of pats consulting cosmetic surgeon are suffering from body dysmorphic disorder[9]. In our study we used the DSM TR IV criteria10 in one group, which clearly demarcated the patients with BDD. The percentage of BDD was 17.7% it is less if compared to the literature because of the size of the sample was small. Body dysmorphophobia (BDD) is a psychiatric illness experienced by some patients requesting cosmetic surgery. Because of its diverse presentations, BDD should be searched out and recognized by the surgeon 11. This can be done by assessing whether the perceived defect is non-existent or slight and enquiring as to the amount of time spent each day worrying about the problem, how much distress thinking about it causes, and whether there is any resulting functional impairment (e.g. social avoidance). If the patient reports being preoccupied with the perceived flaw (e.g. thinking about it for at least an hour a day), and if the concern with the flaw causes marked distress or impaired functioning, BDD is likely to be present[12]. This was done in our study in one group which made a significant difference between the two groups postoperatively. If the patients are not properly screened and offered surgery, the surgeon may have to deal with profoundly dissatisfied patient. Patients with BDD hate their bodies and may seek out cosmetic surgery as a solution. However, they invariably are not satisfied despite the objective result. Most people seeking cosmetic surgery procedures appear psychologically healthy; however, some are not, and for these individuals cosmetic procedures may have a negative outcome, creating problems for both patient and surgeon[13]. Problems encountered by the patient can lead to requests for repeated procedures, depression, adjustment problems, social isolation, familial dysfunction, self-destructive behaviors, and anger toward the surgeon and his/ her staff. Problems encountered by the surgeon can include distress to themselves and their colleagues, harassment by patients for further surgical procedures, and complaints and legal action[14]. Recognition and deferral of surgery for BDD patients is advised because findings have shown the propensity of these patients to litigate, threaten, and even harm or kill their surgeon[15]. This procedure was adapted in our study and 08 patients out of 45 (Group A) were diagnosed as BDD and were not offered surgery. In our study the satisfaction ranged from 80% (Group B) to 97.3%(Group A). Studies have shown that for patients undergoing revision rhinoplasties no criteria of expectation is set and still the post operative satisfaction is 88%[16], in our group A the postoperative satisfaction was 97.3%, this was because we had selected appropriate candidates for surgery.

Post operative satisfaction depends on the preoperative counseling, sex of the patient and psychological assessment of the patient Patients do Feel a change in their appearance, especially females. Males are less satisfied as compared to females Factors identified with unsatisfactory out come included being male, being young, suffering from depression or anxiety and having a personality disorder[17].

In our study we used Derrifofd postoperative appearance scale DAS59[18], in

which score zero indicates extreme dissatisfaction and ten indicates extreme satisfaction, moderately satisfied patients scored between five and seven. Literature indicates that patients have been followed up on phone and asked about their postoperative satisfaction[19], examination of the patients have not been considered because it is the postoperative satisfaction of the patient that matters. If the prospects of surgery are not explained to patient earlier it may cause problem. The patient's expectation of the outcome of the procedure also appears to be important. If a person views the procedure as a panacea for his or her life problems, the outcome is more likely to be poor[20]. In our study we had a great emphasis on the patient's history examination and preoperative counseling of patients in both the groups that are why we had very good results in both the groups of our patients. The only difference in the two groups was the psychiatric assessment which caused a significant difference in the results of two groups.

CONCLUSION

Most of the patients undergoing cosmetic rhinoplasty have a good outcome postoperatively, provided a detailed preoperative assessment including detailed history examination and counseling are done. Preoperative psychological assessment has a significant part to play in post operative satisfaction of patients. Patients, who are more concerned about their postoperative appearance, should have a psychological assessment.

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